

OHP Non-Emergent Medical Transportation (NEMT)

Learn about the most common situations OHP members face when seeking rides or reimbursement for travel to receive OHP-covered services.

OHP members - Find your local transportation provider

[View our map](#), or use the the drop-down list below and select your county to find the local brokerage that can answer your questions.

County ▼

Contact information

Yamhill

For Yamhill Coordinated Care members - Well Ride, 1-844-256-5720

For other CCO members - Call your CCO ride service

For all other members - Tri-County Med Link, 1-866-336-2906

General information

[Question](#)

Answer

What is a transportation brokerage?

A transportation brokerage is a local government entity that contracts with the Oregon Health Authority to provide non-emergent transportation services to Oregon Health Plan (OHP) clients who receive OHP Plus (BMM, BMH, BMD, CWX) benefits.

What is a client "no-show"?

If a client has a scheduled ride and is not at the pick-up location as arranged, the driver will report a "no-show" to the brokerage.

Clients cannot be billed, and the brokerage cannot pay providers for these trips.

If a client needs to cancel a ride, the client should call the brokerage.

Repeated "no-shows" may result in requiring the client to phone in to confirm rides before pick up, schedule no more than one ride at a time, travel with a specific provider, or travel with an escort.

The "no-show" policy holds clients accountable for using their ride benefits appropriately.

What does the brokerage do?

Each brokerage has a call center that arranges rides for clients going to Medicaid-covered health care services. Call center duties include:

- Verifying that the client is eligible to receive a ride,
- Verifying that the appointment is for a Medicaid-covered service,
- Verifying that the client does not have other means to get to the appointment, and
- Authorizing the most appropriate type of transportation service based on the client's needs.

Who provides the actual rides for the clients?

The brokerage sub-contracts with drivers and transportation providers to provide rides they have arranged.

What type of authorization is necessary for NEMT?

Requests for NEMT must be prior authorized. This includes requests for rides or reimbursement of transportation expenses such as mileage, meals and lodging.

Brokerage processes and responsibilities

[Question](#)

Answer

What questions do brokerages ask when an OHP member calls for a ride?

The brokerage will check the eligibility of the person, verify if the ride is to a Medicaid-covered service, and assess the client's ability and needs. These questions are requirements brokerages ask to meet Medicaid standards:

- Where do you want to go?
- Are you going to an OHP-covered health care service? (If a client is unsure whether the service is covered, and it is unclear whether the service is a covered service, the brokerage will follow up with the provider.)
- Do you have any other means of transportation?
- Do you have any special needs?

Some OHP clients have limited mobility; will the driver assist them with getting onto the van?

Yes, ride requests should identify their special needs, so the drivers will know to provide assistance boarding and de-boarding the vehicle.

Will the brokerages transport children less than 12 years old unescorted?

No, the brokerage will not transport children less than 12 years old unescorted.

The exception is when a Department of Human Services (DHS) volunteer is available to drive the child, primarily because of protocols established by the DHS Child Welfare program and because of liability issues.

What would happen if all of the transportation providers refused to give an OHP member a ride due to scheduling conflicts?

The brokerage would ask the provider whether the appointment could be re-scheduled or delayed without doing harm to the client. If not, the brokerage would secure a provider from a different service level or from outside of the region. The client would be given options.

Do the brokerages fulfill same-day ride requests?

The broker will try to arrange for same-day rides; however, it will depend on whether there is a provider available and whether prior authorization can be completed.

Transportation providers may already be booked with other clients' appointments. Brokerages make urgent-care needs their highest priority. Clients should, whenever possible, schedule rides in advance.

Client reimbursements

Question

When lodging and meal expenses arise from an emergency situation, are lodging and meals considered NEMT expenses or something else? Who is responsible for authorizing and reimbursing them?

Answer

In this kind of situation (for example, when an emergency ambulance takes a child and parent to Doernbecher Children's Hospital, and the parent qualifies as a medically necessary attendant whose expenses are allowable under the NEMT program), only the ride is considered an emergency expense.

Any other allowable travel expenses would be considered NEMT expenses, and the client or their representative must contact the brokerage as soon as possible within 30 days of the transport for authorizing and reimbursement of these expenses.

Can a transportation brokerage reimburse overnight lodging and meals for an attendant who stays with the client when the client is admitted as inpatient to a hospital?

No. Once a client is admitted as an inpatient, NEMT benefits can no longer pay for an attendant because the medical facility provides all of the client's care. There are some exceptions:

- If the doctor says in writing that the attendant is medically necessary, or
- If it is less expensive to pay for the attendant's meals and lodging than to return the attendant home and bring the attendant back again when the client is released.

Who authorizes reimbursement for medical-related lodging and meals?

Brokerages now authorize and reimburse clients for medical-related lodging and meals in all counties.

Rules allow reimbursements to clients for expenses less than \$10 to be held until they reach the \$10 amount, but may reimbursements be processed for less than \$10?

Yes. The \$10 threshold exists to avoid writing checks for very small amounts, but reimbursements can be processed for less than \$10 if the brokerage allows.

Client rights and responsibilities

Question

Answer

Can you arrange transportation outside the brokerage (i.e., directly with a preferred transportation provider)?

No. All medical ride requests must go through the brokerage.

- The rides must be authorized and assigned to a brokerage sub-contracted provider that meet the client's needs most appropriately and are the lowest cost.
- If a facility or branch arranges transportation without the broker's authorization, the transportation provider will not be paid through Medicaid.
- When the brokerage is closed, clients should call the brokerage's after-hours number if a ride is needed for an urgent medical issue.

Does the brokerage call center offer any choices when it sets up rides?

The brokerage or call center staff must meet two main criteria:

1. Find the most appropriate ride for the client based on actual need, not want.
2. Find the ride that is the lowest cost.

Oregon's federal waiver and current federal law allow the state to limit a client's freedom of choice with NEMT. Freedom of choice, in this context, refers to the general right a Medicaid participant has to choose service providers.

OHP members at residential facilities expect to be helped (from their room, into the van, into the doctor's office, etc.). Who provides this level of service?

The drivers are there to drive. If a client needs a care attendant, it is the facility's or the client's responsibility to provide one.

The brokerage contract does not allow drivers to enter clients' rooms or escort clients to their appointments. Clients will need to be ready at the front door of the pick-up address.

Can anyone ride with the client to their appointment?

If the client has a medical need to have an attendant travel with them, or the client is less than 12 years old, one attendant is allowed to accompany the client on the transport.

Otherwise, whether or not an extra person can ride along on the transport depends on whether the transportation provider agrees to allow the extra person at no additional cost.

In addition, this must be negotiated with the brokerage call center, and is subject to available space.

What if clients have complaints about a certain driver or transportation service?

The most direct way to process concerns and complaints is to share them with the brokerage.

After the complaint is researched, the brokerage may sanction or terminate a provider which is unable to provide on-time, safe services.

Can clients get rides to any provider they want to go to for Medicaid-covered services?

No, rides are only covered to the providers in the client's local area, unless there is no provider available in the local area.

Brokerages will seek guidance from the client's primary care or referring provider.

Although clients may choose to go out of their local area to any provider that will accept Medicaid, the transportation may not be covered if there is an appropriate local area provider available.

Is there a time limit on how long a client must wait if they are in a grouped ride?

Wait times on shared rides are reviewed individually and factor in client needs.

NEMT can only cover moves to a new care facility for clients who have had a change in condition, noted in their

Can NEMT be used to shop for a new care facility, or relocate to another care facility or out of state?

DHS care plan, resulting in a need for a new service setting with a higher or lower level of care.

NEMT cannot cover shopping for another facility, moving to another facility of the same level of care or moving out of state.

DHS has some non-medical funds that may be available for some of these moves. Clients should talk with their local case workers to find out what may be available to them.

Ambulance services and after-hours rides

Question

Answer

What would happen if the hospital needs to discharge a patient at 9:30 p.m.?

Brokerages have their own processes and protocols for after-hours transportation that allow for the transport to take place with authorization to follow.

Hospitals should follow the after hours procedure for the brokerage and contact the appropriate after hours providers. Ambulance providers should not be used unless an ambulance is the appropriate mode for the client.

If a provider gets a call after hours directly from a client asking for a ride, how does the provider know they'll get paid if they provide the ride?

Providers take a risk when they accept this type of ride. They can ask to see the client's medical card or call the toll-free number for the [Automated Voice Response](#) (AVR) to see if the person is eligible for services.

How should an ambulance company bill ambulance services when medical personnel determine it was not an emergency?

It should be billed as a non-emergent ambulance service if the ride was provided or as an aid call if the ambulance personnel do not transport the client. This is an exception to the guidance that brokerages authorize non-emergent ambulance trips.

What is the brokerage's responsibility regarding non-emergent ambulance trips?

Brokerages authorize non-emergent ambulance trips. The ambulance companies will bill OHA directly for reimbursement.