

## IMPORTANT INFORMATION ABOUT BAYOU HEALTH FOR NON-EMERGENCY MEDICAL TRANSPORTATION PROVIDERS

As the Department of Health and Hospitals progresses with implementing BAYOU HEALTH, a transformation of the Medicaid program that will change health care delivery for nearly 900,000 recipients, Medicaid non-emergency medical transportation (NEMT) providers need to know:

- How non-emergency trips will be authorized and scheduled
- Where providers should submit their claims for payment

The information below answers common NEMT trip authorization and claims submittal questions.

### *NEMT Trip Authorization And Claims Processing For Members Of UnitedHealthcare, Community Health Solutions And Those Remaining In Regular Medicaid.*

You will find details below regarding how NEMT trips are authorized and claims processed for:

- Medicaid recipients not enrolled in a BAYOU HEALTH Plan who remain in regular Medicaid
- Medicaid recipients enrolled in the Shared Savings Plans (UnitedHealthcare and Community Health Solutions)

The current Louisiana Medicaid contractor for non-emergency medical transportation is First Transit, and this organization authorizes NEMT trips. First Transit will continue to authorize non-emergency medical transportation for Medicaid recipients not enrolled in a BAYOU HEALTH Plan – those who stay in “regular” Medicaid/fee for service.

Additionally, First Transit will authorize non-emergency medical transportation for all BAYOU HEALTH Medicaid recipients enrolled in the two shared-savings Health Plans, UnitedHealthcare and Community Health Solutions. For these three groups of Medicaid recipients (those not enrolled in a BAYOU HEALTH Plan, those enrolled in UnitedHealthcare and those enrolled in Community Health Solutions), nothing is changing about the current NEMT process or the reimbursement policies. Molina, the Medicaid fiscal intermediary, will continue receiving and processing (pay/deny) claims submitted by NEMT providers for these Medicaid recipients, just as they do today.

### *NEMT Trip Authorization And Claims Processing For Members Of Louisiana Healthcare Connections, Amerigroup and LaCare.*

You will find details below regarding how NEMT trips are authorized and claims processed for members of the Prepaid/MCO Plans:

- Louisiana Healthcare Connections
- Amerigroup
- LaCare

Three of the BAYOU HEALTH Plans – Louisiana Healthcare Connections, Amerigroup and LaCare – are responsible for authorizing trips and processing claims for non-emergency medical transportation provided to their members. Each Plan is responsible for establishing their own trip authorization and claims processes, and the Plans are required to share this information with providers contracted in that Plan.

Therefore, the authorization and claims processes (and reimbursement policies) may be different for Louisiana Healthcare Connections, Amerigroup and LaCare than the NEMT processes and reimbursement policies for recipients in traditional fee-for-service Medicaid, Community Health Solutions or UnitedHealthcare.

These Health Plans (Louisiana Healthcare Connections, Amerigroup and LaCare) will use a subcontractor for NEMT. DHH will be reviewing and approving any subcontracts these Health Plans make for services – including NEMT – that are greater than \$100,000. The contractors for these three Plans to handle non-emergency medical transportation for its members are:

- Louisiana Healthcare Connections – First Transit
- Amerigroup – Logisticare
- LaCare – MTM

The Health Plans' NEMT subcontractors will enter into the actual contracts with NEMT providers. Trip authorizations and claims will then be handled through that Health Plan's subcontractor. The details and processes will likely differ among these three Plans, and these should be fully addressed in the contractual agreements that the non-emergency medical transportation providers will sign with the Health Plan subcontractors.

DHH fully expects that Louisiana Healthcare Connections, LaCare and Amerigroup will be able to provide non-emergency medical transportation to their members and have processes in place for their contracted NEMT providers to receive authorizations

and submit claims for payment beginning the first day of BAYOU HEALTH implementation in each region of the State (February 1 for GSA A – Regions 1 and 9; April 1 for GSA B – Regions 2, 3 and 4; and June 1 for GSA C – Regions 5, 6, 7 and 8). Each Health Plan will provide the subcontractor with a list of Medicaid recipients enrolled in that Plan by the first day of each month.

### *NEMT Provider Responsibilities.*

The subcontractor that authorizes and arranges the transportation for members of a Health Plan may verify Medicaid eligibility and Health Plan membership prior to arranging for the non-emergency trip. However, verifying Medicaid eligibility and Health Plan membership prior to providing non-emergency services is ultimately the responsibility of the NEMT Medicaid provider.

BAYOU HEALTH recipients will receive a card from their Health Plans that contains a hotline number for verifying membership, similar to those used for commercial insurance patients. This number will be clearly printed on the cards so NEMT providers can quickly contact a Health Plan and verify a patient's Medicaid eligibility and Health Plan membership. NEMT providers can discuss the verification issue during their contract negotiations with the Health Plans and/or their NEMT subcontractors to address any concerns they have. NEMT providers can email [bayouhealth@la.gov](mailto:bayouhealth@la.gov) if they have questions or want more information about BAYOU HEALTH.