

August 25, 2022

Effective 9/1/2022 HPSM to Require NEMT Prior Authorization

Dear provider,

In compliance with regulatory requirements, the Health Plan of San Mateo (HPSM) is reinstating requirements for the prior authorization of Non-Emergency Medical Transportation (NEMT) services, i.e., ambulance, litter/gurney van and wheelchair van medical transportation. These new requirements will go into effect September 1st, 2022.

On the same day, HPSM will also be increasing our payment rates for NEMT. Wheelchair van transportation rates will increase from \$17.65 to \$21.18 per ride, which is 20% higher than state Med-Cal rates. In addition, we will offer a significant increase in rates for providers who can offer litter/gurney van transportation, so please contact us directly if you can provide this service.

What action is needed from me?

Starting September 1st, NEMT trips will need to be authorized like they were before the COVID pandemic prompted HPSM to pause this authorization requirement. To do so, the provider rendering the service for the member will need to complete a prior authorization form and physician certification statement (PCS). These documents have been combined into a single form for ease of use. This form can be found here: www.hpsm.org/docs/default-source/provider-forms/hpsm-nemt-authorization-form.pdf?sfvrsn=cb7fe70e_16

To support this authorization reinstatement, HPSM will allow retro-active authorization for NEMT services. Please submit the PCS and prior authorization form as soon as possible for upcoming trips. Note that prior authorization requests submitted after the date of service make take up to 30 business days to process.

Please reach out to HPSM's Interim Provider Services Director, April Watson, at April.Watson@HPSM.org with questions.

Please see our Frequently Asked Questions (FAQ) document that contains helpful responses to many of the questions submitted prior to implementing the authorization requirement back in 2019: https://www.hpsm.org/docs/default-source/provider-services/hpsm-nemt-authorization-faqs.pdf?sfvrsn=4a37b2c4_4

Who should complete the prior authorization and PCS form?

The prior authorization form is completed by the NEMT provider and the PCS section must be completed and signed by the treating physician or physician extender, such as a nurse practitioner, physician assistant, dentist, podiatrist, mental health provider, or substance use disorder provider. An approved authorization will be required for payment for NEMT services.

How will medical necessity be determined?

The provider delivering medical care for the member is responsible for determining medical necessity for transportation. NEMT services are covered when the Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for purposes of obtaining needed medical care. Please note that diagnosis alone does not constitute medical necessity. The authorization form must document specific physical and medical limitations that preclude the patient's ability to reasonably ambulate with assistance or be transported by public or private vehicles.

Can I authorize multiple planned visits at once? E.g., if a member accessing dialysis/wound care/chemotherapy services needs regular NEMT services, is the treating physician allowed to sign the form once for a series of visits?

Yes. The treating physician can request NEMT services that are consistent with the member's treatment authorization. Authorizations may be for a maximum of 12 months.

Please reach out with questions and suggestions on how we may support you.

We thank you for the services you provide to our members and look forward to your feedback,
The Health Plan of San Mateo