

## **Ohio Non-Emergency Medical Transportation Facility Direct Scheduling Option for Transportation Providers**

Effective Date 2/1/23

Facility Direct Scheduling Option requests are generated when a Medical Facility contacts an approved Transportation Provider directly and requests a non-emergent ambulance or wheelchair transport.

**The Facility Direct Scheduling Option only applies and is approved for facility-ordered trips directly with an MTM in-network ambulance or wheelchair transport provider for an AmeriHealth Caritas of Ohio member.**

### **Facility Ordering**

- Process is applicable to non-emergent ambulance and wheelchair trips only.
- Medical Facility will identify patient's insurance carrier to determine if MTM is the appropriate transportation manager.
  - Medical Facility has the option to either schedule ambulance or wheelchair medical transportation services through MTM or may choose to do so directly with any MTM-approved provider; a list of approved providers is available to the Medical Facility upon request.
- While not required, MTM strongly encourages the ambulance/wheelchair provider to verify member eligibility via Ohio Department of Medicaid's Provider Network Management ("PNM") portal to prevent denied payment for services.
- Ambulance/wheelchair providers are not obligated to accept requests from the Medical Facility (i.e., lack of availability).
  - In the event a Medical Facility's request is not accepted by the ambulance/wheelchair provider(s) and the Medical Facility proceeds to contact MTM to arrange for transport, MTM will still require a minimum of two (2) business days' notice unless the appointment is deemed urgent by the member's health plan.

### **Submission for Payment**

- The ambulance/wheelchair provider must submit the trip information to MTM no later than ninety (90) calendar days following the date of service through one of the following submission options:
  - Electronic claim/837 (requires integration with MTM)
  - CMS 1500 Form may be submitted by secure file share, e-mail, fax, or mail
- Upon MTM's request, the ambulance/wheelchair provider must provide a completed and signed Certification of Medical Necessity in accordance with Ohio Medicaid requirements.

- All approved ambulance and wheelchair transports will be paid at the Medicaid Fee Schedule in accordance with State claims payment regulations or the provider's contracted rate with MTM.
- All submitted ambulance and wheelchair transports meeting the above criteria will be paid within ninety (90) days.

### Payment Denials

- Ambulance/wheelchair provider may not be approved for payment for the following:
  - Trip information submitted more than ninety (90) calendar days after the date of service
  - Service provided to a member who was not eligible on the date of service
  - Transport is not a Medicaid- or health plan-covered service
  - MTM requests but is not provided a completed and signed Certification of Medical Necessity in accordance with Ohio Medicaid requirements within thirty (30) days of request

### Contact Information

- For any questions, please reach out to us at [ohioinquiry@mtm-inc.net](mailto:ohioinquiry@mtm-inc.net)