

**Bulletin Number:** MSA 19-38

**Distribution:** Bridges Eligibility Manual (BEM) and Bridges Administrative Manual (BAM) Holders, Medicaid Non-Emergency Medical Transportation (NEMT) Contractor

**Issued:** January 2, 2020

**Subject:** Transportation Medical Verification & Provider Qualifications

**Effective:** February 1, 2020

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

The purpose of this bulletin is to inform Medicaid Fee-for-Service (FFS) non-emergency medical transportation (NEMT) authorizing parties of changes to FFS NEMT policy. Refer to the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual for policy information regarding Medicaid FFS transportation policy. For services for Medicaid beneficiaries enrolled in a Medicaid Health Plan (MHP), Integrated Care Organization (ICO) or MI Choice Waiver agency, the beneficiary's health plan or waiver agency should be contacted for policy and coverage information. The Medicaid Provider Manual is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### **Medical Verification for Transportation**

An original, completed DHS-5330 (Medical Verification for Transportation) serves as documentation of medical need and must be retained in the beneficiary's file if the beneficiary requires special transportation. Special transportation includes medically needing a wheelchair lift-equipped vehicle, Medi-Van vehicle, attendant, prior authorization, and other special circumstances supported by medical documentation. (Refer to the Non-Emergency Medical Transportation chapter of the Medicaid Provider Manual, Prior Authorization section, for prior authorization requirements.) A local MDHHS office can authorize NEMT without a DHS-5330 for beneficiaries who do not require special transportation.

In situations when a beneficiary's primary care physician (PCP), or a physician's assistant or nurse practitioner working under the supervision of the PCP, is unavailable and unable to complete an original DHS-5330 in a timely manner, another licensed provider may complete the form. Example providers include, but are not limited to, a physician specialist, clinical nurse specialist, certified nurse midwife, registered nurse, social worker, dentist, and other licensed providers. The licensed provider must be knowledgeable about the beneficiary's medical needs, capable of accurately completing the form, and providing direct medical, behavioral or dental services to the beneficiary.

## **Transportation Provider Qualifications**

The minimum requirements for beneficiaries who transport themselves include:

- Valid driver's license appropriate to the class of vehicle being operated;
- Compliant with Sections 304 and 319 of the Michigan Vehicle Code related to restricted driver's licenses as issued by the Michigan Secretary of State (MDHHS reserves the right to deny or revoke reimbursement of a provider due to a restricted or suspended license);
- Motor vehicle insurance; and
- Adherence to all public laws, ordinances, and regulations applicable to drivers and the vehicles that are used.

Authorizing parties must confirm a beneficiary's eligibility to receive mileage reimbursement through an established process, including but not limited to, documented verbal attestation.

## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-979-4662.

## **Approved**



Kate Massey, Director  
Medical Services Administration