

# MEDICAID POLICY INFORMATION SHEET

**Policy Analyst:** John Klever

**Phone Number:**

Initial

Public Comment

Final

**Brief description of policy:**

The purpose of this policy is to make changes to Non-Emergency Medical Transportation (NEMT) Administration. Medicaid Health Plans will be responsible for all NEMT to any Medicaid covered service for their enrollees.

**Reason for policy (problem being addressed):**

To simplify NEMT for beneficiaries by eliminating carve-out services and having all requests handled by one party.

**Budget implication:**

budget neutral

will cost MDHHS \$ , and (select one) budgeted in current appropriation

will save MDHHS \$

**Is this policy change mandated per federal requirements?**

No

**Does policy have operational implications on other parts of MDHHS?**

Yes, this change is expected to result in less NEMT administrative burden on MDHHS local offices.

**Does policy have operational implications on other departments?**

No

**Summary of input:**

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

**Supporting Documentation:**

|   |   |
|---|---|
| State Plan Amendment Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            | Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If Yes, please provide status:  | If yes, Submission Date:  |
| <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Denied |   |
| Date: Approval Date:  |   |

|  |                                  |                            |
|--|----------------------------------|----------------------------|
| <b>DRAFT FOR PUBLIC COMMENT</b><br><br><b>Michigan Department of Health and Human Services</b> |                                  |                            |
|  | <b>Project Number:</b> 2425-NEMT | <b>Date:</b> July 10, 2024 |

**Comments Due:** August 14, 2024  
**Proposed Effective Date:** October 1, 2024  
**Direct Comments To:** John Klever  
**Address:**  
**E-Mail Address:** [Kleverj@michigan.gov](mailto:Kleverj@michigan.gov)  
**Phone:**

**Fax:**

**Policy Subject:** Non-Emergency Medical Transportation (NEMT) for Medicaid Health Plan (MHP) Enrollees

**Affected Programs:** Medicaid, Healthy Michigan Plan

**Distribution:** All Providers, Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

**Summary:** This policy establishes that Medicaid Health Plans (MHP) will be required to cover non-emergency medical transportation (NEMT) to any Medicaid-covered service for health plan enrollees. MHPs and Integrated Care Organizations (ICOs) will also be required to cover non-emergency ambulance transportation to services provided by Prepaid Inpatient Health Plans and Community Mental Health Services Programs.

**Purpose:** To simplify NEMT for beneficiaries by eliminating carve-out services and having all requests handled by one party.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:**

|  |   |
|--|---|
| <b>State Plan Amendment Required:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, date submitted: | <b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>Submitted date: |
|--|---|

**Tribal Notification:** Yes  No  - **Date:** April 29, 2024

**THIS SECTION COMPLETED BY RECEIVER**

|   |  |
|---|--|
| <input type="checkbox"/> <b>Approved</b>    | <input type="checkbox"/> <b>No Comments</b>          |
| <input type="checkbox"/> <b>Disapproved</b> | <input type="checkbox"/> <b>See Comments Below</b>   |
|   | <input type="checkbox"/> <b>See Comments in Text</b> |

|                   |                     |
|-------------------|---------------------|
| <b>Signature:</b> | <b>Phone Number</b> |
|-------------------|---------------------|

**Signature Printed:**

|  |             |
|--|-------------|
| <b>Bureau/Administration</b> <i>(please print)</i> | <b>Date</b> |
|--|-------------|

# Proposed Policy Draft

Michigan Department of Health and Human Services  
Behavioral & Physical Health and Aging Services Administration

**Distribution:** All Providers, Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

**Issued:** August 30, 2024 (Proposed)

**Subject:** Non-Emergency Medical Transportation (NEMT) for Medicaid Health Plan (MHP) Enrollees

**Effective:** October 1, 2024 (Proposed)

**Programs Affected:** Medicaid, Healthy Michigan Plan

This bulletin announces changes to non-emergency medical transportation (NEMT) coverage for beneficiaries who are enrolled in a Medicaid Health Plan (MHP) or Integrated Care Organization (ICO).

## **Non-Emergency Medical Transportation**

Effective for dates of service on or after October 1, 2024, MHPs are required to cover NEMT for their plan members for any Medicaid-covered service. Coverage includes trips for services excluded from coverage under the MHP contract (specialty behavioral health services, including substance use disorder treatment, Healthy Kids Dental appointments, etc.). Health plan enrollees will access NEMT through the health plan or health plan's transportation vendor. This policy is intended to consolidate NEMT for beneficiaries and simplify the process of obtaining transportation. ICOs are required to cover one-way and round-trip NEMT to any health-related location in accordance with Plan Benefit Package (PBP) requirements.

## **Non-Emergency Ambulance Transportation**

Effective for dates of service on and after October 1, 2024, MHPs and ICOs will also be required to cover medically necessary, non-emergency ambulance transportation to Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) related services for beneficiaries enrolled in an MHP or ICO. Claims submitted to the Community Health Automated Processing System (CHAMPS) for MHP or ICO enrollees for dates of service on or after October 1, 2024 will not be reimbursed. Ambulance providers should contact the individual health plan for authorization, documentation, and other process requirements as these may differ between plans.