STATE OF MARYLAND
DHMH
Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
TRANSPORTATION GRANTS TRANSMITTAL NO. 3
MCO TRANSMITTAL NO. 39

January 15, 2003

TO: Local Transportation Grants Administrators
Managed Care Organizations

FROM: Susan J. Tucker, Executive Director
Office of Health Services

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

SUBJECT: Transportation Requests for Medicaid Fee-for-Service and HealthChoice Beneficiaries

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The purpose of this transmittal is twofold:

a. To clarify the requirement that local jurisdictions (also known as grantees) are only required to transport Medicaid beneficiaries to the closest appropriate provider; and

b. To provide instruction to grantees in applying the "closest appropriate provider" requirement to requests by HealthChoice/MCO beneficiaries for transportation to medical services covered under HealthChoice.

Background – General Requirements

Federal Medicaid regulations require that States provide transportation to enable Medicaid beneficiaries to obtain necessary medical care and services covered by the Medicaid Program. Transportation grantees must provide transportation in the most efficient and cost-effective way (COMAR 10.09.19.04(A)(5)). Therefore, when, no other transportation resource exists, grantees may approve transportation to the closest appropriate provider of such services. An "appropriate provider" is defined as a provider that:

a. Participates in the Maryland Medicaid Program;

b. Has the training and skills necessary to provide the services required by the beneficiary. "Training and skills" includes but is not limited to applicable licensure and/or certification; and

c. Is willing to accept the beneficiary as a patient.

As a rule, grantees should transport only to the provider that is closest to the beneficiary's home. When two or more appropriate providers are located a comparable distance from the beneficiary's home, grantees may transport to the provider of the beneficiary's choosing. When the differential distances between potential providers and the beneficiary's home are significant, however, grantees are to transport to the closest provider.

Clarification of Requirements for HealthChoice/MCO Beneficiaries

Under HealthChoice, beneficiaries are usually limited to receiving care by providers that participate in their managed care organizations' (MCOs') networks. For purposes of handling transportation requests from HealthChoice/MCO beneficiaries, an "appropriate provider," in addition to the criteria listed in the Background section above, is also a provider that participates in the beneficiary's MCO provider network or for whom the MCO has approved an out-of-network referral. Grantees should, therefore, approve and schedule transportation in a way that supports the beneficiary's MCO provider network, within the limits established below.

Grantees should authorize requests for transportation to primary care, pharmacy, OB/GYN, dental, diagnostic, laboratory and x-ray when the destination is:

a. within 30 minutes travel time or within a 10-mile radius of the beneficiary's residence in urban areas, or

b. within 30 minutes travel time or within a 30 mile radius in rural areas.

These limits are consistent with the Program's geographic access requirements for MCOs' covered services (COMAR 10.09.66.06).

The grantee should also approve transportation that is marginally beyond these limits if the provider is the closest appropriate one. Transportation to primary services beyond these limits may be denied and become the MCOs' responsibility.

When transportation to specialty care is being sought, grantees shall approve all medically necessary and appropriate transportation requests in

support of the beneficiary's MCO network, as long as the MCO is not bypassing local specialists and sending beneficiaries out of area for locally-available specialty care. If an MCO arranges for a beneficiary to see a specialist outside the area, even though other qualified specialists (in- or out-of-network) are located in the area, the MCO is responsible for the transportation. In these cases, grantees should assist beneficiaries in accessing MCO-funded transportation by working with the Administrative Care Coordination Unit (ACCU) in that county. The ACCU will in turn assist the beneficiary in arranging MCO-funded transportation.

Reporting

The Program is endeavoring to ensure that MCOs make all reasonable efforts to enroll an adequate number and variety of local providers. To assist the Program in this endeavor, grantees are requested to record and report to the State all requests for medically necessary and appropriate transportation of MCO beneficiaries to medical care beyond the travel time-distance limits for primary providers or outside the local area for specialists (these reports are requested within 15 days of the end of each calendar quarter). Reporting such transactions enables the Program to address network adequacy with the MCOs.

If you have any questions, please call the Transportation staff specialist at 410-767-1739.

cc: Administrative Care Coordination Units