310-BB - TRANSPORTATION

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I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS CHP (CHP), DES DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services Program (FESP). (For FESP, refer to AMPM Chapter 1100). This Policy establishes requirements for coverage of transportation.

II. DEFINITIONS

Refer to the AHCCCS ACOM and AMPM Dictionary for common terms found in this Policy.

For purposes of this Policy, the following terms are defined as:

ALTERNATIVE DESTINATION PARTNER	An AHCCCS registered provider, such as a Federally Qualified Healthcare Center/Rural Health Clinic (FQHC/RHC), primary care doctor, specialist, behavioral health center or urgent care clinic.

III. POLICY

A. AHCCCS COVERED TRANSPORTATION SERVICES

AHCCCS covers transportation within certain limitations for all members based on member age and eligibility. As specified in AAC R9-22-211 covered transportation services include:

1. Emergency transportation.
2. Medically necessary non-emergency transportation.
3. Medically necessary maternal and newborn transportation through the Maternal Transport Program and the Newborn Intensive Care Program.
4. Medically necessary transportation under the Emergency Triage, Treat, and Transport (ET3) program.

B. EMERGENCY TRANSPORTATION

The Emergency Transportation is covered in emergent situations in which specially staffed and equipped ambulance transportation is required to safely manage the member's medical condition. The basic life support, the advanced life support, and the air ambulance services are covered, depending upon the member's medical needs. The Prior Authorization (PA) shall not be required for reimbursement of emergency transportation.

The Notification to AHCCCS Division of Fee-For-Service Management (DFSM) of emergency transportation provided to an FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.

The Emergency Transportation may be initiated by an emergency response system call to "9-1-1", fire, police, or other locally established system for medical emergency calls. The Initiation of a designated emergency response system call automatically dispatches emergency ambulance and Emergency Medical Technician (EMT) or paramedic team services from the Fire Department. At the time of the call, emergency teams are required to respond, however, upon arrival on the scene the services required at that time (based on field evaluation by the emergency team) may be determined to be:

1. Emergent.

2. Non-emergent, but medically necessary.

3. Not medically necessary.

The Emergency Transportation coverage also includes the transportation of a member to a higher level of care for immediate medically necessary treatment, including when occurring after stabilization at an emergency facility.

The Emergency Transportation is covered to the nearest appropriate facility capable of meeting the member's physical or behavioral health needs.

The Contractor may establish preferred hospital arrangements, which shall be communicated with the emergency services providers. If the provider transports the member to the Contractor preferred hospital, the provider's claim shall be honored even though that hospital may not be the nearest appropriate facility. However, the provider shall not be penalized for taking the member to the nearest appropriate facility whether or not it is the Contractor preferred facility.

The nearest appropriate facility for a member enrolled in an FFS Program is the nearest facility equipped to provide the necessary physical and/or behavioral health care services.

Examples of conditions requiring emergency transportation to obtain immediate treatment include, but are not limited to the following:

1. Untreated fracture or suspected fracture of spine or long bones.
2. Severe head injury or coma.
3. Serious abdominal or chest injury.
4. Severe hemorrhage.
5. Serious complications of pregnancy.
6. Shock, heart attack or suspected heart attack, stroke, or unconsciousness.
7. Uncontrolled seizures.
8. Condition warranting use of restraints to safely transport the member to services.

For utilization review, the test for appropriateness of the request for emergency services is whether a prudent layperson, if in a similar situation, would have requested such services. Determination of whether a transport is an emergency is based on the member's medical condition at the time of transport.

Air ambulance services are covered under the following conditions:

1. The air ambulance transport is initiated at the request of:
   a. An emergency response unit,
   b. A law enforcement official,
   c. A clinic or hospital medical staff member, or
   d. A physician or practitioner.

2. The point of pickup is:
   a. Inaccessible by ground ambulance,
   b. A great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance shall not suffice, or
   c. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.

The air ambulance vehicles shall meet the Arizona Department of Health Services (ADHS) licensing requirements and requirements set forth by the Federal Aviation Administration. The air ambulance companies shall be licensed by the ADHS and be registered as a provider with AHCCCS.

C. EMERGENCY TRIAGE, TREAT, AND TRANSPORT PROGRAM

The services associated with the ET3 program are covered when an Emergency Transportation provider responds to a "9-1-1", fire, police, or other locally established system for emergency calls. AHCCCS registered Emergency Transportation Providers in possession of a Certificate of Necessity (CON) from ADHS, or tribal providers who have signed the AHCCCS attestation of CON equivalency, are allowed to transport a member to an Alternative Destination Partner or provide treatment to the member on scene, as specified in this policy.

1. Transportation to an Alternative Destination Partner
   Upon the emergency response team's arrival on the scene and their field evaluation of the member, if the services required at that time are determined to be medically necessary, but not emergent, the Emergency Transportation provider may transport the member to an Alternative Destination Partner. These transports are allowed when:
   a. The transport to an Alternative Destination Partner shall meet the member's level of care more appropriately than transport to an emergency department,
   b. The Alternative Destination Partner is within or near the responding emergency transportation provider's service area,
   c. The Emergency Transportation provider has a pre-established arrangement with the Alternative Destination Partners located within their region, and
   d. The Emergency Transportation provider has knowledge of the Alternative Destination Partner's:
      i. Hours of operation,
      ii. Clinical staff available,
      iii. Services provided, and
      iv. Ability to arrange transportation for the member to return home, when needed.

2. Treatment on Scene
   Upon the emergency response team's arrival on the scene and their field evaluation of the member, if the services required at that time are determined to be medical necessary, but not emergent, the Emergency Transportation provider may provide treatment to the member in accordance with the provider's scope of practice and their emergency transport service's medical direction. Treatment on scene may also be performed, when medically indicated, via a telehealth visit performed in accordance with AMPM Policy 320-I.

D. EMERGENCY TRANSPORTATION PROVIDER REQUIREMENTS FOR EMERGENCY TRANSPORTATION SERVICES PROVIDED TO MEMBERS RESIDING ON TRIBAL LANDS

In addition to other requirements specified in this Policy, emergency transportation providers rendering services on Tribal Land shall meet the following requirements:

1. The Tribal Emergency Transportation providers shall be certified by the Tribe and Center for Medicare and Medicaid Services (CMS) as a qualified provider and shall be registered as an AHCCCS provider.

2. If a non-tribal Emergency Transportation provider renders services under a contract with a Tribe, either on-tribal land or to and from an off-tribal land location, the provider shall be State licensed and certified and shall be registered as an AHCCCS provider.

3. Non-tribal Emergency Transportation providers not under contract with a Tribe shall meet the requirements specified in this Policy for emergency transport providers.

The Emergency Transportation services are covered to manage an emergency physical or behavioral health condition and to the nearest appropriate facility capable of meeting the member's health care needs as outlined in this Policy.

E. MEDICALLY NECESSARY NON-EMERGENCY TRANSPORTATION FOR PHYSICAL AND BEHAVIORAL HEALTH SERVICES

The Medically necessary non-emergency transportation is also referred to as Non-Emergency Medical Transportation (NEMT). The Medically necessary non-emergency transportation is covered consistently with AAC R9-22-211 when furnished by non-emergency transportation providers to transport the member to and from a covered physical or behavioral health service. Such transportation services may also be provided by emergency transportation providers after an assessment by the emergency transportation team or paramedic team determines that the member's condition requires medically necessary transportation.

The Medically necessary non-emergency transportation services shall meet the following requirements:

1. The Medically necessary non-emergency transportation services are covered under the following conditions:
   a. The physical or behavioral health service for which transportation is needed is a covered AHCCCS service,
   b. If the member is not able to provide, secure or pay for their own transportation, and free transportation is not available, and
   c. The transportation is provided to and from the nearest appropriate AHCCCS registered provider.

2. The Medically necessary non-emergency transportation services are also covered under the following conditions:
   a. The member is not able to provide, secure, or pay for their own transportation, and free transportation is not available,
   b. The member is being transported by an AHCCCS registered provider, with the appropriate category of service for transportation, and
   c. The member shall be transported for the purpose of receiving a covered service(s) in a community setting (e.g., the member is being transported by a peer support specialist to the library to access a computer and apply for work).

3. If a member is not able to provide, secure, or pay for their own transportation, and free transportation is not available, non-emergency transportation services are also covered to transport a member to obtain Medicare Part D covered prescriptions.

4. The Medically necessary non-emergency transportation services are furnished by all providers who offer transportation. For members residing in Maricopa and Pima Counties and enrolled with a Contractor, NEMT services are only covered for trips within 15 miles of the pick-up location when traveling to a pharmacy within Pima and Maricopa counties. The mileage is calculated from the pick-up location to the drop-off location, one direction. The trips to compounding/specialty pharmacies over 15 miles require authorization from the Contractor to be considered a covered service. The NEMT trips for members traveling to a Multi-Specialty Interdisciplinary Clinic (MSIC) or IHS/638 facility are exempt from this limitation.

5. The Medically necessary non-emergency transportation furnished by non-ambulance providers. The non-ambulance transportation providers shall comply with all of the following:
   a. The member shall not require medical care in route,
   b. Ther passenger occupancy shall not exceed the manufacturer's specified seating occupancy,
   c. The members, companions, and other passengers shall follow State laws regarding passenger restraints for adults and children,
   d. A vehicle shall be driven by a licensed driver, following applicable State laws,
   e. All vehicles shall be insured. Refer to the AHCCCS Minimum Subcontract Provisions Insurance Requirements on the AHCCCS website,
   f. All vehicles shall be in good working order,
   g. All passengers shall be transported inside the vehicle,
   h. Any interim stops made during transportation shall also be related to a covered service, and
   i. School based providers shall follow the school-based policies in effect (Refer to AMPM Policy 710).

6. AHCCCS covers the cost of the medically necessary non-emergency transportation furnished by a non-ambulance air or equine NEMT provider **only** when **all** of the following conditions are met:
   a. The service is exclusively used to transport the member to ground accessible transportation,
   b. The AHCCCS member's point of pick up or return is inaccessible by ground transportation, and
   c. The ground transportation is not accessible because of the nature and extent of the surrounding Grand Canyon terrain.

7. The NEMT Provider transporting a member residing in a Nursing Facility (NF) or Assisted Living Facility (ALF) shall not leave a pickup location without contacting the facility to confirm a member's availability for pickup, the NEMT provider shall also assist the member into the destination facility as necessary.

8. Unless an exception, as described in this Policy, applies, the members under the age of 18, who are not emancipated, shall be accompanied by a legal guardian or an adult who is 18 years old or older, authorized by the legal guardian to accompany the member during the transport. The exceptions in which a member under the age of 18 may be transported alone are as follows:
   a. For members enrolled with a Contractor, the Contractor, at its discretion, may allow members to be transported without the presence of a legal guardian, or designated adult, if the following apply:
      i. For transportation provided by an NEMT or Transportation Network Company (TNC) Provider:

1) The member's legal guardian has signed the Authorization and Release Form included as Attachment A allowing the member to be transported without the legal guardian or a designated adult. The Form shall be retained by the provider and may be requested as part of claims review or other audit activities,
2) The member is between the ages of 16 and 17,
3) The NEMT driver transporting the minor shall have a valid level I fingerprint clearance card, as issued by the Arizona Department of Public Safety, and
4) The driver transports the member from the pickup location to the destination, including walking the member into the destination facility, the driver shall provide assistance to the member as necessary.

ii. For Transportation provided by a licensed health care facility in accordance with the AAC Title 9 Chapter 10, with the appropriate category of service for transportation, for the purpose of accessing health care services as outlined in the members service or treatment plan that has been approved by the member's legal guardian.

b. For FFS members, the following requirements apply:
i. The transport of a minor without the legal guardian or designated adult present, hereto referenced as an unaccompanied minor, by an NEMT provider is prohibited,
ii. The transportation of an unaccompanied minor provided by a licensed health care facility in accordance with the AAC Title 9 Chapter 10 is prohibited unless all of the following criteria are met:
1) The licensed health care facility transporting the unaccompanied minor is the rendering provider with a level I fingerprint clearance card, issued by the Arizona Department of Public Safety,
2) AHCCCS has designated the appropriate category of service for the provision of transportation services to the licensed health care facility transporting the unaccompanied minor, and
3) The transportation of the unaccompanied minor by the rendering provider has been explicitly authorized by the minor's legal guardian or designated adult for the purpose of accessing health care services as outlined in the members current service or treatment plan.
iii. The transportation of an unaccompanied minor requires Prior Authorization (PA), and
iv. The PA shall be requested from AHCCCS DFSM by the licensed health care facility for the transport of an unaccompanied minor prior to the transport. The PA request shall include the following:
1) Copy of the Authorization and Release Form (included as Attachment A) signed by the minor's legal guardian,
2) Copy of the minor's current treatment plan, and
3) Copy of the driver's level I fingerprint clearance card issued by the Arizona Department of Public Safety.

9. The Medically necessary non-emergency transportation is furnished by ambulance providers. The Medically necessary non-emergency transportation furnished by ambulance providers is appropriate if:
a. The documentation that other methods of transportation are contraindicated,
b. The member's medical condition, regardless of bed confinement, requires the medical treatment provided by the qualified staff in an ambulance,

c. For hospital patients only, a round-trip air or ground transportation services may be covered if an inpatient hospitalized member travels to another facility to obtain necessary specialized diagnostic and/or therapeutic services (such as a Computed Tomography [CT] scan or cobalt therapy). Such transportation may be covered if services are not available in the hospital in which the member is inpatient, and
d. The transportation services to the nearest medical facility that can render appropriate services are also covered, when the transport was initiated through an emergency response system call and, upon examination by emergency medical personnel, the member's condition is determined to be non-emergent but one which requires medically necessary transportation.

AHCCCS and the Contractor may elect to waive PA requirements for medically necessary non-emergency ambulance transportation as well as any notification requirements. However, such claims are subject to review for medical necessity. Medical necessity criteria are based upon the medical condition of the member at the time of the transport.

10. For members enrolled with a Contractor, the Contractor may request members schedule NEMT Services in advance under the following conditions:
    a. The advance request timeframe shall be no more than three calendar days in advance,
    b. If a member requests NEMT less than three calendar days prior to the date of the transportation, the Contractor shall make reasonable efforts to arrange the transportation based upon available resources, including driver availability. The Contractor may deny the request only if transportation cannot be arranged using existing resources without displacing previously scheduled services or exceeding operational capacity,
    c. The Contractor shall implement an exception process to the three-calendar-day NEMT scheduling requirement for appointments related to the following:
        1) Chemotherapy or radiation therapy treatments,
        2) Urgent Behavioral Health and Physical Health services,
        3) Transportation from hospitals when a member is discharged or leaving an emergency room,
        4) Dialysis treatment,
        5) Obstetric, pre-natal or neo-natal services,
        6) Services involving organ transplants,
        7) Services involving sleep studies,
        8) Members whose provider appointments were scheduled within three calendar days of the appointment (such as an appointment becoming available earlier than anticipated), and
        9) Any additional appointment type exceptions established by the Contractor.
    d. These requirements shall apply regardless of the method the member uses to access NEMT services.

F. TRANSPORTATION NETWORK COMPANY

A Transportation Network Company (TNC) providing medically necessary nonemergency transportation services to members shall comply with the following:

1. Only provide services to members, and bill, through an NEMT Broker pursuant to the Broker's contract with a Contractor.

2. Only receive scheduled member rides from an NEMT Broker. The TNC is not allowed to take member calls or schedule member rides directly.

3. Utilize a digital network or software application capable of:
   a. Providing the TNC, from the NEMT Broker, only the following information:
      i. First and last name of the member,
      ii. Member's phone number,
      iii. Address where the member shall be picked up,
      iv. Address where the member shall be dropped off, and
      v. Date and time of the service.
   b. Limiting the information provided by the TNC to the driver to the following information:
      i. First name of the member,
      ii. Member's phone number:
         1) The digital network software application shall provide the driver a "masked" phone number for the driver to contact the member, and
         2) The number provided to the driver shall not be the member's actual phone number but using the masked number the digital network or software application shall connect the driver to the member.
      iii. Address where the member shall be picked up,
      iv. Address where the member shall be dropped off, and
      v. Date and time of the service.
   c. Maintaining a record of the actual service provided by the driver including:
      i. Address where the member was picked up,
      ii. Address where the member was dropped off, and
      iii. Date and time the service was rendered.

4. Maintain all records regarding driver information (including criminal background and Federal health care program exclusion checks), vehicle inspections and reports, services, trips, and enforcement actions for a minimum of six complete calendar years.

   For transportation providers who are licensed health care facilities or agencies under the AAC Title 9 Chapter 10 to provide transportation to members, a TNC provider shall require each licensed health care facility to submit a copy of the facility's current license and shall ensure that policies, procedures, and agreements with these providers include a requirement to disclose any suspension or termination of an active license. The TNC provider shall not require licensed health care facilities or the drivers working under the health care facility license to submit duplicative background checks, vehicle inspections, or reporting that is covered under the AAC Title 9 Chapter 10.

G. PUBLIC TRANSPORTATION

If public transportation is available in the service area, the Contractor shall ensure public transportation is offered as an option to a member when NEMT services are requested. Providing a member the option of public transportation shall not prohibit the member's access to other transportation services as specified in this Policy.

The providers who serve FFS members may offer Public Transportation options to FFS members traveling to and from AHCCCS approved services. For billing information, reference the FFS and IHS/Tribal Provider Billing Manuals.

The following shall be considered when offering public transportation to a member:

1. The location of the member to a transportation stop.
2. The location of the provider of services to a transportation stop.
3. The public transportation schedule is in coordination with the member's appointment.
4. The ability of the member to travel alone on public transportation.
5. The member preference.

H. NON-MEDICAL TRANSPORTATION

The Non-Medical Transportation (NMT) is covered when furnished by non-emergency transportation providers to transport the member to and from a covered service as outlined below:

1. For Housing and Health Opportunities (H2O) eligible members: To and from covered Health-Related Social Needs (HRSN) services (as described in AMPM Exhibit 1720-1, Housing and Health Opportunities Services), when both the NMT and HRSN services are described in the member's service plan.
2. For ALTCS and Tribal ALTCS members: To and from covered Home and Community Based Services (HCBS), when both the NMT and HCBS services are described in the member's PCSP.

I. MATERNAL AND NEWBORN TRANSPORTATION

The Maternal Transport Program (MTP) and the Newborn Intensive Care Program (NICP) administered by ADHS provides special training and education to designated staff responsible for the care of maternity and newborn emergencies during transport to a perinatal center. The high-risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. Only contracted MTP or NICP providers may provide air transport.