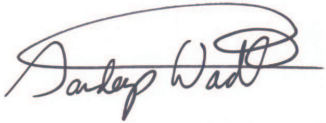


Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 09- 006
	SUPRECEDES NUMBER: HCPF 07-020 11/2007
DIVISION OR OFFICE: Medicaid Program Division	DATE: June 16, 2009
SUBJECT AREA: Non-Emergent Medical Transportation	
SUBJECT: Client denials for non-emergent transportation services	APPROVED BY: 
TYPE: I – Information P – Procedure	

HCPF Agency Letters can be accessed online at:

www.colorado.gov/hcpf >> Partners & Researchers >>County and Medical Assistance Site >>Agency Letters

Purpose:

The purpose of this letter is to define the role and expectations for the county Departments of Social/Human Services, also known as the State Designated Entity (SDE) regarding the approval and denial of Non-Emergent Medical Transportation (NEMT) services for Medicaid clients. Counties are responsible for ensuring NEMT when clients have no other means of transportation to and/or from medical services.

Background:

Currently, there is no official process in place for clients to receive notification of their appeal rights when they are denied a request for a transportation service that does not require a Prior Authorization Request (PAR). Clients that are denied NEMT services must be notified, in writing, of their right to appeal the denial. NEMT services requiring a PAR are entered in to the MMIS system by Affiliated Computer Services, Inc. (ACS). If the request is denied the SDE and client receive a letter of denial which includes appeal rights posted on the back of the letter. If the denied transportation request is for a transportation service that does not require a PAR, no denial letter is generated to inform the client of the right to file an appeal. NEMT is provided as an administrative service.

NEMT services are provided using two different methodologies:

- A) Broker
- B) SDE: Counties are responsible for administering NEMT and claims are paid through the MMIS system.

As with any other service, if the service is being denied, clients must be notified in writing:

- A) Of the denial;
- B) Reason for the denial;
- C) Their right to file an appeal of the denial.

Procedure for NEMT denials:

Denial of non-emergent medical transportation shall be defined as any or all of the following, after all required documentation and information proving eligibility and trip necessity, to and/or from a Medicaid medical service that is non emergent in nature has been provided:

- A. The limited authorization or denial of a requested service, including the type or level of service;
- B. The reduction, suspension or termination of a previously authorized service;
- C. The failure to provide services in a manner that insures the client makes it to his or her appointment destination at, or shortly before the scheduled time; or
- D. The denial of a Medicaid member's request to exercise his or her right to obtain services outside his or her area of residence when service cannot be provided within his or her area of residence.

Exceptions:

The SDE may refuse a client's trip request under certain conditions as approved by HCPF. Appropriate reasons for denial may be, but are not limited to:

- A. The member is determined to no longer eligible for benefits through the web portal.
- B. The service the client is being transported to is determined to be a non covered service.

SDEs are required to inform clients in writing, with documentation supporting the denial of any requested transportation service, meeting the above defined CMS criteria of "denial", that is being denied. The letter to the client must clearly state why the service was denied and must contain "Client Appeal Rights" language and instructions. SDEs are required to attach a copy of the same appeal language printed on the back of all denial letters generated by ACS. This language has been approved by the Department. Although SDEs will be notified of any updates to the appeal language via Bulletins, Agency Letters and through the web portal, it is the responsibility of each SDE to insure their Client Appeal Right information is current.

Pages 4 and 5 contain Department approved examples of a client denial letter and the client appeal right's that must to be provided to each client that has been denied NEMT services:

Client A11111 requests transportation services through LogistiCare, on January 1, 2009 to go to Bally's Total Fitness to use their equipment for therapeutic exercise. We do not dispute the client may benefit from the therapeutic exercise at Bally's; however, rehabilitation exercise is not a covered benefit. Therefore the request for transportation was denied as "not a benefit".

Trip request information: Physician name, phone, provider ID: N/A

Pick up location and phone: 2222 Colfax Ave, Denver CO (303-303-0303)

Destination: Bally's Gym, 1111 Colorado Blvd, Denver, CO

Date and time of pick-up/return: January 1, 2009, 10am pick-up, open return.

Appeals:

Any denial of service or reimbursement to a Medicaid client may be appealed to the Office of Administrative Courts, Department of Personnel and Administration, 633 Seventeenth Street, Suite 1300, Denver, Colorado 80202, in accordance with §8.057 Recipient Appeals.

Notice of Denial of Request for Non Emergent Medical Transportation (NEMT)

Date: ____/____/____

Dear _____

Your request for NEMT transportation has been denied. The reason for the denial of your request is listed below (all denials must include detailed documentation of reason(s) of denial along with the appropriate rule cite 10CCR 2505-10 Section 8.014. Attach additional sheet if necessary):

Destination:

Date and time:

- Client not eligible, status terminated or category is QMB, SLMB, QI-1 and OAP-state only.
- Client can be seen by a closer provider.
- Client requesting transportation to a non-covered Medicaid service or provider.
- Unable to verify appointment (list persons contacted at Drs. Office including date/times.
- Client is requesting transportation for convenience only.
- Client requesting a level of transportation service beyond what is medically necessary.
- Other _____

Detailed Non Emergent Medical Transportation information may be found at: colorado.gov/hcpf under Partners and Researchers, Program Fact Sheets, Non Emergent Medical Transportation.

If you disagree with this determination, you have the right to file an appeal please see the Client Appeal Rights attached.

When filing an appeal, please have the following information available:

1. A copy of this denial notice
2. Your full name and Medicaid ID number
3. Your complete mailing address and zip code
4. Daytime phone number with area code
5. Dates and times of your appointments, doctor's name, address and phone number
6. Reason you believe the denial was inappropriate

Sincerely,

(please include name, county, address, phone number, title)

CLIENT APPEAL RIGHTS

If you agree with the decision you do not need to take any further action.. If you think the decision is wrong, you can appeal and ask for a hearing. You may have an appeal hearing with an Administrative Law Judge. You may represent yourself, or have a lawyer, a relative, a friend or other spokesperson assist you as your authorized representative.

How to Appeal:

1. You must ask for a hearing in writing. This is called a **LETTER OF APPEAL**.
2. Your letter of appeal must include:
 - a. Your name, address, phone number and Medicaid number.
 - b. Why you want a hearing; and
 - c. A copy of the front page of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeal to:

OFFICE OF ADMINISTRATIVE COURTS
633 17TH STREET, SUITE 1300
DENVER, CO 80202
FAX 303-866-5909
5. Your letter of appeal **must be received** by the Office of Administrative Courts no later than twenty (20) calendar days from the date on this notice of action. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

Continued Benefits: To continue receiving the denied services listed on the notice, you must file your request for a hearing in writing no later than 20 calendar days after the date on the front of this notice. You may continue receiving services while you are waiting for a decision on your appeal. If you lose your appeal, you must pay back the cost of the services you received during the appeal. If you win your appeal, the State will pay your provider for the service(s) you received during your appeal process. Your provider is responsible for reimbursing you for the amount you paid them during your appeal.

If you have questions about this process, please call:

CUSTOMER SERVICE: 303-866-3513 (within the Denver Metro area)
 1-800-2213943 (outside the Denver Metro area)
 Se Habla Español

DISCRIMINATION

If you believe that you have been discriminated against because of race, color, sex, age, religion, national origin, or disability, you have the right to file a complaint with: the U.S. Department of Health & Human Services, Office for Civil Rights, 1961 Stout Street, Room 1426, Denver, CO 80294. Voice phone 303-844-2024 or TDD 303-844-3439. If you have any questions, or need help to file your complaint, call OCR toll-free at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD). You may also send an email to OCRcomplaint@hhs.gov.

STATEMENT OF PENALTIES

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal

law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/or imprisonment for theft.

Codes, Descriptions, Rates and PAR responsibilities of NEMT services:

Code	Description	Rate Begin	Rate End	Factor Code	Rate	PAR
A0021	Ambulance service, outside state per mile, transport-Emergency	7/1/2002	12/31/9999	1 - Fee schedule	1.34	N
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	4/1/2004	12/31/9999	1 - Fee schedule	0.39	County
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	4/1/2004	12/31/9999	1 - Fee schedule	0.39	County
A0100	Nonemergency transportation; taxi	7/1/2004	12/31/9999	1 - Fee schedule	50.00	N
A0110	Nonemergency transportation and bus, intra- or interstate carrier *County PAR required for escort only	7/1/2002	12/31/9999	5 - Manual price	M.P.	Sometimes
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems *When billed with modifier TK (extra passenger), the rate is \$6.10	7/1/2002	12/31/9999	1 - Fee schedule	15.98	N
A0130	Nonemergency transportation: wheelchair van *When billed with modifier QF (oxygen > 4 liters/minute), the rate is \$26.87	7/1/2002	12/31/9999	1 - Fee schedule	19.90	County
A0140	Nonemergency transportation and air travel (private or commercial), intra- or interstate	7/1/2002	12/31/9999	5 - Manual price	M.P.	CFMC
A0180	Nonemergency transportation: ancillary: lodging - recipient	7/1/2002	12/31/9999	1 - Fee schedule	37.02	CFMC
A0190	Nonemergency transportation: ancillary: meals - recipient	7/1/2002	12/31/9999	1 - Fee schedule	16.30	CFMC
A0200	Nonemergency transportation: ancillary: lodging - escort	7/1/2002	12/31/9999	1 - Fee schedule	37.02	CFMC

A0210	Nonemergency transportation: ancillary: meals - escort	7/1/2002	12/31/9999	1 - Fee schedule	16.30	CFMC
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	7/1/2002	12/31/9999	1 - Fee schedule	139.90	N
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	7/1/2002	12/31/9999	1 - Fee schedule	11.46	N
A0425	Ground mileage, per statute mile	7/1/2002	12/31/9999	1 - Fee schedule	1.68	County
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	7/1/2002	12/31/9999	1 - Fee schedule	102.70	County
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	7/1/2002	12/31/9999	1 - Fee schedule	138.03	N
A0428	Ambulance service, basic life support, nonemergency transport (BLS)	7/1/2002	12/31/9999	1 - Fee schedule	102.64	County
A0429	Ambulance service, basic life support, emergency transport (BLS - emergency)	7/1/2002	12/31/9999	1 - Fee schedule	94.57	N
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	3/1/2004	12/31/9999	1 - Fee schedule	1940.49	CFMC
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	3/1/2004	12/31/9999	1 - Fee schedule	1813.73	CFMC
A0433	Advanced life support, level 2 (ALS 2)	7/1/2002	12/31/9999	1 - Fee schedule	165.65	N
A0434	Specialty care transport (SCT)	7/1/2002	12/31/9999	1 - Fee schedule	189.15	N
A0999	Unlisted ambulance service	7/1/2002	12/31/9999	5 - Manual price	M.P.	County
S0209	Wheelchair van, mileage, per mile	7/1/2002	12/31/9999	1 - Fee schedule	0.61	County
T2001	Nonemergency transportation; patient attendant/escort	12/1/2003	12/31/9999	1 - Fee schedule	M.P.	County
T2003	Nonemergency transportation; encounter/trip	1/1/2004	12/31/9999	1 - Fee schedule	1.74	County
T2005	Nonemergency transportation; stretcher van	10/1/2004	12/31/9999	1 - Fee schedule	19.90	County

T2049	Nonemergency transportation; stretcher van, mileage; per mile	10/1/2004	12/31/9999	1 - Fee schedule	0.80	County
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Effective Date:

Immediately

Expiration Date: 5/2012

Contact Person:

Renee Robinson, Transportation Coordinator

303-866-5622

Renee.robinson@state.co.us