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July 7, 2009

MEMORANDUM

CYRCA MEMO-0901  
QUEST MEMO ADM-0906  
QExA MEMO ADMX-0906

TO: CYRCA, QUEST and QUEST Expanded Access Health (QExA) Health Plans

FROM: Kenneth S. Fink, MD, MGA, MPH  
Med-QUEST Division Administrator **KF**

SUBJECT: NON-EMERGENCY TRANSPORTATION POLICY ADHERENCE

The State of Hawaii is facing an unprecedented economic situation. In light of the current budget shortfall, the Med-QUEST Division (MQD) is critically reviewing its policies. Upon reviewing its non-emergency transportation (NET) policy compared to utilization, it became evident that our policy is not being followed. Effective July 1, 2009, the MQD is directing all QUEST and QExA health plans to become compliant with MQD policy.

Non-emergency transportation is only for medically necessary visits when no other form of transportation is available. However, in the Fee-For-Service (FFS) program, the MQD did not have adequate processes in place to assure that NET was only used for medically necessary visits. We are aware that enforcing the policy might cause some concern among the NET providers. Despite this, the changes we are asking you to make are consistent with our policy and with the design of the NET portion of your contract.

The most cost-effective means of transportation that best meets the individual circumstances of the member should be utilized when medically necessary as indicated by the client's Service Coordinator/Case Manager or Primary Care Physician (PCP) in the client's plan of care (POC). The availability of free transportation to include client's vehicle, transportation provided by relatives, friends, volunteer services, and by the facility serving the member should be explored first.

To improve the quality and efficiency of NET, health plans are directed to implement procedures consistent with MQD policy. These procedures should be submitted to MQD for review and approval.

Health plan procedures should:

- Transition clients designated Curb-to-Curb to the Handi-Van or bus transportation classification, when appropriate.
- Consider members eligible for a bus pass if:
  - Member resides less than ½ mile from transit stop.
  - Member appointment is less than ½ mile from transit stop.
  - Member is ambulatory or capable of negotiating a wheelchair and handicap public transit is available.
  - The number of trips required per month indicates monthly bus pass is most cost effective method of transportation.
- Require that clients not using the Handi-Van or bus must have a determination from the PCP or Service Coordinator for medically necessary higher level mode of transportation.
- Encourage providers of recurring appointments to schedule transportation.
  - For recurring appointment such as dialysis or adult day care, the provider may make appointments on a quarterly basis.
  - For clients in the QExA program, provider to contact Transportation Management Services (TMS) or Logisticare.
  - Provider requests must specify mode of transportation as determined by the health plan POC.
- Require 48 hour advance notification for appointments.
  - Clients who call in less than 48 hours may be asked to re-schedule the doctor's appointment unless meeting urgent criteria.
  - Requests for urgent care may be made with less than 48 hours notice when a client has a medical problem that is serious and requires medical attention within 24 hours but is not an immediate threat to the client's life or health.

- Pursue ride-sharing standards so long as no member travels more than 30 minutes longer than if he or she had traveled directly.
- Allow escorts only when determined medically necessary by the PCP or Service Coordinator for the QExA program or Case Manager for the QUEST program.
- Not pay General Excise Tax (GET) as a separate, additional cost as it is included as part of the NET and taxi meter rate structures.
- Not allow side trips to include:
  - Pharmacy;
  - Shopping;
  - Visiting;
  - Pick up or drop off for durable medical equipment or supplies;
  - SSI Determination medical appointment or Medicaid eligibility; and
  - Trips to classes, support groups, community events, etc., unless included as part of the client's plan of care.
- Implement quality standards for NET providers.
  - NET providers must be allowed 90 days to meet the quality standards before being removed from the network due to not meeting the quality standards.
- Have a patient appeals process.

For any questions, please contact the Clinical Standards Office at (808) 692-8105 or 692-8124.