



The Basics of Non Emergency Medical Transportation



Donna Balaski, DMD
Department of Social Services
Consumer Access Committee
September 30, 2015

Topics

Types of Service

Processes

How to Schedule a Ride

Forms & Documentation

Special Ride Circumstances

Denials

Topics

Member Responsibilities

Complaints

Purpose of NEMT Transportation

Federal regulations:

- **To provide Non-Emergency Medical transportation for members of Husky A, C and D programs to a Medicaid covered service when no other means of transportation is available.**
- **Transportation must be the most appropriate and cost effective Level of Service (LOS) needed by each HUSKY Health member being served.**

Transportation

**Levels of Service
must be the most
appropriate and
cost effective**

***May require a Physician's
Transportation Restriction Form
(PTR)**

- ☐ **Mass Transit**
- ☐ **Livery ***
- ☐ **Wheelchair ***
- ☐ **Gas Reimbursement**
- ☐ **Basic/Advance Life
Support – Ambulance ***

Mass Transit

- ❑ **Members who live within 4 blocks or $\frac{3}{4}$ of a mile from a bus line are assigned to Mass Transit**
- ❑ **Appointment address must be within 4 blocks or $\frac{3}{4}$ of a mile from the bus stop**
- ❑ **Mass Transit schedule must adequately support the scheduled appointment time**
- ❑ **Members should call at least 5 days before the appointment to schedule their transportation to allow for the tokens/passes to be delivered through the U.S. Postal Mail service**

Gas Reimbursement

- ❑ Requests for Gas Reimbursement is a Prior Authorized (PA) Service and the trip must be reserved with LogistiCare prior to the appointment.
- ❑ Members can submit for PA 45 days previous to the appointment (must request at least one week in advance).
- ❑ Allows for friends or family who are willing to drive the member to a Medicaid Covered Service.
- ❑ Payment is per mile, based on total miles traveled.
- ❑ Reimbursement must be submitted by the member on behalf of the driver of the vehicle.
- ❑ Gas reimbursement forms are mailed to the member.
- ❑ Reimbursement is based on trip mileage, not the number of HUSKY Health members in the vehicle.
- ❑ The Medical Provider must sign the form confirming the member's attendance at the appointment.
- ❑ The form must be returned within 30 days of the appointment date to obtain reimbursement.

Gas Reimbursement

- ❑ For a detailed description of the gas mileage reimbursement program guidelines or to download forms go to:
- ❑ www.memberinfo.logisticare.com
 - ❑ Select “Connecticut” -> “Downloads”
 - ❑ Choose “Gas Reimbursement Guidelines”
 - ❑ Choose “Gas Reimbursement Invoice Forms”

Special Transportation

- ☐ **Members who are more than 4 blocks or $\frac{3}{4}$ of a mile from a bus line**
- ☐ **Members who do not reside on a bus line**
- ☐ **Members who have special needs**
 - ☐ **Member has a medical condition**
 - ☐ **Member uses an assistive device for mobility**
 - ☐ **Member has behavioral health challenges**
- ☐ **Should call at least 48 hours in advance before the appointment to schedule transportation**

Special Transportation

Includes the following modes of transportation:

- ❑ Livery services are available when members can ambulate and no mass transit is available, or members are unable to ambulate
- ❑ **Wheelchair Transportation/Livery**
- ❑ **Assisted Transportation – Ambulance**
 - ❑ **Basic Life Support**
 - ❑ **Advanced Life Support**
- ❑ **Air Ambulance for inter-state transportation**

Call Center Information

- ☐ **NEMT is provided only for Medicaid Covered Services**
- ☐ **All calls are taken by a team of dedicated Customer Service Representatives (CSR)**
- ☐ **Reservations for regularly scheduled Medicaid covered services are made from 7 a.m. to 6 p.m. Monday through Friday**
- ☐ **The Call Center is open 24 hours per day, 7 days per week to accommodate transportation for hospital ED discharges**

Reservation Scheduling

- ☐ Reservations for Mass Transit should be made at least 5 days in advance to allow for the U.S. Postal Service to deliver the tokens
- ☐ Reservations for trips for regularly scheduled appointments should be made at least 2 business days before the appointment
- ☐ Reservations for urgent trips should be made as soon as possible



Reservation Process

Member Reservation Line 888 – 248 – 9895

☐ Member information required to reserve a ride:

- Name
- ID Number
- Date of Birth
- Address
- Phone Number

Reservation Process

Member Reservation Line 888 – 248 – 9895

☐ **Appointment information required to reserve a ride:**

- **Name of Facility or Doctor**
- **Address**
- **Phone Number**
- **Date of Appointment**
- **Time of Appointment**

Reservation Communication

Member Reservation Line 888 – 248 – 9895

- ☐ It is essential to communicate the need for special accommodations for the trip (i.e. use of a car seat for children, wheelchair, medical equipment, location of entrance door for pick up/drop off, oxygen tanks, etc.)
- ☐ All trip information is reviewed with the caller to ensure the accuracy of the reservation before the call is ended

Reservation Communication

Member Reservation Line 888 – 248 – 9895

❑ Members are responsible for supplying car seats for children. It is essential to inform the customer service representative when scheduling the trip.

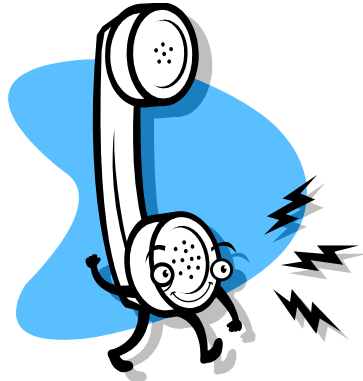
This allows for the transportation provider to plan for shared rides appropriately.

Scheduling Reservations

Reservations may be made by:

- ☐ **Caregivers or Guardians**
- ☐ **Members or a designated person**
- ☐ **Facilities**
- ☐ **Hospitals**
- ☐ **Professional Offices**

Scheduling Reservations



Phone:

Members 888 - 248 - 9895

Facilities 888 - 866 - 3287

Fax:

- ☐ **Facilities 866 - 529 - 2138**
- ☐ **Members: not currently available**



Online

- ☐ **Members *** **<https://member.logisticare.com>**
- ☐ **Facilities *** **<https://facility.logisticare.com>**

****user registration required****

Necessary Documentation

Physician Transportation Restriction (PTR) Form

- ❑ Required by the Centers for Medicare and Medicaid Services (CMS) federal regulations as a means of program monitoring and expenditure control
- ❑ Essential to detail the Levels of Service greater than Mass Transit when Mass Transit fulfills the transportation need
- ❑ Must be signed by an Enrolled & *Licensed Healthcare Provider*

Necessary Documentation

Physician Transportation Restriction Form

- ❑ Must be on file prior to the appointment so the appropriate transportation can be arranged
- ❑ Does not apply to urgent trips
- ❑ *Without an approved PTR form on file, this can result in the denial or downgrade of the mode of transportation*

Companions & Guardians

Companions:

- ❑ Members under the age of 21 may have 1 adult companion/caregiver, but adult members are not allowed to have a companion unless medically necessary

Children:

- ❑ to the age of 12 years old must ride with an adult
- ❑ from 12 to 15 years must have a permission form filled out by the parent/guardian
- ❑ 16 and older may ride alone without a parent/guardian or permission form

Necessary Documentation Continued

Companion/Aide

Medical Necessity Form

- ❑ Is **NOT** needed when children under 21 are being accompanied to an appointment by a parent or guardian
- ❑ For adults who require companions, the form must be on file before the scheduled trip date or the companion will not be approved

Necessary Documentation Continued

Companion/Aide Medical Necessity Form (CAMN)

- ☐ **Allows for efficiency of scheduling transportation for multiple members in a fiscally conservative manner**
- ☐ **Documents the need for assistance during transportation**
- ☐ **Required for any additional person who is traveling with a member, regardless of the reason**

Urgent Trip Assignment

Next Day (Urgent Trips)

- ❑ Urgent or next day reservations may be made with less than the two business day requirement but must be verified as urgent by the treating Medical Provider
- ❑ All urgent trips that are medically necessary are granted and transportation is arranged

NEMT Denials

Denials/Notice of Action (NOA)

- ❑ If a trip is denied members are sent a Notice of Action (NOA) letter
- ❑ If the level of service is downgraded, a NOA will be sent to the member
- ❑ The NOA provides very detailed information to the member about the reason for the denial of services, the right to appeal the denial and how to request an Administrative Hearing to be held by the Department of Social Services

Trip Assignment Process

- ❑ **Transportation Providers accept assigned trips based on location, the availability of vehicles and drivers**
 - ❑ **Assigned trips that are not accepted by the transportation provider are sent back to LogistiCare. These are called Pass-back trips**
- ❑ **Pass-back trips are required to be returned to LogistiCare at least 24 hours before the scheduled trip so another transportation provider can be located**

Trip Assignment “Pass Back Trips”

- ❑ **Members are alerted of Pass-back if an alternate provider is not found to accept the trip by the close of business the day prior to the scheduled appointment**
- ❑ **Reassignment is continually attempted up until 2 hours before the scheduled trip. If a provider cannot be found, LogistiCare notifies the member that no transportation is available**

Pick up Time Window

- ❑ Transportation Providers have a 15 minute window *before and after the scheduled pickup time* to arrive
- ❑ This allows time for variation in traffic patterns



Scheduled Return Trips

Will Call Trips:

- ❑ Return trips can be scheduled with a set pickup time or an unknown return time called a “Will Call Time”.
- ❑ “Will Call” trips require the member to call LogistiCare when the appointment is finished. LogistiCare will inform the transportation provider that the member is ready for pickup to return home.
- ❑ If the exact location of the return to home pick up is different from the drop off location, the caller should let LogistiCare know at the time of the call for pick up.

Scheduled Return Trips

- ❑ **Providers can arrive anywhere from 5 minutes to 1 hour after the member has called to return home for a “Will Call” trip**
- ❑ **Transportation providers have up to three (3) hours to arrive after a call is received for a hospital discharge**

Member Responsibilities

☐ **Members should:**

- ☐ be ready 15 minutes prior to the pickup time, being late makes other riders late
- ☐ only wait in safe but visible locations
- ☐ inform LogistiCare if the pick-up location has changed so the transportation provider can be notified
- ☐ inform LogistiCare if your appointment is cancelled

Where's My Ride????!!!!

800 – 592 – 4291

- ❑ If the Transportation Provider does not arrive 15 minutes after the pickup time, all members can call the 'Where's My Ride?' line for the driver's time of arrival



Quality Assurance (Complaints)



Quality Assurance

Registering Complaints and Concerns

- ❑ Anyone can make a complaint including members, family, caseworkers and transportation providers
- ❑ Complaints must include the member's name, client ID number and the date of trip
- ❑ When reporting complaints, please be as specific as possible. *The more information the better!*
- ❑ All complaints are reported to the Department of Social Services

Quality Assurance - Complaints

All complaints:

- ❑ Are entered into the LogistiCAD system for documentation and research
- ❑ Are immediately researched by LogistiCare's Quality Assurance Department with a completed written review submitted to the Department of Social Services

Quality Assurance

- ❑ **Member Complaints**
- ❑ **Call the Reservation line at 888 – 248 – 9895**
- ❑ **Website – www.wecarelogisticare.com**
- ❑ **Written - addressed to:**
Quality Assurance Department
LogistiCare Solutions,
127 Washington Avenue, 5th Floor,
North Haven, CT 06473

Quality Assurance

- ❑ Facility Complaints
- ❑ Call the Facility Line at 888 - 866 - 3287
- ❑ Written addressed to the
Quality Assurance Department
LogistiCare Solutions
127 Washington Avenue, 5th Floor
North Haven, CT 06473
- ❑ Website – www.wecarelogisticare.com

Additional Numbers

- ❑ **Ride Assistance Line (Where's My Ride?)**
800 – 592 – 4291
- ❑ **Hospital Discharge Line** **866 – 529 – 1946**
- ❑ **Transportation Provider Line**
866 – 529 – 2029
- ❑ **LogistiCare Main Number** **866 – 684 – 0409**

Where Members Can Download Forms

- <https://memberinfo.logisticare.com>
- Click on “CONNECTICUT”
- Click on “DOWNLOADS”
- Choose the form you need

Where Members Can Download Forms

- <https://facility.logisticare.com>
- Log into your secure portal site with your user name and password*
- Choose the form you need

** You must first get your login credentials by calling the facility phone line*

Questions?

