



Santa Clara
Family Health Plan
The Spirit of Care

To: Providers
From: Chris Turner, Chief Operations Officer
Date: November 9, 2017
Subject: **Changes to Transportation Benefits for Medi-Cal and Cal MediConnect**

Dear Providers:

Santa Clara Family Health Plan (SCFHP) provides Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) for Medi-Cal and Cal MediConnect members to access medically-necessary covered services. As of **7/1/17**, the California Department of Health Care Services made changes to the requirements and process for members to access NEMT and NMT services.

For which covered benefits can your patients utilize NEMT or NMT?

For Medi-Cal and Cal MediConnect members, SCFHP provides NEMT and NMT to access medically-necessary services covered by SCFHP. **Effective 10/1/2017**, SCFHP is also required to provide NEMT and NMT services for medically-necessary benefits that are carved out (e.g., dental services).

Non-Emergency Medical Transportation (NEMT) Services

NEMT services are when a member's medical and/or physical condition requires transportation by an ambulance, litter van, wheelchair van, or air.

You must:

- Complete Physician Certification Statement (PCS) forms to request specific types of transportation for your patients. SCFHP needs these forms for preapproval (prior authorization) before NEMT services can be arranged.
- Fax completed PCS forms to 1-408-874-1957 or 1-408-376-3548.
- Once Utilization Management receives and processes completed PCS forms, then your patients can call SCFHP Customer Service to arrange transportation.
- Patients must call Customer Service at least five (5) business days before their scheduled appointments.

PCS forms are available:

- Online at www.scfhp.com
- By calling Customer Service at 1-408-874-1788
- By faxing requests to 1-408-874-1960

For your reference, please find attached a copy of the PCS form.

Non-Medical Transportation (NMT) Services

NMT services are when a member's medical and/or physical condition does not require transportation by an ambulance, littler van, wheelchair van, or air, and the member can travel by public transportation or private vehicle.

For NMT services, you do not need to complete and send PCS forms to SCFHP. However, your patients must:

- Call SCFHP Customer Service to arrange transportation at least three (3) business days before their scheduled appointments.
- Attest to SCFHP that they do not have other transportation resources.

Questions?

Your patients can call SCFHP Customer Service for questions about transportation benefits, or to arrange transportation.

- Medi-Cal: 1-800-260-2055, Monday through Friday, 8:30 a.m. to 5:00 p.m. (except holidays).
- Cal MediConnect: 1-877-723-4795, Monday through Friday, 8:00 a.m. to 8:00 p.m.
- TTY/TDD users call 1-800-735-2929 or 711.

For questions about the PCS form or to confirm receipt of a PCS form, call SCFHP Utilization Management Department at 1-408-874-1821.

You can contact SCFHP Customer Service Department for questions about arranging transportation for your patients at 1-408-874-1788.

Thank you for your cooperation!



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AUTHORIZATION

Return to: Utilization Management
Phone: 1-408-874-1821
Fax: 1-408-874-1957 or 1-408-376-3548

Authorization for Transportation Services and Physician Certification Statement

INSTRUCTIONS

The physician, dentist, podiatrist or mental health or substance use disorder provider responsible for providing care for the member is responsible for determining medical necessity for transportation.

PATIENT INFORMATION

Patient's Name:

Patient's DOB:

Patient's ID Number/CIN#:

Member's Contact Number:

Address:

Caregiver Name:

City:

State:

Zip:

Caregiver Contact Number:

DIAGNOSIS (Must support need for transportation)

Diagnosis:

ICD 10 Code:

Diagnosis:

ICD 10 Code:

MODE OF TRANSPORTATION NEEDED

☐ Non-Emergency Medical Transportation (NEMT)

Non-emergency Medical Transportation is available to obtain medically necessary services when the patient's medical/physical condition does not allow them to travel by bus, passenger car, taxicab or other forms of public or private conveyance.

☐ Ambulance

☐ Wheelchair Van

☐ Gurney Van/Litter

☐ Air

Transportation Company:

Phone number:

Fax Number:

DATES OF SERVICE NEEDED

☐ One-Time Only

Date: _____

☐ Ongoing (up to 12 months)

Start Date: _____ End Date: _____



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FUNCTION LIMITATIONS JUSTIFICATION

Please document the patient's limitations and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate with assistance or be transported by public or private vehicles.

Treatment plan should include the medical, behavioral health, or the physical condition that prevents normal public or private transportation:

- ☐ Request is for multiple transports that are ongoing to the same provider for same chronic diagnosis; treatment plan is attached.
- ☐ Request is for multiple transports that are ongoing to different providers for any covered services. This includes minors accessing EPSDT covered services. Treatment plan is attached
- ☐ Hemodialysis – Standing order, covered for 6-month period with unlimited trips.
- ☐ Other - Explain:

CERTIFIED BY:

I certify that medical necessity was used to determine the type of transportation requested.

Staff/Physician's Name: (print)

Date:

Staff/Physician's Signature:

NPI:

Phone Number:

Fax Number: