



a **Point32Health** company

Harvard Pilgrim StrideSM (HMO) Transportation Addendum Effective Jan 1, 2024, through Dec 31, 2024

This addendum is part of your Harvard Pilgrim StrideSM (HMO) Evidence of Coverage. The addendum lists the criteria for plan coverage of Non-Emergency Medical Transportation (NEMT). NEMT is a supplemental benefit offered by Harvard Pilgrim to help members access the care they need. Members may be eligible for NEMT when they are not in immediate danger but:

- Require personal assistance walking or getting into and out of vehicles, or
- Must travel in their wheelchair or while laying prone on a stretcher.

Personal assistance includes opening and closing doors; moving stretchers, wheelchairs or other medical equipment (i.e., portable oxygen); transferring to a vehicle from a wheelchair, and vice versa, or otherwise aiding the member in moving; removing obstacles that could hinder safe movement; and help climbing or descending stairs.

Members pay \$0 copayment per one-way trip for an unlimited number of NEMT trips each year. However, NEMT trips must be approved in advance by the plan (i.e., prior authorized) to be covered. Approvals will be based on medical necessity. This means that NEMT trips requested purely for convenience will not be authorized. The plan will not approve trips that are requested because a member does not have their own vehicle or because their regular ride has fallen through.

If you have questions about your plan or this addendum, please call our Member Services department. Representatives are available to answer your questions October 1 – March 31, from 8 a.m. to 8 p.m., seven days a week, and April 1 – September 30, from 8 a.m. to 8 p.m., Monday through Friday.

How to ask for a ride

Chapter 9, Section 5.2, of the Evidence of Coverage (EOC) has step-by-step instructions on how to ask our plan for medical care, including NEMT, and how much time to allow for a coverage decision. (A coverage decision is also called an “organization determination”.) These instructions are summarized below:*

1. **Call the plan at 1-888-609-0692 (TTY 711) to ask for Non-Emergency Medical Transportation (NEMT).** You, your doctor, or your representative can do this.

We will need to know where to pick you up (i.e., your home address) and where to drop you off (i.e., your doctor’s address), what type of personal assistance you may need (i.e., door-to-door or door-through-door), what type of vehicle you may need (i.e., wheelchair van or stretcher van), as well as the date and time of your appointment.

If you ask for personal assistance, we will need to know if there are any stairs you will need help with and (if yes) how many. We may also ask for your height and weight in order to prepare in advance for safe transfers.

2. We will consider your request for Non-Emergency Medical Transportation (NEMT) and give you our answer. **We will use the “standard” timeline to make our decision – unless we have agreed to use the “fast” timeline.**

A standard coverage decision means we will give you an answer within 14 calendar days after we receive your request. A fast coverage decision means we will answer within 72 hours. (A fast coverage decision is also called an “expedited determination”.)

You can get a fast coverage decision when using the standard timeline could cause serious harm to your health or hurt your ability to function. If your doctor tells us that your health requires a “fast coverage decision,” we will automatically agree to give you one.

If you ask for a fast coverage decision yourself, we will decide whether to give you one. If we decide that your medical condition does not meet the requirements for a fast coverage decision, we will send you a letter that says so (and use the standard timeline instead).

3. **For either standard or fast coverage decisions, we can take up to 14 more calendar days under certain circumstances.** If we decide to take extra days to make the coverage decision, we will tell you in writing. If you believe we should not take extra days, you can file a “fast complaint”. For more information about the process for making complaints, including fast complaints, see Section 10, Chapter 9, of the Evidence of Coverage (EOC).
4. If our answer is no to part or all of your NEMT request, we will send you a written statement that explains why. **If we say no, you have the right to ask us to reconsider – and perhaps change – this decision by making an appeal.** Making an appeal means trying again to get the coverage you want. See Section 5.3, Chapter 9, of the EOC for more information about the appeals process.

**The Evidence of Coverage’s (EOC’s) instructions on asking our plan for medical care take precedence should there be a discrepancy between the EOC and this addendum.*

Why you should plan ahead

Once the plan agrees to cover Non-Emergency Medical Transportation (NEMT) for you, we will need at least another 48 hours (two weekdays) to schedule the ride with an appropriate transportation provider. This means that for fast, or expedited, requests, you must ask us at least five weekdays before the ride is needed.

It’s also important to keep in mind that even if the plan has authorized your NEMT ride, our approval does not guarantee that a transportation provider will be available for the date and time of your appointment. As with all things during the current pandemic, supply is not always enough to meet demand. This is especially true for medical transportation, which requires specialized vehicles that are costly to own and maintain. Unfortunately, what this means for you is that there’s not necessarily a fleet of appropriately equipped vehicles and suitably trained drivers waiting for you when you need them.

This is why it’s important to plan ahead. In addition, a coverage decision is necessary for each location, date, and/or time for which NEMT is requested. For example, if you have an appointment at your PCP’s office on Monday and an appointment at a Specialist’s office the following Friday, you will need to request two rides: One to your PCP’s office on Monday and another to your Specialist’s office on Friday. Another example would be if you have two appointments scheduled for the same day: One in the morning and another in the afternoon. Even if both appointments are at the same location, you will need to request two rides if you want to return home in between appointments.

Where we can take you

Plan-approved locations are listed below in alphabetical order. If a location is not listed, then trips to or from that location are not covered by the plan’s Non-Emergency Medical Transportation benefit.

- Ambulatory surgical center or outpatient surgical center
- Birthing center
- Community mental health center
- Emergency room (Always call 911 when life or limb is in danger)

- End stage renal disease treatment facility, such as dialysis center
- Federally qualified health center
- Freestanding laboratory independent of a hospital or physician's office
- Hospice facility
- Hospital (outpatient or inpatient)
- Independent health clinic (not part of a hospital)
- Indian Health Service facility (free-standing or provider-based)
- Intermediate care facility for the mentally disabled
- Member's home, including assisted living facility and group home
- Military treatment facility
- Mobile unit for preventive, screening, diagnostic and treatment services
- Network retail pharmacy for covered vaccines

Nursing facility (skilled or non-skilled)

- Opticians and network hearing instrument providers
- Physician or other health care professional's office, including dentist, optometrist and audiologist
- Psychiatric hospital, including residential treatment center and partial hospitalization services
- Public health clinic, including mass immunization center
- Rehabilitation facility (outpatient or inpatient)
- Rural health clinic
- Substance abuse treatment facility (residential or non-residential)
- Tribal 638 facility (free-standing or provider-based)
- Urgent care center
- Walk-in retail health clinic or convenience care clinic

Exclusions from coverage

Harvard Pilgrim will not cover excluded services or services in which it was determined the member was not eligible under the plan benefits. The following are excluded from the plan's Non-Emergency Medical Transportation (NEMT) benefit:

1. Trips to or from locations not listed in this addendum;
2. Trips that are not approved in advance by the plan (i.e., prior authorized);
3. Trips approved less than 48 hours before the appointment for which NEMT is requested;
4. Trips the member schedules directly with a transportation provider (i.e., without prior authorization); and
5. Trips by way of ambulance.

Other important information

Non-Emergency Medical Transportation (NEMT) does not include ambulance transportation, which is a basic Medicare benefit. Ambulance transportation involves life support services. This is what makes it different from NEMT (since NEMT does not include life support services). For more information about ambulance transportation coverage, read the "Ambulance Services" section of the Medical Benefits Chart in Section 2.1, Chapter 4, of the Evidence of Coverage.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

H6750_24067_C