



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM  
 General Transportation Transmittal No. 36  
 May 23, 2024

**To:** Non-Emergency Medical Transportation (NEMT) Grantees  
 Maryland Medicaid Transportation Providers  
 NEMT Transportation Vendors  
 Maryland Medicaid Acute Care Facilities  
 Maryland Medicaid Nursing Facilities

**From:** Jamie S. Smith, Director *Jamie Smith*  
 Office of Long Term Services and Supports

**Re:** Eligibility of Medicaid Coverage Groups for NEMT Services

**Note:** Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.

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The purpose of this transmittal is to clarify which Medicaid coverage groups are considered eligible for Non-Emergency Medical Transportation (NEMT). This transmittal provides revised guidance and supersedes [PT 19-13](#). NEMT is a fee-for-service program that is limited to eligible and qualified full-benefit Medicaid participants to the closest appropriate Medicaid provider of a Medicaid covered, medically necessary service, by the clinically appropriate mode of transportation. Eligible and qualified HealthChoice, Managed Care Organization (MCO), enrolled participants may be transported to the MCO participating provider of choice.

Medicaid eligible participants must be further screened for qualification to receive NEMT transportation. Qualification for NEMT transportation is based on a participant's specific Medicaid coverage group and confirmation that NEMT is the transportation of last resort. Additional requirements are further outlined in COMAR 10.09.19 and the policies included in *The Guide to Administration of the Maryland Medicaid Non-Emergency Medical Transportation Program*, which is distributed to NEMT Grantees and updated by the Maryland Department of Health (MDH).

Below is an updated screening guide for Grantees, Providers, and Vendors to use when verifying Medicaid participant's eligibility for NEMT services. When using the Eligibility Verification System (EVS), either via telephone or eMedicaid, a message will be provided listed in the

column labeled “EVS Message”. Guidance is provided in the column labeled “Action/Comments” as to whether or not a participant is eligible for transportation under the NEMT Program. NEMT Grantees, or their designee, completing the screening process for NEMT Program participation, must document the confirmation number when using the telephone EVS, or maintain a copy of the online confirmation from eMedicaid. Screening requirements remain in effect per COMAR 10.09.19.04.

For questions regarding information contained in this transmittal, please contact John Pelton, Supervisor NEMT and DME Unit, at 410-767-2862.

Attachment(s): 1

## Screening Guide Electronic Verification System (EVS) Messages

If an applicable EVS message is not found below, please continue to screen the participant for potential eligibility.

<b>EVS Message</b>	<b>Action/Comments</b>
<i>Not Eligible for Date of Service</i>	Stop screening; individual is not eligible for Medical Assistance.
<i>Eligible for Date of Service</i>	Eligible under fee-for-service policies, unless enrolled in HealthChoice (e.g.; Managed Care Organization (MCO)).
<i>Recipient is in HealthChoice. [MCO name. MCO phone number.]</i>	Eligible for transportation to the MCO provider of choice. Eligible and qualified participants requesting transportation to dental and other carved out services ( <a href="#">COMAR 10.67.08.03</a> ) are eligible for transportation to the closest appropriate provider.
<i>Recipient is eligible. Full Fee-for-Service benefits. Presumptive Eligibility.</i>	Eligible under fee-for-service policies only.
<i>MCHP, HealthChoice (MCO name, MCO phone number)</i>	Eligible under fee-for-service policies, unless enrolled in HealthChoice.
<i>Eligible State</i>	Eligible under fee-for-service policies, unless enrolled in HealthChoice.
<i>Eligible for date of service, if waiver then program name and phone number will report</i>	Eligible under fee-for-service policies, unless enrolled in HealthChoice.
<i>Recipient in a facility (facility name, facility phone number</i>	Eligible under fee-for-service policies only.
<i>Recipient covered for approved emergency services on approved dates only.</i>	A card is not issued because this coverage is limited to payment for emergency medical services that have generally already been received. <u>Eligible for NEMT for dialysis and rotary wing air ambulance only.</u>
<i>Recipient's benefits are limited to family planning services only. Abortion and Infertility services are not covered.</i>	Eligible under fee-for-service policies to Family Planning providers only.
<i>Medical Assistance only covers recipient's Medicare Part B premium payment.</i>  <i>Dual pharmacy and Medicare part B premium payment only.</i>  <i>Recipient is a Qualified Medicare Beneficiary (QMB).</i>  <i>Medicare is the primary payer. Providers may not balance bill recipients.</i>  <i>Pharmacy and family planning, abortion and infertility treatments are not covered.</i>	Several of the S Track coverage groups are not eligible for NEMT (e.g.; S03, S07 & S14).  Coverage groups which are eligible, are only covered under the fee-for-service policies (e.g.; S02, S05, S13-D, S19, S20, S98 & S99).