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**DEPARTMENT  
POLICY**

**Refer to the Michigan Medicaid Provider manual at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders)>>Policy and Forms>>for policy information pertaining to the Medicaid Non-Emergency Medical Transportation (NEMT).**

Each Michigan Department of Health and Human Services (MDHHS) office must furnish information in writing and orally, as appropriate, to any requesting individual, acknowledging that non-emergency medical transportation (NEMT) is **ensured** to and from Medicaid (MA) covered services. The Michigan Medicaid Fee-for-Service (FFS) Handbook may be used to provide written information.

**MEDICAL  
TRANSPORTATION  
EVALUATION**

Evaluate a client's request for medical transportation to maximize use of existing community resources.

- If a client has resources available to them to provide transportation without reimbursement (for example: personally, or from family or friends) they are expected to utilize them. Staff **are** encouraged to explore whether such arrangements exist before authorizing transportation. Past circumstances, however, should not determine whether a beneficiary has current or future resources necessary to provide transportation without reimbursement.
- Do not routinely authorize reimbursement for medical transportation. Explore why transportation is needed and all alternatives to reimbursement.
- Do not authorize reimbursement for medical transportation unless first requested by the beneficiary.
- Use referrals to public or nonprofit agencies that provide transportation without reimbursement.
- Utilize free delivery services that may be offered by a beneficiary's pharmacy.
- Use bus tickets or provide for other public transit arrangements.

- Refer to volunteer services or use state vehicles to transport the client if reimbursement for a personal vehicle is not feasible.

## LOCAL OFFICE PROCEDURES

Medical transportation must be administered in an equitable and consistent manner. Local MDHHS offices must have documented procedures to assure medical transportation eligibility and that reimbursement reflects policy.

### Transportation Coordination

It is recommended that local offices institute a transportation coordinator to ensure that all necessary tasks are done. This position would be responsible for establishing local procedures and **ensuring** that Medicaid policy is followed.

- Some local health departments provide reimbursement for transportation to clients for EPSDT screenings or the Maternal Outpatient Support Services (MOMS) program. Check with your local health department prior to authorization to guard against duplicate reimbursements.
- CSHCS does not cover transportation assistance for clients that have MA coverage. The same criteria must be applied to authorize medical transportation for dually eligible CSHCS/MA clients as for other MA clients.

## REIMBURSEMENT AUTHORIZATION

Authorize reimbursement for medical transportation beginning the month the client reported the need.

At application, do not authorize reimbursement earlier than the MA begin date. If program eligibility is denied, only authorize reimbursement for transportation to obtain medical evidence.

Some transportation services require prior authorization.

Transportation services for children and families active for child welfare services and required as part of the services care plan is authorized by services staff. See Children's Foster Care Manual FOM 903-9 for policy and procedures. Foster parents that provide

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medical transportation for a foster child in their care may receive mileage reimbursement at the volunteer driver rate.

## REVIEW

Review continued need for medical transportation:

- When indicated on the DHS-5330.
- At redetermination.
- Annually for SSI recipients.

The need for transportation must be reviewed even if a client's medical condition is considered lifetime.

## REIMBURSABLE EXPENSES

Compute the cost of the client's medical transportation when verification that transportation has been provided is received. Accept any reasonable client or transporter statement of the mileage. Otherwise, use map miles to determine mileage.

An NEMT database is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information and includes the most current information pertaining to NEMT reimbursement rates and services. The database is reviewed and updated as applicable.

**Note:** A state vehicle may be used to transport clients; see ACM 416, Medical Transportation Payments.

## Public Transit

Have a supply of public transit tickets, tokens, passes, etc. available for clients who wish to use public transit for medical transportation.

**Note:** Public transit tickets, tokens, passes, etc. intended for MA clients must be purchased and tracked separately from those intended for HMP clients; they are not interchangeable.

## MDHHS-5602

Use the MDHHS-5602, Payment Request, for advanced reimbursement for long-distance travel expenses. Attach a DHS-223 to the MDHHS-5602 to document expenses; see **Expense Documentation**.

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**Expense  
Documentation**

Documentation of expenses on an MSA-4674 or DHS-223 (attached to the MDHHS-5602) must include all of the following:

- Client's name and address.
- Case number and Client ID number.
- Transportation provider's name, address, social security number or tax I.D. number.
- Travel or appointment date.
- Medical provider's name, address and signature.
- Number of round trip miles traveled.
- Reimbursement method (client or vendor).

**Reimbursement  
Method**

There are two reimbursement methods:

- Direct client reimbursement (client is the payee), or,
- Direct vendor reimbursement (transportation provider is the payee).

The client and transporter must determine who will be the payee. If the transporter is to be payee, the transportation provider completes Section III of the MSA-4674. Make direct client reimbursement if Section III is not completed.

**Exception:** Always use vendor reimbursement for volunteer services transporters.

**Advance  
Reimbursement for  
Travel Costs**

Authorize advance reimbursements for emergencies and reimbursable expenses prior authorized by MSA PRD with supervisory approval. Use estimates by the client, transportation provider or medical provider to determine the amount of the advance reimbursement.

Use the MDHHS-5602 and attach **Expense Documentation**. Adjust to reflect actual, verified, reimbursable expenses.

The difference between actual reimbursable expenses and the advance reimbursement will not be paid if documentation is not attached. Also, future advance reimbursement requests may be denied.

## Administrative Hearings

The Michigan Administrative Hearing System (MAHS) is responsible for conducting hearings on medical transportation. The DHS-301 instructs the client to send the hearing request to MAHS.

If MDHHS local office receives a hearing request on a medical transportation denial, the local office hearings coordinator must send the original hearing request, within three workdays of receipt, to:

Michigan Administrative Hearing System  
PO Box 30763  
Lansing, MI 48909

When a hearing is requested on a medical transportation denial made by MDHHS, the MA Appeals Section will contact the local MDHHS office for case information and relevant documents.

MDHHS staff is responsible for:

- Completing the DCH-0367, Hearing Summary.
- Arranging for and conducting the prehearing conference.
- Scheduling and presenting the case to the administrative law judge.
- Notifying the local office when a representative is needed to attend the telephone prehearing conference and/or serve as a witness at the hearing.

## Verification Sources

Verify need with the following:

- DHS-5330.
- DHS-49-F, Medical-Social Questionnaire.

- Similar documentation signed by the client's medical provider (or their designee).

Verify fees and tolls, meals, and lodging with receipts.

## **LEGAL BASE**

### **FIP**

P.L. 104-193 of 1996  
P.A. 280 of 1939, as amended

### **SDA**

Annual Appropriations Act  
Mich Admin Code, R 400.3151-400.3180

### **MA**

42 CFR 431.53, and 440.170

### **FAP**

7 USC 2015 (d)(4)(I)(i)(I)