



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM**General Transportation Grants Transmittal No. 10****April 3, 2013**

- To:** Transportation Grant Coordinators
- From:** Susan J. Tucker, Executive Director
Office of Health Services
- Note:** Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.
- Re:** Clarification of provision of Non-Emergency Medical Transportation to Undocumented or Ineligible Immigrants.

The purpose of this transmittal is to provide clarification for the provision of Medicaid Non-Emergency Medical Transportation (NEMT) clients possessing eligibility as Undocumented or Ineligible Immigrants. Additionally, the program will also provide grantees with clarification of other coverage groups that are eligible for NEMT service.

Recipients in the Undocumented or Ineligible Immigrant coverage group are only eligible to receive transportation to and from renal dialysis treatment. Grantees should verify the eligibility of recipients currently being transported to ensure that Undocumented or Ineligible Immigrants are not being transported to services other than renal dialysis treatment. Undocumented or Ineligible Immigrants being transported to services other than renal dialysis treatment must be informed in writing that they are no longer eligible for transportation and informed of their right to appeal.

Attached is a guide for Grantees to use when verifying Medicaid recipient's eligibility for NEMT services. When using the Eligibility Verification System (EVS), either via telephone or eMedicaid, you will hear/see the message listed in the column labeled, "EVS Message." The next column labeled, "MMIS Eligibility/Category Group," lists the Medicaid eligibility code or category group. Guidance is provided in the last column labeled, "Action/Comments," as to whether or not a recipient is eligible for NEMT. Remember, verifying Medicaid eligibility is one step to further determining whether a recipient is eligible for transportation services. Grantees must document the confirmation number when using the telephone system or maintain a copy of the online verification in their files. Screening requirements per COMAR 10.09.19.04B are still in effect.

If you have any questions regarding information in this transmittal, please contact the Transportation Unit at 410-767-1739.

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

Screening Guide
Eligibility Verification System (EVS) Messages
NEMT Exclusions and Limitations
September 26, 2012

Use this list of EVS messages to determine if a Medical Assistance recipient is in an eligibility category which excludes NEMT services, has certain limitations which require additional screening, or requires specific actions. If the EVS message is not among those listed below, the recipient is potentially eligible for NEMT and the screener should proceed with the screening process.

EVS Message Web EVS or IVR (phone)	MMIS Eligibility/Category Group	Action/Comments
EVS messages that indicate recipient has no eligibility for NEMT		
<i>Not Eligible for Date of Service</i>	*****	Stop screening; recipient is not eligible for Medical Assistance.
<i>Recipient has Pharmacy and Outpatient Mental Health only</i>	Primary Adult Care prior to MCO enrollment/S09	Stop screening; recipient is not eligible for NEMT.
<i>Recipient has PAC Primary Care Coverage; MCO name and phone number</i>	Primary Adult Care with MCO/S09	Stop screening; recipient is not eligible for NEMT.
<i>Recipient is eligible for Family Planning Services Only; Abortion & Infertility are not covered.</i>	Family Planning Program /P10	Stop screening; recipient is not eligible for NEMT.
<i>Recipient is Qualified Medicare Beneficiary; Medicare is primary payer. Providers may not balance bill recipients.</i>	Qualified Medicare Beneficiary / S03	Stop screening; recipient is not eligible for NEMT.
<i>Recipient receives Medicare Part B premium payment only.</i>	Specified Low Income Medicare Beneficiary/S07 or S14	Stop screening; recipient is not eligible for NEMT.
EVS messages that indicate the need for additional screening for NEMT		
<i>Recipient in a facility- Facility name and phone number</i>	Aged, Blind or Disabled LTC or Families and Children LTC/ L01, L98, L99, T01, T02, T03, T04, T05, T99	Determine if the facility is a private entity or State operated. If State operated, stop screening and do not approve NEMT. If the facility is private, continue screening and determine if the service can be provided in the facility. If no, continue screening. If yes, stop screening and do not approve NEMT.
<i>Approved emergency services on approved dates only</i>	Undocumented or ineligible alien/X02	Determine service type. If transport is for dialysis, continue screening; NEMT may be

		approved. If transport request is to any other service, stop screening; do not approve NEMT.
<i>Abortion and Infertility treatments are not covered</i>	Pregnant or post partum women who were determined eligible for MA based on pregnancy/ P02, P11. Note: Abortion is covered for women in all other eligibility categories.	Determine service type. If transport request is to any service other than abortion or infertility services, continue screening for NEMT.
EVS messages that require vendor to seek payment from other insurance		
<i>Medicare is primary payer. Providers may not balance bill recipients.</i>	Recipient is enrolled in Medicare and Medical Assistance.	Screen the recipient for NEMT. Vendor must seek payment for ambulance transports from Medicare. Proof of denial of payment from Medicare must be submitted with invoice prior to payment.
<i>Recipient has other insurance- Policy number, name and phone number of insurance. The insurance company listed should be billed prior to State Medicaid. For further information, call 410-767-1773.</i>	Recipients may have other insurance in addition to Medical Assistance.	Screen the recipient for NEMT. Vendor must seek payment for ambulance transports from recipient's other insurance company. Proof of denial from other insurance must be submitted with invoice prior to payment.
<i>Recipient is Enrolled in Medicare Advantage Plan. Benefit payer is..... HMO name and phone number</i>	Recipient is enrolled in Medicare and Medical Assistance and has opted to enroll in a Medicare Advantage Plan (HMO).	Screen the recipient for NEMT. Vendor must seek payment for ambulance transports from recipient's Medicare Plan. Proof of denial from Medicare must be submitted with invoice prior to payment.

