Non-Emergent Medical Transportation Request Form

Health First COLORADO
Colorado's Medicaid Program

COLORADO
Department of Health Care Policy & Financing

Complete this form to request Non-Emergent Medical Transportation (NEMT) for Health First Colorado members who need out-of-state transportation.

Before You Begin

The Department must approve all out-of-state NEMT before it happens. Submitting this NEMT request form is the **only** way to receive approval.

- NEMT is **not** for life- or limb-threatening emergencies.
- Allow 3-5 business days for the Department to review this form. The Department's NEMT staff will contact you if more information is needed.

Make sure the Member is eligible for NEMT services. Members under the following Health First Colorado programs **do not qualify:**

- Old Age Pension – State Medical Program (OAP SMP)
- Qualified Individual – 1 Medicare (QI-1)
- Qualified Medicare Beneficiary (QMB)
- Special Low-Income Medicare Beneficiary (SLMB)
- Child Health Plan Plus (CHP+) is not a Health First Colorado program and is not eligible for NEMT services.

This NEMT request form must be completed by a medical professional who is referring the member to receive care out-of-state. Health First Colorado members and their families or caretakers cannot complete this form. Forms that are not filled out *completely* will be returned.

Medical necessity must be documented in this form.

- The referring medical provider must attach documentation attesting that the services are unavailable in Colorado along with the name and contact information of a specialty provider that was consulted to make this determination.
- There must be an accepting provider who has agreed to care for the member before this form is submitted. **Do not submit this form before an accepting provider has been established** to care for the member out-of-state.
- Clinical documents supporting the medical necessity of services must be attached to this form.
- The medical service requiring out-of-state NEMT must be a covered Health First Colorado benefit or service. Some covered benefits and services require a Prior Authorization Request (PAR). All out of state inpatient hospital admissions require a PAR. **If a PAR is needed, submit it and receive approval before completing this form.** For more information on submitting a PAR, visit Coloradopar.com.

Begin NEMT Request Here

Person Submitting Form

Name (First, Middle, Last, Suffix)	Phone number	Email
Company name	Title	

Member Information

Name (First, Middle, Last, Suffix)	Date of Birth	Age	Health First Colorado ID number

Is this member being referred to an Indian Health Services provider? ◯ Yes ◯ No

Does the member have private insurance? ◯ Yes ◯ No

Private insurance name: _____

Has private insurance approved this treatment? ◯ Yes ◯ No ◯ N/A

*****If yes, a copy of the private insurance approval must be submitted with this request.*****

Private insurance approver's contact information: _____

Does the member have Medicare? ◯ Yes ◯ No Medicare ID number: _____

Is the member in the custody of the state? ◯ Yes ◯ No

Travel Information

Date of scheduled appointment/treatment:	Requested date of departure:	Requested return date:

Meals requested? ◯Yes ◯No

Lodging requested? ◯Yes ◯No

Escort required? ◯Yes ◯No

Type(s) of transportation requested:

◯ Personal Vehicle ◯ In state commercial airline,

◯ Out of state commercial airline ◯ Air ambulance*

*Air ambulance must include a letter of medical necessity

Treatment Information

1. What service or treatment is being requested? _____

2. Will the care be inpatient or outpatient? _____

3. Colorado Referring provider (name and city): _____

If a provider, please provide *NPI* number: _____

4. Referring provider or case manager preferred contact information: _____

5. Accepting provider name and NPI: _____

6. Accepting provider preferred contact information: _____

7. Facility name and location: _____

8. Does service require a PAR*? ◯ Yes ◯ No If Yes, review fee schedule: *See PAR requirements on Page 1

PAR Requested by (First, Middle, Last, Suffix)	Phone	Email

Prior authorization number	PAR submission or approval date

Give brief description as to why this service is being performed out of state:

_____

_____

Submit this completed NEMT request form to outofstateNEMT@state.co.us

For more information about the NEMT benefit, visit hcpf.colorado.gov/non-emergent-medical-transportation

I attest I have filled this form out in its entirety and acknowledge it will not be reviewed if incomplete.

Signature: _____ Date: _____