



Physician Certification Statement (PCS) for Non- Emergency Medical Transportation (NEMT) Services Request Form Step by Step Instructions

Created Date: November 2017



Introduction

Effective July 1, 2017, the California Department of Health Care Services (DHCS) released All Plan Letter (APL) 17-010¹ Non-Emergency Medical Transportation and Non-Medical Transportation Services.

DHCS is requiring IEHP to implement a Physician Certification Statement (PCS) to determine the appropriate level of Non-Emergency Medical Transportation (NEMT) services as a covered benefit for Medi-Cal Members. NEMT services are defined as transport by Ambulance, Litter Van, Wheelchair Van, and Air.

What is the difference between NEMT & NMT?

Non Emergent Medical Transportation (NEMT)-Door to Door service when Members require assistance from the drivers to get to and from the vehicle by gurney, wheelchair and includes ambulatory Members who are unable to ambulate, stand or walk without assistance from the driver.

Non Medical Transportation (NMT)-Curb to Curb service when Members do not require assistance from the driver to get to and from the vehicle


The PCS form is not for Non-Medical Transportation (NMT) Service requests. For NMT service requests, Medi-Cal Members should be directed to call American Logistics Company at (855) 673-3195.

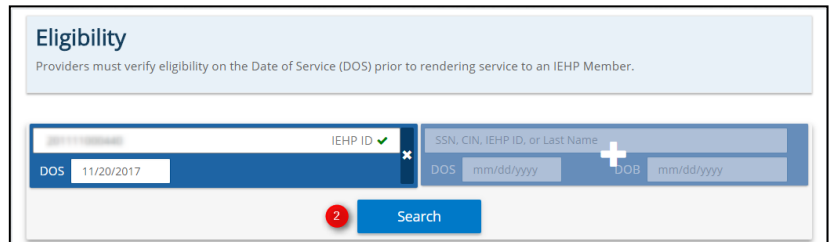
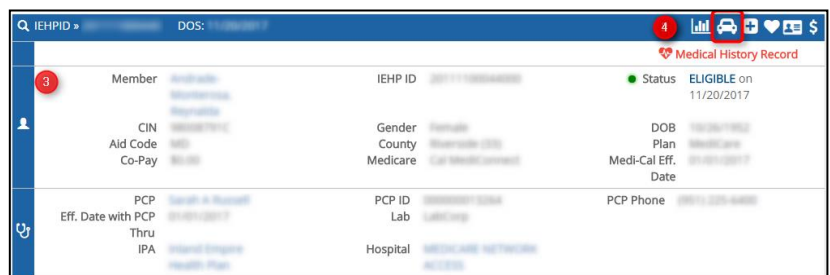
IEHP has developed this easy to use online form to attest for IEHP Member's medical condition for NEMT services. The following Providers are allowed to access the PCS NEMT: Primary Care Physicians (PCPs), Mobile Primary Care Physicians (MPCPs), Specialists (SPEC), Non-Physician Practitioner (NPPs), Behavioral Health Providers (BH), Long Term Care (LTC) Providers, Skilled Nursing Facilities (SNF), and Dialysis Centers.

Accessing the Form

Log in to the secure site, there are two (2) ways to access the PCS form:



A. Via Eligibility Page

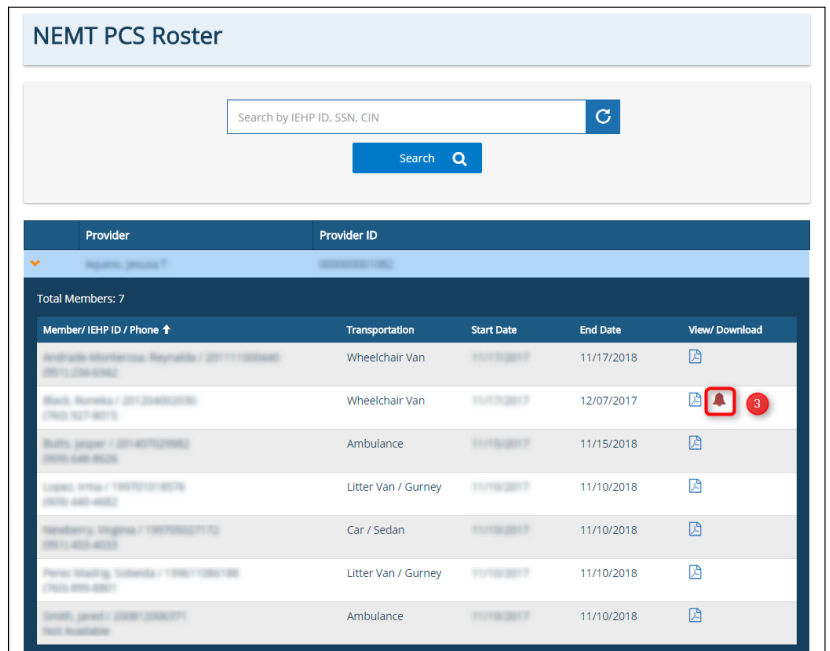
1. Click on “Eligibility” from the left navigation panel.
2. Enter the Member’s IEHP ID, SSN, or CIN and click “Search.”
3. The Member’s Eligibility information will appear.
4. Click on the “Vehicle”  icon on the right to be redirected to the NEMT PCS Form.

Member	IEHP ID	Status	ELIGIBLE on
Member Name	201110000000	ELIGIBLE	11/20/2017
CIN	Gender	DOB	Plan
Aid Code	Female	11/20/1982	Medicare
Co-Pay	County	Medi-Cal Eff. Date	01/01/2017
	Medicare		
PCP	PCP ID	PCP Phone	
Eff. Date with PCP	00000012345	(951) 225-4400	
Thru	Lab		
IPA	Hospital		
	MEDICARE NETWORK		

B. Via the NEMT PCS Roster

1. Click on “Rosters” from the navigation panel on the left. Click on “NEMT PCS Roster.” The page will be redirected to the NEMT PCS Roster.
2. Select the Provider’s Roster and the list of Member’s will appear.
NOTE: Forms that are within 30 days of the expiration date will display a “red bell”  icon.
3. Once you click the “red bell”  icon, it directs you to the NEMT PCS Form.



Member/ IEHP ID / Phone	Transportation	Start Date	End Date	View/ Download
Member Name - 201110000000	Wheelchair Van	11/17/2017	11/17/2018	
Member Name - 201110000000	Wheelchair Van	11/17/2017	12/07/2017	
Member Name - 201110000000	Ambulance	11/17/2017	11/15/2018	
Member Name - 201110000000	Litter Van / Gurney	11/17/2017	11/10/2018	
Member Name - 201110000000	Car / Sedan	11/17/2017	11/10/2018	
Member Name - 201110000000	Litter Van / Gurney	11/17/2017	11/10/2018	
Member Name - 201110000000	Ambulance	11/17/2017	11/10/2018	

Filling out the NEMT PCS Form

Filling out the NEMT PCS Form																																									
<ol style="list-style-type: none"> Once you access the Form, the Member’s ID is automatically entered. Select the Requesting Provider, and click “Continue.” The Member’s Information and the Requesting Provider’s Information will automatically populate Select one Mode of Transportation. Select the Physical and Medical Limitations that apply. Lastly, select the certification and attestation statement. Click “Submit” 	<div style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center; margin: 0;">NEMT PCS Form</h3> <p style="font-size: small; margin: 0;">1. IEHP requires the submission of this Physician Certification Statement form, signed by the Member’s Primary Care Physician or treating Physician when requesting for Non-Emergent Medical Transportation (NEMT) services. This certification is valid for one (1) year from the date of the physician’s signature. 2. Requests for Non-Medical Transportation (NMT) (e.g., private car or public transportation) do not require the submission of this form. Members requesting NMT services should be directed to call American Logistics Company at (855) 673-3195.</p> <p style="text-align: center; background-color: yellow; margin: 5px 0;">* denotes a required field</p> <div style="background-color: #003366; color: white; padding: 2px;">Member Identification</div> <p>*IEHP ID: <input type="text"/> 1</p> <p>*Requesting Provider: <input type="text"/> 2</p> <div style="background-color: #003366; color: white; padding: 2px;">Member Information 3</div> <table style="width: 100%; font-size: x-small;"> <tr> <td>Name: <input type="text"/></td> <td>Gender: <input type="text"/></td> <td>DOB: <input type="text"/></td> <td>Age: <input type="text"/></td> </tr> <tr> <td>Address: <input type="text"/></td> <td>City: <input type="text"/></td> <td>State-Zip: <input type="text"/></td> <td>Phone: <input type="text"/></td> </tr> <tr> <td>IEHP ID: <input type="text"/></td> <td>CIN: <input type="text"/></td> <td>MediCare: <input type="text"/></td> <td>Medi-Cal: <input type="text"/></td> </tr> <tr> <td>LOB: <input type="text"/></td> <td>County: <input type="text"/></td> <td>Aid Code: <input type="text"/></td> <td>Group: <input type="text"/></td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px;">Provider of Service</div> <table style="width: 100%; font-size: x-small;"> <tr> <td>Name: <input type="text"/></td> <td>ID: <input type="text"/></td> <td>NPI #: <input type="text"/></td> <td>Phone: <input type="text"/></td> </tr> <tr> <td>Address: <input type="text"/></td> <td>City: <input type="text"/></td> <td>State-Zip: <input type="text"/></td> <td>Fax #: <input type="text"/></td> </tr> <tr> <td>Request Date: <input type="text"/></td> <td>Provider Signature: <input type="text"/></td> <td colspan="2"></td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px;">Mode of Transportation Needed. Please check one: 4</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px;">Ambulance</div> <div style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px;">Litter Van / Gurney</div> <div style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px;">Wheelchair Van</div> <div style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px;">Air</div> <div style="border: 1px solid #ccc; padding: 2px 10px; border-radius: 5px;">Car / Sedan</div> </div> <div style="background-color: #003366; color: white; padding: 2px;">Physical and Medical Limitations. Please check all that applies: 5</div> <table style="width: 100%; font-size: x-small; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Paraplegic</td> <td><input type="checkbox"/> Hemiplegic</td> </tr> <tr> <td><input type="checkbox"/> Non-ambulatory</td> <td><input type="checkbox"/> Poor exercise tolerance</td> </tr> <tr> <td><input type="checkbox"/> Requires oxygen</td> <td><input type="checkbox"/> Hemodialysis</td> </tr> <tr> <td><input type="checkbox"/> Requires extensive medical support (e.g. ventilator, IV)</td> <td><input type="checkbox"/> Dementia</td> </tr> <tr> <td><input type="checkbox"/> Behavioral issues</td> <td><input type="checkbox"/> Blind</td> </tr> <tr> <td><input type="checkbox"/> High fall risk</td> <td><input type="checkbox"/> Other</td> </tr> </table> <div style="background-color: #003366; color: white; padding: 2px;">Certification Statement 6</div> <p style="font-size: x-small; margin-top: 5px;"><input type="checkbox"/> * I certify and attest that I am the treating Physician/Provider for the member and have determined medical necessity for the transportation indicated above.</p> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <div style="background-color: #800000; color: white; padding: 5px 15px; border-radius: 5px; margin-right: 10px;">Reset</div> <div style="background-color: #0070C0; color: white; padding: 5px 15px; border-radius: 5px; margin-right: 10px;">Submit 7</div> </div> </div>	Name: <input type="text"/>	Gender: <input type="text"/>	DOB: <input type="text"/>	Age: <input type="text"/>	Address: <input type="text"/>	City: <input type="text"/>	State-Zip: <input type="text"/>	Phone: <input type="text"/>	IEHP ID: <input type="text"/>	CIN: <input type="text"/>	MediCare: <input type="text"/>	Medi-Cal: <input type="text"/>	LOB: <input type="text"/>	County: <input type="text"/>	Aid Code: <input type="text"/>	Group: <input type="text"/>	Name: <input type="text"/>	ID: <input type="text"/>	NPI #: <input type="text"/>	Phone: <input type="text"/>	Address: <input type="text"/>	City: <input type="text"/>	State-Zip: <input type="text"/>	Fax #: <input type="text"/>	Request Date: <input type="text"/>	Provider Signature: <input type="text"/>			<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Hemiplegic	<input type="checkbox"/> Non-ambulatory	<input type="checkbox"/> Poor exercise tolerance	<input type="checkbox"/> Requires oxygen	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> Requires extensive medical support (e.g. ventilator, IV)	<input type="checkbox"/> Dementia	<input type="checkbox"/> Behavioral issues	<input type="checkbox"/> Blind	<input type="checkbox"/> High fall risk	<input type="checkbox"/> Other
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<ol style="list-style-type: none"> Click on the “Print Confirmation Page” link. A PDF of your submission will appear in a new window. A Printed copy must be filed in the Member’s medical record. 	<div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p style="font-size: x-small; margin: 0;">Please Retain A Copy For Your Files.</p> <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> <div style="background-color: #0070C0; color: white; padding: 5px 15px; border-radius: 5px; margin-right: 10px;">Print Confirmation Page 8</div> </div> </div>																																								

Alerts

Alerts

An “Alert” will appear 30 days prior to the expiration of a Member’s PCS NEMT Form.

1. Eligibility Page
2. Member’s Medical History Record; and
3. NEMT PCS Roster.

Alerts: NEMT PCS is due (1)

Member: Black, Rosalva
 IEHP ID: 201204922004
 Status: ELIGIBLE on 11/20/2017

CIN: 012020046
 Gender: Female
 County: San Bernardino (20)
 DOB: 12/02/1967
 Aid Code: 00
 Co-Pay: \$0.00
 PCP: Sara E. Halverson
 PCP ID: 000000170000
 PCP Phone: (951) 962-7100
 Eff. Date with PCP Thru: 11/15/2017
 Lab: LabCorp
 IPA: Inland Empire Health Plan
 Hospital: St. Bernardino Medical Center

Medical History Record

IEHP Eligibility Provided On: 11/20/2017
 Verification Number: 00000017

Name: Rosalva Black
 IEHP ID: 201204922004
 DOB: 12/02/1967
 Gender: Female
 Status: Member Eligible on 11/20/2017
 Assigned PCP: Sara E Halverson
 Aid Code/County: 00 / San Bernardino (20)
 PCP ID: 000000170000
 PCP Phone: (951) 962-7100
 Plan/Co-Pay: 0000-Cat - \$0.00
 Eff. Date with PCP: 11/15/2017
 Lab: LabCorp
 Thru:
 Hospital: St. Bernardino Medical Center

Member Contact Information

Address: 8800 Canyon Blvd # Apt 200
 City: Hospitola
 State/Zip: CA 92506-7070
 Home Phone: (760) 927-8075
 Work Phone: Not Available
 Email: Not Available
 Preferred Written Language: English
 Preferred Spoken Language: English

Reminders/Alerts

Reminders/Alerts

- Flu/Meningococci Test is due
- Annual HbA1c Test is due
- Annual LDLc Test is due
- Annual DRE Test is due
- Medical Alerting for Stroke Eligibility is due

NEMT PCS is Due (2)

Hospital Visits (Past 12 months)

No Records

NEMT PCS Roster

Search by IEHP ID, SSN, CIN

Search

Provider	Provider ID	Total Members: 7		
Member/ IEHP ID / Phone	Transportation	Start Date	End Date	View/ Download
Andrade, Mercedes, Rosalva - (951) 224-4362	Wheelchair Van	11/17/2017	11/17/2018	[Download]
Black, Rosalva - (201) 204922004 / (760) 927-8075	Wheelchair Van	11/17/2017	12/07/2017	[Download] [Alert] (3)
Black, Rosalva - (201) 204922004 / (760) 927-8075	Ambulance	11/15/2017	11/15/2018	[Download]
Cooper, Sara - (951) 962-7100 / (951) 962-7100	Litter Van / Gurney	11/15/2017	11/10/2018	[Download]
Halverson, Sara - (951) 962-7100 / (951) 962-7100	Car / Sedan	11/15/2017	11/10/2018	[Download]
Harris, Megan, Schelle - (951) 962-7100 / (760) 927-8075	Litter Van / Gurney	11/15/2017	11/10/2018	[Download]
Smith, Janet - (951) 962-7100 / Not Available	Ambulance	11/15/2017	11/10/2018	[Download]