



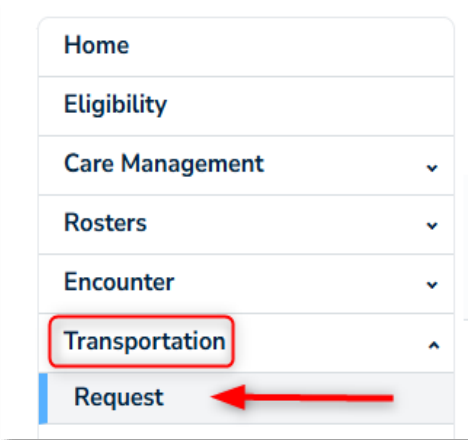
*We heal and inspire the human spirit.*

**To:** All PCPs, Specialists, BH, Hospitals and Skilled Nursing Facilities (SNFs)  
**From:** IEHP – Transportation Services  
**Date:** January 9, 2025  
**Subject:** **New: Make Non-Emergency Medical Transportation (NEMT) Requests on Provider Portal**

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**Non-Emergent Medical Transportation (NEMT) Requests for members from a Hospital, SNF or LTC to medical appointments, or for discharge, can now be made via the Provider Portal.** While this enhancement is intended for completion by Hospitals, SNFs and LTC, a PCP or other Provider type may also submit a request if all required information is known by the requestor.



**As a reminder:** effective September 5, 2024, we now require a minimum five (5) calendar-day notification, prior to the requested date-of-service, for routine medical appointments<sup>1</sup>, to ensure transportation is arranged in a timely manner.

Advanced notification is recommended to prevent scheduling conflicts and care delays. If transportation is necessary and a five (5) calendar-day notice is not feasible (e.g. a follow-up appointment is set for three (3) days post discharge), our team will make every effort to accommodate the Member's needs.

**Please note:** Requests made with less than a 5 calendar days' notice are subject to vendor availability are not guaranteed.

To verify the status of your transportation request or to acquire the relevant information regarding the transportation vendor, including their contact details, access the Referral Status tab on the Portal.

As DHCS requires a Member to have an NEMT Physicians Certification Statement (PCS) form on file to process the transportation request, our system enhancement will verify status of this form and/or redirect the user to submit one in conjunction with the NEMT Transportation request. Please make sure to complete **all** mandatory fields.

If you are receiving this notice by email, please see the attached NEMT Transportation Guide (PDF) for a step-by-step overview of the process.

If by fax, please access this notice on our Notices page to view the attachment and download for you reference: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

All IEHP communications can be found at: [www.providerservices.iehp.org](http://www.providerservices.iehp.org) > News and Updates > Notices

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<sup>1</sup> This is not applicable to hospital discharges, and/or dialysis

# Non-Emergent Medical Transportation Requests

Our Portal offers a fast and convenient way to schedule transportation services. Please follow the steps below to complete the request.

## 1. Transportation Request

Navigate to the left column and choose Transportation > Request

A. Input the Members ID, SSN or CIN – **this benefit is not available for IEHP Covered (CCA) Members**

**Transportation Request**

Inland Empire Health Plan's Portal offers a fast and convenient way to schedule transportation services. Please follow the steps below to complete the request.

- 1 Check Eligibility
- 2 Transportation Type
- 3 Transportation Request
- 4 Review / Edit Request
- 5 Request Submitted

Providers must verify Member eligibility of date of service (DOS), prior to rendering service to the members. Please save a copy of the eligibility verification for your records.

Please note, this benefit is not available for IEHP Covered (CCA) Members, nor those with Other Health Coverage (OHC).

IEHP ID, SSN, or CIN

IEHP ID, SSN, or CIN

**Note:** Make one request for every individual appointment, if applicable.

## 2. Transportation Type

A. If **Yes** is indicated, a reminder will appear, indicating that Non-Medical Transportation (NMT) requests, do not require a Physician Certification Statement (PCS) form. Member should be directed to contact Call The Car for their non-medical transportation needs: (855) 673-3195.

**Transportation type**

\* Is this request for Non-Medical Transportation (NMT)?

Request for Non - Medical transportation (NMT) (e.g., private car or public transportation) do not require the submission of NEMT PCS form, members requesting NMT services should be directed to contact Call the Car at (855) 673 - 3195.

B. If **No** is indicated, the system will determine if a current NEMT Physician Certification Statement (PCS) form is on file. If not, user will be prompted to submit this required form.

**Note:** If form is on file, skip to Step 7

**Transportation type**

\* Is this request for Non-Medical Transportation (NMT)?

There is currently no NEMT on file for this Member. [Click here](#) to submit a new form.

# Non-Emergent Medical Transportation Requests

## 3. NEMT PCS Form

The Member ID will auto-populate.

- A. Click in the Requesting Provider field to select the **treating** Provider.

**NEMT PCS Form**

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. Neither IEHP nor the Transportation Broker may modify the PCS form after the Member's PCP or treating Provider has prescribed the form of transportation, unless multiple modes of transportation were selected below, or a new PCS form is received from the Provider.
3. 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 contact Call the Car at (855) 673-3195.

**NEMT PCS Training Guide**

**Member Identification**

\* IEHP ID:

\* Requesting Provider:  **A**

**Continue**

[NEMT PCS Training Guide]

4. The **Member and Requesting Provider** information will auto populate.

## 5. Mode of Transportation

- A. Select all modes that are appropriate for the Member's limitations

- B. The form is good for 12 months from the Start Date. End Date will automatically populate.

- C. Indicate the Member's physical and medical limitations

- D. Check the box to certify

- E. Select either Reset to start over or Submit to complete

**Mode of Transportation Needed**

Please check all modes that are appropriate for the Member's physical and medical limitation(s).

**A**  Ambulance  Litter Van / Gurney  Wheelchair Van  Air  Car / Sedan

Transportation Start Date: **B**   Transportation End Date:

**Physical and Medical Limitations. Please check all that applies:** **C**

<input type="checkbox"/> Paraplegic	<input type="checkbox"/> Hemiplegic
<input type="checkbox"/> NonAmbulatory	<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

**Certification Statement**

I certify and attest that I am the treating Physician/Provider for the member and have determined medical necessity for the transportation indicated above.

**D**   **E**

# Non-Emergent Medical Transportation Request

- Once submitted, confirmation will appear at the bottom with the option to print a copy for the Member's file.

Please Retain A Copy For Your Files. [Print Confirmation Page](#)

- If PCS form is on file, Click continue.
- Member Information will auto-populate
  - Click in the **Requesting Provider** box to select from the drop-down
  - Fill out all the required fields regarding Member **Health Information**
  - Complete **Transportation From** information – all fields are required.
  - Complete all required **Transportation To** information

Note: While this form is intended for completion by Hospitals, SNFs and LTC, a PCP or other Provider type may have this information available to make the request.

### Requesting Provider Information

\* Requesting Provider  A

### Health Information B

* Trach to Ventilator <input type="radio"/> Yes <input type="radio"/> No	* Trach to Oxygen <input type="radio"/> Yes <input type="radio"/> No	* Trach to Room Air <input type="radio"/> Yes <input type="radio"/> No	* Oxygen <input type="radio"/> Yes <input type="radio"/> No
Suctioning <input type="radio"/> Deep <input type="radio"/> Mild <input type="radio"/> Shallow	Liter Flow <input type="text" value="Liter Flow."/>	FIO <input type="text" value="FIO"/>	* Discharge Date <input type="text" value="MM/DD/YYYY"/> <input type="button" value="Calendar"/>
	Comments <input type="text" value="Comments"/>		* Discharge Hour <input type="text" value="--:--"/>

### Transportation From C

* Facility & Treating Phy. <input type="text" value="Facility &amp; Treating Phy."/>	* Room # <input type="text" value="Room #"/>	* Address <input type="text" value="Address"/>	* City <input type="text" value="City"/>
* Zip Code <input type="text" value="Zip Code"/>	* Contact Person <input type="text" value="Contact Person"/>	* Phone Number <input type="text" value="Phone Number"/>	

### Transportation To D

Facility(if Applicable) <input type="text" value="Facility &amp; Treating Physician"/>	Receiving Dr./Facility <input type="text" value="Receiving Dr./Facility #"/>	* Address <input type="text" value="Address"/>	* City <input type="text" value="City"/>
* Zip Code <input type="text" value="Zip Code"/>	Contact Person <input type="text" value="Contact Person"/>	* Phone Number <input type="text" value="Phone Number"/>	

# Non-Emergent Medical Transportation Requests

## 9. Transportation By

Select appropriate mode of transportation:

### A. Ambulatory

B. If **Wheelchair** is selected, the section will expand to provide additional information

The screenshot shows a form titled "Transportation By". Under the heading "\* Transportation By", there are radio buttons for "Ambulatory", "Wheelchair", and "Gurney". The "Wheelchair" option is selected and has a red circle with the letter "B" above it. Below "Wheelchair" are sub-options: "Standard", "Bariatric/Wide", "Electric", and "Vendor to provide Wheelchair (Gurney will be provided when no wheelchair is available)". To the right, under "Stair Support Needed?", there are radio buttons for "Yes" (selected) and "No". Below that is a text input field labeled "How Many Stairs". At the bottom right, there are fields for "\* Height" and "\* Weight", each with sub-fields for "ft", "in", and "wt".

C. If **Gurney** is selected, the section will expand to provide additional information

The screenshot shows the same "Transportation By" form, but now "Gurney" is selected with a red circle with the letter "C" above it. The sub-options under "Gurney" are "Bariatric", "ALS", "BLS", and "CCT (Only)". The "Stair Support Needed?" section and the height/weight fields remain the same as in the previous screenshot.

## 10. Transportation Request

Indicate if request is being made for Hospital or SNF & LTC

11. Either **Reset** the form or select **Continue** to submit the request

The screenshot shows a form titled "Transportation Request for Hospital OR SNF & LTC". Under the heading "\* Transportation Request", there are radio buttons for "For Hospital" and "For SNF & LTC". At the bottom right, there are two buttons: "Reset" and "Continue >".

12. **Confirmation** will appear and download to your computer

The screenshot shows a confirmation screen titled "Transportation Request Submitted". Below the title, it says "For: [redacted] IEHP ID: [redacted] Authorization #: H [redacted]". At the bottom center, there is a "Done" button.

# Non-Emergent Medical Transportation Requests

## 1. Viewing Transportation Request Status

Navigate to the left-hand column and choose Referrals > Status

Transportation Referrals will appear with all other referral types.

- A. Search by Member ID, SSN, CIN or Referral number
- B. Or sort by Referral ID, Member, LOB, Received Date or Status

**Referral Status**

IEHP's Referral Status page allows Providers to conveniently view the status of their medical, behavioral health, pharmacy and vision referrals.

The DHCS Medi-Cal Rx transition went into effect January 1, 2022. For more information, including prescriber registration and Magellan portal access, please visit: <https://uac.magellanrx.com>.

Search by IEHP ID, SSN, CIN or Referral Number A Search More Options

**Results: 8** B

Referral ID	Member	LOB	Received Date	Status
		Medi-cal	Jan 6, 2025	In Progress
		Medi-cal	Jan 6, 2025	In Progress
		Medi-cal	Jan 6, 2025	Complete