

# Humana Healthy Horizons™ in Louisiana

<b>Department:</b> Member Services	<b>Policy and Procedure No:</b> MCD-LA-MEM-MAL		
<b>Policy and Procedure Title:</b> Meals and Lodging Reimbursement for Non-Emergency Medical Transportation (NEMT)			
<b>Process Cycle:</b> Annually		<b>Responsible Departments:</b> Member Services: Transportation	
<b>Approved By:</b> Tish Anderson	<b>Issue Date:</b> 1/1/23		<b>Revised:</b>

**PURPOSE:** This policy outlines the requirements for meals and lodging for non-emergency medical transportation (NEMT) services for Humana Healthy Horizons in Louisiana members.

## DEFINITIONS:

**Non-Emergency Medical Transportation (NEMT)**— A ride, or reimbursement for a ride, provided so that a member with no other transportation resources can receive services from an entity providing Medicaid Covered Services. NEMT does not include transportation provided on an emergency basis. Non-emergency medical transportation (NEMT) is transportation provided to Medicaid enrollees to and/or from a Medicaid covered service, including carved-out services, or value-added benefit (VAB) when no other means of transportation is available. NEMT does not include transportation provided on an emergency basis, such as trips to emergency departments in life threatening situations.

**Attendant:** ~~— Attendants~~ Attendant: Attendants may not:

1. Be under the age of 17;
2. Be a Medicaid provider or employee of a Medicaid provider that is providing services to the beneficiary being transported, except for employees of a mental health facility in the event a beneficiary has been identified as being a danger to themselves or others or at risk for elopement; or
3. Be a transportation provider or an employee of a transportation provider.

When the member is under the age of 17, the attendant must meet the following criteria:

1. Be a parent, legal guardian, or responsible person designated by the parent/legal guardian; and
2. Be able to authorize medical treatment and care for the member.

**Long Distance:** ~~—~~ When the total travel time, including the duration of the appointment plus the travel to and from the appointment, exceeds 12 hours.

**Member Services:** Member Services is Humana Healthy Horizons in Louisiana Member Services department.

**Non-Emergency Medical Transportation (NEMT):** Non-emergency medical transportation (NEMT) is transportation provided to Medicaid enrollees to and/or from a Medicaid covered service, including carved-out services, or value-added benefit (VAB) when no other means of transportation is

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available. NEMT does not include transportation provided on an emergency basis, such as trips to emergency departments in life threatening situations.

~~**PURPOSE:** This policy outlines the requirements for meals and lodging for non-emergency medical transportation (NEMT) services for Humana Healthy Horizons in Louisiana members.~~

## POLICY AND PROCEDURE:

### Policy:

Meals, lodging, and other related travel expenses for the member and one attendant is a covered service when necessary to ensure the delivery of medically necessary services and when long distance travel is required.

### Procedure:

~~1) The transportation vendor establishes a reimbursement policy that does not exceed per diem rates established by the U.S. General Services Administration.~~

2)1) The transportation vendor must allow for meals and lodging, for each trip that is not otherwise covered in the inpatient per diem, primary insurance, or other payer source.

~~3) If the transportation vendor denies meals and lodging services to a beneficiary who requests these services, the transportation vendor will issue a written notice of denial explaining the reason for denial and the member's right to request a fair hearing to appeal the decision.~~

4)2) The vendor will submit Meals and/or Lodging Requests to Humana (la\_medicaid\_member\_services@humana.com) for approval using the Prior Authorization Form (see Appendix A).

5)3) Member Services will review the request.

a. If the trip is for a previously approved servicetrip, Member Services will approve. [VG1][LW2]

i. Member Services will document the approval and inform the vendor of the approval at priorauth@meditrans.com .

1. The approval notification to the vendor will include:

- Date
- Notification of decision of requested services
- Reference number for services (reservation number from the Prior Authorization Form)

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- d. Member Name
- e. Member ID
- f. DOB
- g. Diagnosis
- h. Requested Services
- i. Approved Services
- j. Approved dates of service
- k. Additional Notes

- b. If the servicetrip is not previously approved, Member Services will route to UM for medical necessity review via [LAMCDMedicalUM@humana.com](mailto:LAMCDMedicalUM@humana.com).

6)4) UM will review the request for medical necessity.

- a. If the service was prior authorized, UM will approve the request.
- b. If the member has a care manager (CM), UM asks the CM if there is known rationale that supports medical necessity. If the care manager confirms supporting rationale, UM approves the request.
- c. If the member does not have a care manager, the UM decides if the request is medically necessary. If it is determined that the request meets medical necessity criteria, the request is approved.
- d. If none of the above criteria are met, the authorization will be routed for a second level clinical review by a Medical Director following the standard UM review process outlined in the Louisiana UM Program Description and MCD-LA-CLI-006 Timeliness of UM Determinations and Notifications policy.
  - i. If it is decided that the request is medically necessary, UM will approve the request.
  - ii. If it is decided that the request is not medically necessary, UM will deny the request.

5) For denied meals and lodging, UM will record the denial in CGX, so that the denial is traceable and will populate the weekly report. UM sends the denial letter to the member.

- a. T2003: Non-emergency transportation encounter/trip
- b. A0130: Non-emergency transportation wheelchair van
- c. A0090: Non-emergency transportation per mile
- d. A0180: Non-emergency transportation: ancillary: Lodging-recipient
- e. A0190: Non-emergency transportation: ancillary: Meals-recipient
- f. A0200: Non-emergency transportation: ancillary: Lodging-escort
- g. A0210: Non-emergency transportation: ancillary: Meals-escort

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- 7)6) \_\_\_\_\_ UM will notify Member Services of the approval or denial via [la\\_medicaid\\_member\\_services@humana.com](mailto:la_medicaid_member_services@humana.com) . The notification to Member Services will include:
- a. Date
  - b. Notification of decision of requested services
  - c. Reference number for services (reservation number from the Prior Authorization Form)
  - d. Member Name
  - e. Member ID
  - f. DOB
  - g. Diagnosis
  - h. Requested Services
  - i. Approved Services
  - j. Approved dates of service
  - k. Additional Notes
- 8)7) \_\_\_\_\_ Member Services will notify the vendor of the approval or denial via [priorauth@meditrans.com](mailto:priorauth@meditrans.com) . Member Services will include the notification information provided by UM in the notification to the vendor.
- 9)8) \_\_\_\_\_ The vendor will notify the member of the approval status.

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## Appendix A:

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## Prior Authorization Form

Please complete and e-mail to [priorauth@meditrans.com](mailto:priorauth@meditrans.com) or fax to us at 1-337-366-6565.

<input type="checkbox"/> Urgent request (< 2-day notice)	Date of request:	
<input type="checkbox"/> Non-urgent request (> 2-day notice)	Requested by:	
<input type="checkbox"/> Recurring trip	Phone:	

Member information	
First name:	Last name:
Medicaid ID:	DOB:
Address:	
City:	State/ZIP code:
Phone:	Cellphone:
Does the member have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list the name of the other health insurer:	
Trip information	
Date of trip:	Time of trip:
Trip reason:	
Member's diagnosis specific to this appointment:	
Facility/physician name:	
Facility/physician phone:	
Pick-up address:	
City:	State/ZIP code:
Drop-off address:	
City:	State/ZIP code:
One-way mileage:	
Recommended mode of transportation: <input type="checkbox"/> Sedan <input type="checkbox"/> Wheelchair/paralift <input type="checkbox"/> Ambulance	
<input type="checkbox"/> Commercial air <input type="checkbox"/> Meals and lodging <input type="checkbox"/> Mileage reimbursement	
Additional passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list name(s), age(s) and relation(s) to member:	
Additional information:	

MediTrans to complete the following section for health plan authorization
MediTrans reservation number:
Reason authorization is required: <input type="checkbox"/> Out-of-state/service area <input type="checkbox"/> Commercial air <input type="checkbox"/> Meals and lodging
Notes:

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## VERSION CONTROL:

Version/Review/Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:
CLI	Policy Development	Lisa Winternheimer	12/1/22	Policy creation
CLI	Policy Review	Tiffany LeBlanc Maria Ramirez	12/9/22	
<u>Member Services</u>	<u>Policy Approval</u>	<u>Tish Anderson</u>	<u>03/24/23</u>	<u>Review completed</u>
<u>CLI</u>	<u>LDH Feedback review</u>	<u>Lisa Winternheimer</u>	<u>1/25/23</u>	
<u>Clinical &amp; Member Services</u>	<u>Policy Review</u>	<u>Clinical and Member Services Leaders reviewed</u>	<u>3/6/23</u>	<u>Review completed</u>
<u>Compliance</u>	<u>Regulatory Compliance Review</u>	<u>Jeff Schilling</u>	<u>3/8/23</u>	
<u>Member Services</u>	<u>Policy Approval</u>	<u>Tish Anderson</u>	<u>3/24/23</u>	<u>Review completed</u>

## DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information

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conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

## NON-COMPLIANCE:

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).