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To: All PCPs, Specialists, BH Providers & IPAs
From: IEHP – Provider Relations
Date: September 25, 2024
Subject: **REMINDER: Physician Certification Statement (PCS) Required for NEMT Services**

We would like to remind Providers that the California Department of Health Care Services (DHCS) **requires a Physician Certification Statement (PCS) be submitted for all Members needing Non-Emergency Medical Transportation (NEMT).**

The (PCS) helps determine the appropriate level of Non-Emergency Medical Transportation (NEMT) services as a covered benefit for Medi-Cal Members, including transport by ambulance, litter van, wheelchair van, and air.

If we do not have a PCS for one of the Members under your care who has received transportation, we will be sending you a Physician Certification (PCS) form that requires your completion. Please return the completed form as soon as possible. Your Provider Relations Manager will be visiting your office soon to assist you with PCS form recovery and provide support.

How do I Know if a Member Needs a PCS Form?

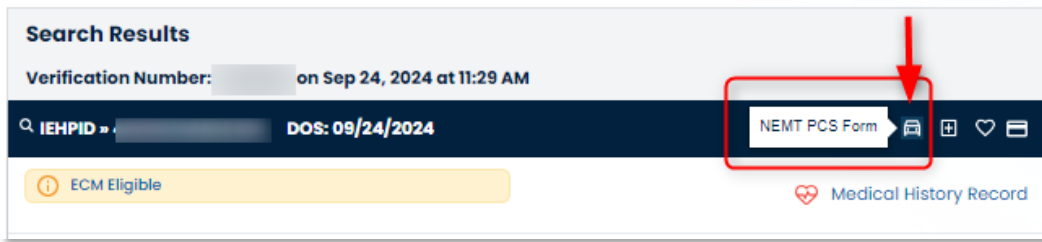
1. Providers with access¹ to the Provider Portal must submit all PCS forms **electronically**.
2. Leverage the NEMT roster to find Members who need a new PCS form submitted. A red bell 🛎 will indicate a new form is due.

The screenshot displays the 'NEMT PCS Roster' page. On the left is a navigation menu with 'Rosters' and 'NEMT PCS Roster' highlighted. The main content area includes a search bar, a 'Search' button, and a table of members. A red box highlights a notification 'NEMT PCS is due' with a red bell icon next to a member's entry in the table.

Member/ IEHP ID / Phone	Transportation	Start Date	End Date	View/ Download
[Redacted]	[Car / Sedan]	12/27/2023	12/27/2024	[Icon]
[Redacted]	[Car / Sedan]	10/02/2023	10/02/2024	NEMT PCS is due 🛎

¹ If you do not have access to the Provider Portal, please submit the PCS form via fax to: (909) 912-1049. All fields must be completed.

3. If a PCS form is due, copy the Member ID and paste into the Eligibility tab. After verifying Member's eligibility, click the car icon. Follow the prompts to complete and submit the PCS form.



4. This certification is valid for all NEMT requests for ONLY twelve (12) months from the Transportation Start Date.

A screenshot of a form titled 'Mode of Transportation Needed'. The instruction says 'Please check all modes that are appropriate for the Member's physical and medical limitation(s)'. There are checkboxes for 'Ambulance', 'Litter Van / Gurney', 'Wheelchair Van', 'Air', and 'Car / Sedan'. Below these are two date selection fields: 'Transportation Start Date' with the value '09/24/2024' and 'Transportation End Date' with the value '09/24/2025'. A red box highlights these two date fields.

This process applies to all Medi-Cal and IEHP DualChoice (HMO D-SNP) Members, regardless of assigned IPA affiliation.

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

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