Louisiana Department of Health
Informational Bulletin 15-20
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Non-Emergency Ambulance Transportation (NEAT) for Nursing Home Residents

Effective Dec. 1, 2015, all Medicaid recipients residing in a nursing facility will be enrolled in one of the five Managed Care Plans for all of their specialized behavioral health services and for their Non-emergency Ambulance Transportation (NEAT) services. All other services for this population (long term care, physical health, pharmacy, and emergency transportation) will continue to be provided through Legacy/Fee-for-Service Medicaid.

This informational bulletin specifically addresses the changes in the responsibilities and processes for prior authorization, scheduling and billing of NEAT services for Medicaid recipients residing in a nursing facility. Each plan has its own contact information and authorization process for scheduling and paying for trips. A quick reference guide for the Health Plans' policies is provided in Table 1 at the end of this bulletin.

Note: The effective date for these policies and procedures is Dec. 1, 2015; however there is a 30-day grace period to assure the appropriate transition for members and payment to providers. During this 30-day grace period, the managed care organizations (MCO) will not deny payment of NEAT services solely for lack of prior authorization or because the provider is out of network. During this transition period the Health Plans will work with nursing facilities, ambulance providers, hospitals and other service providers to assure processes are working and authorizations are in place for services.

Nursing facilities are required to arrange all medically necessary transportation services for Medicaid recipients residing in their facility. Responsibility for authorization and payment depends on the type of transportation required:

Transportation Type	Payment for Services
Non-Emergency, Non-Ambulance*	Nursing Home
Non-Emergency, Ambulance*	Managed Care Plan
Emergency Ambulance	Legacy Medicaid/Molina

If non-emergency **ambulance services provided to a nursing home resident **do not meet LDH standards of medical necessity** (see below), they are the responsibility of the nursing facility and should be billed to the nursing facility.*

LDH Standards of Medical Necessity for Non-Emergency Ambulance Transportation

Medical necessity for ambulance service is established when the patient's condition is such that use of any other method of transportation is contraindicated. In any case in which some means of transportation other than an ambulance could be used without endangering the individual's health***,*** no payment may be made for ambulance services.

LDH considers the medical necessity requirement met when the beneficiary is bed-confined before the trip, and expected to remain so after the trip. A beneficiary is bed-confined if he/she is:

- unable to get up from a bed without assistance;
- unable to ambulate; **and**
- unable to sit in a chair or wheelchair.

Note that the term "bed confined" is not synonymous with "bed rest" or "non-ambulatory".

Medicaid Primary versus Medicare Primary

Medicaid Primary: For residents who are Medicaid only, and Medicare Duals who do not have Part B coverage, all medically necessary NEAT services are covered under Healthy Louisiana and must be prior approved and billed to the Managed Care Plan in which the resident is enrolled.

Medicare Primary – covered NEAT: For dual eligibles who have Medicare Part B with Medicaid as secondary, all Medicare covered NEAT services should be billed to Medicare as primary and will automatically cross-over to Molina for Medicaid as secondary payer. **These services do not require prior authorization by Medicaid or Healthy Louisiana.**

Medicare Primary – statutorily non-covered NEAT: For dual eligibles with Medicare Part B coverage, only those medically necessary NEAT services that are statutorily non-covered service by Medicare are covered under Healthy Louisiana and must be prior approved and billed directly to the Managed Care Plan in which the resident is enrolled. Non-covered Medicare NEAT services include:

- To/from a Physician's office or clinic
- To/from a Diagnostic center
- To/from Non hospital based clinics
- Residence to Residence
- Nursing home to Nursing Home
- Residence to Nursing home (unless admitted to skilled bed)
- Nursing Home to residence (unless being discharged from skilled bed)

Non-Emergency Ambulance Transportation under Healthy Louisiana

Managed Care Plans are allowed to require prior authorization to determine the medically necessity for NEAT services per the DHH definition above. By definition, NEAT services are "non-emergency", as such, it is the responsibility of the nursing facility to seek prior authorization and

scheduling of services at least 48 hours in advance of the trip. MCOs are required to make prior authorization determinations within 48 hours of the request for standard NEAT services. It is permissible for MCOs to deny requests for regular NEAT services not requested 48 hours in advance.

It is recognized that there may also be a need for "urgent" NEAT services where the need was unknown and could not have been anticipated 48 hours in advance. For these "urgent" services, MCOs are required to make a prior authorization determination within 24 hours of the request. MCOs will make reasonable efforts to schedule approved trips deemed "urgent" in a shorter timeframe as warranted and based on the availability of securing appropriate transport, but may deny trips requested less than 24 hours in advance.

The MCOs are responsible for medically necessary NEAT transport of patients released from emergency department post stabilization. The MCO may require prior authorization of these services to determine the medically necessity to transport via ambulance; but they must make all authorization determination within one (1) hour of the request for approval. MCOs will be responsible for payment of all post stabilization NEAT services if the MCO does not respond to a request for pre-approval within one (1) hour or cannot be contacted for approval. Nursing homes should request transportation as early as possible. In cases of inpatient hospitalization, nursing homes should begin preparing for the return trip and submit documentation accordingly. Nursing facilities and ambulance providers are encouraged to reach out to each of the five Managed Care Plans to assure that questions specific to each Health Plan are answered and processes are in place to assure NEAT services are available to members as appropriate.

Table 1. Non-Emergency Ambulance Transportation for Nursing Home Residents

	Aetna	Healthy Blue	AmeriHealth Caritas	Louisiana Healthcare Connections	United Healthcare Community Plan
Is prior authorization required?	Yes	Yes	No	Yes	Yes
What information is needed to authorize the trip?	Prior authorization request form must be completed.	Prior authorization request form must be completed.	No prior authorization is required. Trip may be set up by calling the Logisticare reservation line and providing basic trip information.	Certification of Ambulance Transportation (prior auth form) must be completed.	Member name and date of birth, health status, location and time of services needed
How should the MCO be contacted, and/or where should documentation be sent?	Call Aetna at 1-**855-242-0802** and press 2 or fax to 1-844-227-9205 Call if urgent.	Call Healthy Blue at: 1-877-440-4065 x35792	Call Logisticare at 1-888-913-0364.	Call LHC at 1-866-595-8133. Fax to 1-866-590-4183. Call if urgent.	Call Logisticare at 1-866-886-4081.
How quickly will the MCO process the request?	48 hours for standard requests 24 hours if urgent 1 hour for Emergency Department Discharge	48 hours for standard requests 24 hours if urgent 1 hour for Emergency Department Discharge	48 hours for standard requests 24 hours if urgent 1 hour for Emergency Department Discharge	48 hours for standard requests 24 hours if urgent 1 hour for Emergency Department Discharge	48 hours for standard requests 24 hours if urgent 1 hour for Emergency Department Discharge
If approved, how will the trip be set up?	Health Plan will send approval to Nursing Home. Nursing Home will schedule ride directly with ambulance provider.	Southeastrans will notify the requestor and set up the trip with the ambulance provider.	Logisticare will notify the requestor and set up the trip with the ambulance provider.	LHC will set up the trip with the ambulance provider and supply them with the PA number.	Logisticare will notify the requestor and set up the trip with the ambulance provider.
Who should the ambulance company bill for services?	Aetna	Southeastrans	Logisticare	LHC	Logisticare
If denied, how will the nursing home be notified?	Aetna will notify requestor by phone of denial and issue denial letter	Southeastrans will notify the requestor by phone and issue a denial letter.	Not applicable since PA is not required.	LHC will notify the requestor by phone of the denial and issue a denial letter.	Logisticare will notify the requestor by phone of the denial
If the nursing home wishes to dispute the descision, what is the process for reconsideration?	Providers can file a verbal dispute with Aetna by calling Provider Services Department at 1-855-242-0802. Providers have 90 days to file a payment dispute and Aetna processes the dispute within 30 days of receipt.	Urgent requests for reconsideration should be called to: 1-877-440-4065 Extension 35792. Urgent Reconsiderations will be made within 1 business day. Standard Requests: Formal request for reconsideration can be sent to Healthy Blue via phone at 1-844-521-6941 or by mailing a request for appeal form to Central Appeal Processing / Healthy Blue/ P.O. Box 62429 / Virginia Beach, Va 23466-2429. Reconsiderations determinations for routine / standard requests will be made within 30 days.	Not applicable since PA is not required.	Formal request for reconsideration should be delivered to LHCC verbally at 866-595-8133 or in writing at 1-877-401-8170 (fax). Standard appeals will be resolved within 30 days and expedited appeals within 72 hours.	Formal request for reconsideration can be made to Logisticare at 1-866-886-4081. The requestor may ask for a telephone conference with UHC clinical as soon as the denial is received if they believe the UHC decision was in error. Reconsideration determination will be made within 1 business day.