



**NON-EMERGENT MEDICAL TRANSPORTATION  
BROKERAGE OPERATIONS MANUAL**

Division of Medical Assistance Programs  
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## DEFINITION OF TERMS

AVR – Automated Voice Response.

Advocate - An individual or other entity requesting services on behalf of the client.

After Hours - A trip provided when the brokerage is not open. Clients may call the transportation provider directly for a trip when brokerage staff are not available to authorize a ride.

Attendant - A client escort provided and paid by the transportation provider in those instances where an attendant is required.

Broker - The local governmental agency that holds the Medicaid contract to provide non-emergency medical transportation to Medicaid eligible clients within a designated service area.

Brokerage - The service contracted to provide screening and authorization for non-emergency Medicaid transportation service for Medicaid clients. The Brokerage also subcontracts with transportation providers who provide service for Medicaid clients.

Client - An individual who is eligible to receive assistance under the Medicaid Program.

Client Preference - The client requests a ride with a particular provider based on client's preference (for whatever reason) for that provider. The brokerage will not make payment for transportation to a specific provider based solely on client or family preference or convenience.

Companion - A person who accompanies a client but who is not needed to provide personal assistance to the client.

Covered Medical Service - A medical service paid for by Medicaid. Transportation is provided only to a covered medical service. In some cases, a client may be transported to a non-covered medical service, if it is cost effective (prior authorization by DMAP is required).

CSI - Customer Service Incident Report. Documentation of complaints, concerns, or compliments regarding providers or the Brokerage staff.

CSR - Customer Service Representative. Staff member who takes telephone ride requests and enters information into the database.

DMAP - The Oregon Health Authority's Division of Medical Assistance Programs

**Eligible Client** - Client of DMAP living in the Service Area who seeks medically necessary transportation to Oregon Health Plan covered services under the terms of the agreement with the state.

**Emergency Services** - The health care and services provided for diagnosis and treatment of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of both the woman and her unborn child) in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. Emergency services are not the responsibility of the Contractor. Emergency services do not require prior authorization and will be reimbursed by DMAP. Clients should call 911 to request emergency response.

**Fair Hearing** - The procedure by which a client may appeal a decision of the Medicaid Transportation Program

**Lowest Cost** - The cost per trip that one transportation provider charges as opposed to another of comparable level of service. The Brokerage is obligated to choose the lowest cost, most appropriate level of service.

**Medically Necessary** - A service which is Medicaid eligible and reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. "Course of treatment" may mean mere observation or, where appropriate, no treatment at all.

**Personal Care Attendant** - A client-provided personal assistant (not a paid provider attendant).

**Quality Assurance Personnel** – DMAP or Brokerage personnel responsible for assuring the quality and safety of rides for clients.

**Routine Trips** - Group/individual trips taken more than once per month on the same day of the week by the same group or individual to the same destination. These are generally scheduled monthly.

**Transportation Provider** - Any public, private or private non-profit organization or individual who has been designated by the Brokerage to

receive reimbursement for Medical Transportation at a negotiated rate, for medical transportation provided, as authorized, by the Brokerage.

Transportation may include taxi, wheelchair van, public transit, stretcher car, secured transport, and volunteers driving their own vehicles.

**Transportation Type** - The type of transportation used to provide transportation services to clients. Types may include, but are not limited to, public or private fixed-route service, exclusive (one client) ride service, or shared (multiple clients) ride service. Shared rides may include non-Medicaid passengers (for example, a passenger van providing service to Medicaid clients at the same time as clients with other social services).

**Unscheduled Trip** - this is a demand-response trip and is immediate in nature. These trips may occur outside of normal business hours.

**Urgent Transport** - Transportation provided on an urgent or same day basis when the client needs immediate treatment but the medical condition is not emergent (see above definition for Emergency Services).

## **PRIMARY OPERATING COMPONENTS**

### **Administrative Responsibilities**

The responsibilities of the Administrative staff include the following:

- Have a thorough understanding and knowledge of Medicaid rules, procedures, and policies.
- Assure quality Call Taking and Authorization service to include, but not limited to, assuring non-conflict of interest in the assignment of rides.
- Assure protection of client information.
- Provide appropriate and timely training and program information to staff.
- Coordinate with Brokerage staff to improve and maintain service.
- Assist in the development or modification of local policies and procedures.
- Respond to client concerns, grievances, or appeals.
- Verify provider billing and prepare required reports and documents.
- Respond to provider concerns.

### **CSR Responsibilities**

The responsibilities of the CSR include the following:

- Receive client requests for transportation.
- Assure protection of client information.
- Verify Medicaid eligibility and covered services.
- Assess need for particular type of transportation.
- Determine no other transportation or funding source available.
- Maintain complete and appropriate documentation of ride requests and authorizations, problems that occur, and other information as needed.
- Have a thorough knowledge and understanding of Medicaid Transportation rules, procedures, and policies.

### **Brokerage/Scheduling Department Responsibilities**

The responsibilities of the Brokerage/Scheduling Department include the following:

- Select least costly, most appropriate transportation.
- Assess mileage for Medicaid trips and assign estimated costs based on provider contracts.
- Maintain complete and appropriate documentation of provider problems and/or concerns.
- Arrange and examine provider schedules to assure timely pick up of clientele.

### **Billing/Data Entry Department Responsibilities**

The responsibilities of the Billing/Data Entry Department include the following:

- Verify provider billing and prepare required reports and documents.
- Bus pass and ticket distribution and inventory.
- Data entry of all faxed ride requests.
- Completion of mandatory, daily computer hardware and software functions.
- Conduct contracted provider billing audits.
- Completion of spreadsheets, reports, and queries for administrative use.
- Provider instruction in computer use and billing functions.

### **Quality Assurance Personnel Responsibilities**

The responsibilities of the quality assurance personnel include:

- Investigate and document complaints.
- Report back to complainant and to brokerage advisory committee.
- Provide outreach and training as required to clients, advocates and others who may interface with the brokerage.

## **SERVICE AREA**

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The Brokerage is responsible for providing non-emergency medical transportation to any Medicaid client when the trip originates within the SERVICE AREA.

This may mean that on occasion the Brokerage will transport clients from other counties to and from their appointments while they are receiving medical treatment in the Brokerage area. In addition, the Brokerage is responsible for all non-emergency trips to return clients back to their home counties when treatment is complete.

On an exception basis, the Brokerage may provide routine trips for special medical needs from adjoining counties.

## CONFIDENTIALITY

By state and federal law, the Medicaid Transportation Brokerage is required to maintain client confidentiality except with regard to such information as is necessary to authorize and order medical transportation. All Brokerage staff are required to sign a Confidentiality Statement.

Personal information about clients or medical diagnoses is not to be relayed to the transportation providers. Information which is important to meeting the client's needs can be relayed to providers such as:

- Physical limitations,
- Need for assistance,
- Special equipment used by client,
- Emotional or mental problems affecting client during transport, and
- Need for assistance entering or exiting a vehicle or getting to or from the vehicle and home or medical office.

### Inquiries

Calls may come into the Brokerage with the caller either wanting to share information about a client or requesting information about a client. Staff should be very careful under both circumstances. Procedures for handling such calls are as follows:

#### Information about a client

The callers should be referred to the supervisor or Brokerage Manager if a caller wants to "tell us" something about a client or their use of transportation. Under no circumstances is the caller to be made aware that the Brokerage knows the client or provides services.

If the caller is a case manager or other branch representative, the caller is asked for their branch number and case manager ID code. If they are unable to provide this information, ask for a telephone number where they can be reached. Information should be verified with the branch office, and the call returned. The Brokerage can share all information about a client with the branch case manager or branch representative.

If someone calls and needs to get information to a client or wants information such as a client's address because they need to "deliver something" for example, do not provide the information. Take a message

and assure the caller that it will be given to someone who can follow up (again, do not verify that the client is served by the Brokerage). They can then call the client and give them the information or can relay the information to the client's branch.

When in doubt, check with the supervisor or Brokerage Manager.

## CALL TAKING

Medicaid clients, case managers, hospitals, nursing facilities, or client advocates such as family members or neighbors may call the Brokerage to request rides to and from medical appointments.

When all lines are busy, calls are answered in the order in which they were received. Information is entered into the computer during the call. The Brokerage staff should remain courteous and helpful at all times. Clients should always be referred to by last name.

To encourage clients to call in advance, staff should acknowledge clients for being responsible by calling early or having the information needed readily available. CSRs can say things such as “Thank you for calling us well in advance” or “Thank you for having all the information ready for us.”

### Abusive Callers

The Brokerage staff are not expected to continue a conversation when the caller becomes verbally abusive. The Staff member should let the caller know that they are going to hang up, then do so.

Any incident which results in the Brokerage terminating the call because of inappropriate language, insults or threats should immediately be reported to the supervisor or Brokerage Manager and documented as an incident report.

Under no circumstances should any staff member use abusive language or in any way threaten or insult a caller.

## **ELIGIBILITY VERIFICATION**

The Brokerage shall verify Medicaid eligibility of persons who request transportation to medical services. In order to be transported to a covered medical service, the client must be currently eligible under the Medicaid Program.

To determine client eligibility for Medical Assistance Transportation:

1. Ask the caller for the client name and enter it into the computer.
2. If the client cannot be located by name, ask for the client ID number (the identification number on their Medical Identification Form).
3. Use one of the following tools to verify the client's eligibility:
  - a. The Provider Web Portal at <https://www.or-medicaid.gov>;
  - b. Daily eligibility download provided by DMAP;
  - c. DMAP Provider Services (800-336-6016 ); or
  - d. Automated Voice Response (866-692-3864).
4. If client eligibility cannot be determined by any of the former methods, call the client's branch office and have them verify by document submission that the client is eligible.
5. If eligibility cannot be verified, transportation cannot be authorized. Document caller's name, address, and phone number to use for denial letter.
6. When authorizing rides in advance of the date of actual service, re-verify eligibility on the actual date of service to ensure client status has not changed.

## AUTHORIZATION OF TRANSPORT

After verification of eligibility for Medicaid Transportation, the Brokerage completes the authorization as follows:

1. Determine if the request is for transportation to a covered (See Appendix D) medical service.
2. Verify medical services being provided out-of-state (in non-contiguous areas beyond 75 miles from the Oregon border) are prior authorized by contacting the client's case manager, managed care plan or DMAP and contact DMAP for final authorization of the transportation.
3. Screen all clients for alternative transportation resources each time they request transportation. Key questions to ask:
  - a. Do you have some way you can get to your medical appointment (*e.g.*, friend, relative, neighbor)? Do you own a car?
  - b. How did you get to your last medical appointment?
  - c. How far do you live from the nearest bus stop?
  - d. Is there some reason you cannot use the bus?
  - e. Has anything changed since the last time you used transportation? If so, what?
  - f. Is there someone who could volunteer to provide transportation if your branch reimbursed them for mileage?
  - g. Do you have all required paperwork for your appointment?
4. Multiple trips from the same location to the same medical provider may be authorized at one time and entered into the data base. Authorize no more than one month at a time with the exception of life-sustaining rides such as dialysis which can be authorized for two months or more at a time.
5. All information must be entered into the computer data base. If the computer is down, verify eligibility by calling Automated Voice Response at 866-692-3864 or the branch, and record the trip information on forms provided for later entry into the computer.

## Screening Procedure

1. Assess client need for transportation:
  - a. Is client Medicaid–eligible?
  - b. Is client going to covered medical service?
  - c. Are other transportation resources available to client?
2. Assess client ability:
  - a. Is client ambulatory?
  - b. Client age – under 13 must have an escort
  - c. Does client have assistance available (*e.g.*, escort or personal care attendant)?
3. Assess client special conditions or needs:
  - a. Does the client have a physical disability or medical condition which affects the ability to use public transportation?
    - 1) May require letter from physician
    - 2) Non-bus transportation may be authorized until receipt of physician verification
  - b. Is the client mentally challenged?
    - 1) What is the client’s level of functioning?
    - 2) Are there safety issues regarding transport of this client? Who is at risk, what is the risk?
    - 3) Is the client able to learn how to use fixed-route transportation?
  - c. Emotional issues:
    - 1) Is there a safety risk due to client’s emotional status? Who is at risk, what is the risk?
    - 2) Will the client go to the appointment on fixed-route?
4. Determine level of transport:
  - a. If client is not able to use fixed-route transportation - Assign appropriate non-bus transport.
  - b. If client appears able to use bus - Continue with assessment.
5. Assess appropriateness of authorization of bus transport:

- a. Is the client capable of using fixed-route?
- b. Does client already have a bus pass?
- c. Assess specific trip characteristics:
  - 1) Distance from bus stop
  - 2) Number of transfers needed
  - 3) Accessibility of stop
  - 4) Safety in accessing bus
  - 5) Length of trip
  - 6) Other
- d. If there are no barriers or issues regarding use of fixed-route bus, authorize bus tickets or pass.
- e. If a fixed-route is determined not appropriate, authorize alternate transport.

### **Closest Provider of Type**

Clients should not be transported long distances for routine medical care. While clients are free to choose any medical provider, transportation is only available to the nearest appropriate provider. Clients should be informed that if they choose a provider out of their local area, transportation benefits may not be available.

#### ***Exceptions:***

Clients who have been assigned medical providers or who are on managed care do not necessarily have a choice about where they go for treatment or care. Clients can be asked if they are able to choose a closer medical provider. If a client is uncertain, ask for verification from their medical care provider that it is essential that they continue with the same medical provider. Decisions will be made on an individual basis taking into account managed care, medical necessity, emotional consequences, and other factors affecting the client which may make it reasonable to continue with the same medical provider. It is appropriate to reexamine individual exceptions periodically to ensure the client's current needs are addressed.

Clients who do not change to local medical providers even though there appears to be no qualifying reason to continue with the same out of area medical provider will be denied future transportation to that provider.

Clients may appeal to DMAP and will continue to receive medically appropriate rides until a final decision is made by DMAP on the appeal. The client can choose where to go for medical care but Medicaid Transportation is not obligated to transport a client out of the local city or area when it is not medically necessary to do so.

Exceptions to this limitation include:

- Clients who are on managed care who are limited to an out-of-area provider;
- Third Party Providers: The client has other medical insurance such as Veterans Administration Services or Medicare, or receives charity care, from a specific provider at a savings to Medicaid. Typically transportation is only provided to or from an enrolled OHP provider. However, based on cost effectiveness and medical appropriateness, as long as the appointment is for a service that is “above the line” and provided at no cost to OHP or the client, transportation can be allowed;
- Clients who have special needs which cannot be met in their local area or city of residence;
- Written documentation is obtained from the medical provider stating that the current provider is the only provider who can give the client the medical attention needed; and
- Other factors for consideration such as continuity of care and the emotional consequences of attempting to change medical providers.

### **Selection of Transportation Provider**

Determine the type of transportation most appropriate for the client's needs. Factors that need to be taken into consideration in determining the most appropriate type of transport include:

- Client ability to use different types of transport;
- Client need for special type of transport or vehicle;
- Distance from medical provider;
- Frequency of transport; and
- Availability of transport.

After the type of transportation needed has been authorized, select the least costly provider from among those available to provide that type of service.

If there is a concern regarding service quality with a transportation provider, report the concern to the Brokerage Manager.

Obvious serious injury or illness (such as loss of consciousness, broken bones, bleeding, etc.) are emergencies. The Brokerage does not provide emergency transport. Refer to page 26.

### **Estimate of Ride Cost**

The estimated ride cost is the best estimate of mileage charges plus trip rates and any additional charges. The Transportation Provider bill should be within a reasonable margin of the estimated amount.

When the billing is verified, bills outside the acceptable limits must be reviewed to determine if the charge is legitimate or if there are other factors affecting the cost which were not included in the original estimate.

Questionable billings will be resolved with the transportation provider prior to payment.

Refer to current matrix to assist with cost estimates.

### **Provider Preference**

A client may indicate a preference for a specific provider but the Brokerage cannot guarantee a preferred provider will be assigned.

### **Advance Authorization**

On occasion the Brokerage may want to prior authorize a ride for a client before the exact date or type of transport is known (e.g., expectant mothers, clients awaiting transplants or other situations when it is known in advance that a transport will be needed). The client can be authorized to use more than one type of transport or more than one transportation provider of the same type of transportation depending on the need at the time of the ride.

### **Children in the Care of DHS**

Children in the care and custody of DHS are not considered to have familial, financial or other resources available to them for medical transportation. The monthly Foster Care Maintenance payment does not include moneys to cover the costs of transportation to medical appointments.

Many children who are under the jurisdiction of DHS have a high volume of medical appointments for counseling, therapies, etc. More often than not, these children are extremely difficult to place. Refusal to make moneys

available to the foster parent could potentially jeopardize the child's placement.

Keeping in mind that mileage reimbursement is nearly always the least expensive mode of medical transportation, DMAP's position is as follows:

Where the foster parent has approached the Brokerage or caseworker and made a request for mileage reimbursement, the moneys should be provided in the same manner as described in the guidelines for client reimbursed mileage. Documentation maintained in Brokerage records should indicate "Foster parent has requested reimbursement for medical transportation provided to (child's name and prime number). Child has no other resource available."

If the foster parent is willing to provide the transportation and has not requested reimbursement for such, the foster parent is considered to be a resource. Requests for reimbursement on the part of the foster parent should not be encouraged or solicited.

(Note: Medical transportation for DHS children in subsidized adoptions is arranged through the DMAP Branch 60 Transportation Coordinator at (503) 945-5920.)

### **Hospital Patient Transport**

Certain hospitals may have admitted a client but not have equipment for certain services, testing, or X-rays ordered by the client's attending physician. The client may have to be transported to another hospital where the testing or service can be provided.

In these instances, and where the client is transported back to the admitting hospital within 24 hours, the provider must bill the hospital for the transports. No authorization by the Brokerage is appropriate for these transports since the hospital reimburses the transportation provider directly.

An attending physician may transfer a client directly from one hospital to another hospital for further inpatient care. It is the responsibility of the transportation provider to determine from the hospital if the client has Medicaid coverage and to obtain prior authorization from the branch. In pilot areas the Brokerage is responsible for ambulance transports for these non-emergency transports.

The Hospital Discharge Planner is responsible (per Hospital Rules) to contact the Brokerage, or request the transportation provider contact the Brokerage to let the Brokerage know the client is being discharged and

needs a transport. If the Brokerage determines ambulance transportation is necessary and they are not in a pilot area responsible for ambulance transportation, the Brokerage will refer the hospital/provider to the branch. If the hospital chooses to pay the transport provider without obtaining authorization from the Brokerage/branch, no reimbursement will be made by DMAP to the hospital.

### **Same-Day Request**

A significant number of ride requests will be for same-day service. The Brokerage is obligated to make every reasonable effort to arrange rides on short (one hour or less) or same day notice. Rides should always be authorized if the medical service is:

- Urgent;
- Necessary for continuity of care;
- Needed for medical monitoring;
- Referred by the client's physician for same-day treatment or testing;  
or
- For dental care (dental care is extremely hard to find and clients should not be asked to reschedule).

Clients who request same-day transport on short notice may be told that they will be transported as soon as transport can be arranged. The Brokerage can call the medical provider and explain that the client may be delayed due to the unavailability of timely transport.

Clients who call for same-day transport for routine or non-emergent medical care may be told to reschedule their appointments so that appropriate transport may be arranged (i.e. routine physical examinations; immunizations).

When requesting that the client reschedule, the Brokerage should make a determination about the caller's ability to arrange transportation in advance and the probability that the client will follow through with a subsequent appointment.

## **DOCUMENTATION AND DATA**

All rides must be documented on the computer data base.

Individual documentation should be maintained in a variety of circumstances including:

1. Clients have complaints about the service;
2. Clients were denied service for any reason;
3. Clients are in conflict with the program or program staff members (such as demanding transportation modes other than those authorized, threats to call the governor, etc.);
4. Errors were made in transportation authorization or assignment by program staff; and
5. Problems occur with a transportation provider.

The Brokerage staff should carefully document the substance of conversations with clients or other individuals in each of these instances, noting the time and date of the contact, what was said, and any agreement by either the staff or the client about further steps to take. Please refer to Complaint Procedures and "Handling Complaints" in the appendix.

### **Computer Failure**

Record the ride information on the Ride Request Form for later data input. Verify eligibility of a new client by telephone before authorizing transport. Existing clients may be authorized transport if there is a reasonable basis that eligibility has not changed (for instance, if the client is permanently disabled); however, The Brokerage assumes risk of financial loss if a ride is authorized without verification of eligibility. Complete just the Ride Request Form. Provider should be called if it is a same-day ride request.

### **Computer Data Input**

No changes in computer input or call taking procedures should be made without thorough discussion with the Brokerage Manager and agreement that the same procedures will be followed by all staff. It is important that all documentation be consistent so that the data and reports will be accurate and billing procedures will correctly match ride authorizations against billed rides.

## TRIP VERIFICATION

Five percent of all ride requests must be verified prior to authorization. Verification means that the medical provider is able to confirm that a client who is requesting the ride actually has an appointment to a covered medical service.

The Brokerage does not need to verify each medical trip requested by a client. All verifications will be documented in the computer data by noting the date verified and the name or position of the person at the medical provider's office who verified the appointment (nurse, receptionist, etc.).

If the medical provider does not verify the appointment (i.e., the client did not have an appointment on the specified date or did not show up for a scheduled appointment):

1. Contact the transportation provider and confirm whether the trip in question was provided as billed.
2. Send the client a letter stating that our information indicates they were not at the medical appointment or service for which they received transportation and future unverified trips may result in a referral for fraud.
3. Verify each future appointment for that client before authorizing transportation and after the transportation was provided.
4. Note in client file to verify all trips.

## **CONTINGENCY PLANS**

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The Brokerage must have a system to ensure that in the event of a major problem or complete system shutdown, at a minimum, that the life-sustaining needs of the clients are met.

## **CONTACTING MEDICAL PROVIDERS**

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When contacting medical providers, give the name of the staff member, the program, and the reason for the call. Ask them to verify that the client saw the medical provider on a specific date. A yes or no answer is sufficient.

If medical providers do not want to provide the information needed to verify a client's trip, document that in the file.

## **EXTRAORDINARY TRANSPORTS**

Occasionally a person may have to be transported with special equipment or may need special handling, such as requiring multiple attendants. In the case of an extraordinary requirement, ride cost different from the contracted rate may be negotiated with the provider.

Very costly transports should be negotiated to attempt to obtain a reduced rate for the trip. The situation and the client's needs should be discussed with the supervisor or Brokerage Manager prior to negotiating with the provider.

### **Out-of-Area Trips**

Trips provided to clients to counties that are outside the brokerage service area should be negotiated with providers. Three bids should be obtained, if possible, with the lowest bidder assigned the ride. All bids should be noted in the trip record.

### **Special Considerations**

Clients who need to be transported in a prone or supine position should be authorized a stretcher car transport. There are several issues with supine transports of which the Brokerage staff must be aware.

### **Local Ordinances**

Certain types of transports are regulated by local ordinances and must be adhered to by the Brokerage. This may create a need for rides at a mode other than requested.

### **Out-of-Area Stretcher Car Rides**

Out-of-area supine transports should be negotiated with a minimum of three companies and the ride assigned to the lowest cost provider. All bids should be noted in the trip record.

### **Stretcher Car or Wheelchair Transports to Emergency Rooms**

Ambulance companies are unable to transport to Emergency Rooms whether it is a stretcher car or wheelchair transport. If a client needs to be seen at an Emergency Room, for urgent, but not an emergency visit, and needs a higher level of transport (wheelchair van or stretcher car), only non-ambulance companies may accept the trip. An exception to this is if the client is going to meet their doctor at the Emergency Room for a prescheduled appointment. Document information in the detail section of the software.

### **Transport not Available**

When an appropriate provider is not available to provide a trip to a client, and the trip is necessary or urgent, the Brokerage should authorize the next higher level of transport for the client.

For example, if a taxi is not available, contact a wheelchair provider to see if they could provide the trip. The client must be notified if a higher level of transport is authorized. The client may not want to use a different level of transport or may be upset by the change.

## **DENIAL OF SERVICE**

Clients may be denied a ride for the following reasons:

1. They are not Medicaid-eligible;
2. They are not going to a covered service;
3. They have transportation resources available to them;
4. They have not complied with appropriate requirements; or
5. No provider is available.

If the Brokerage determines a transport should be denied, the reason for denial must be discussed with a supervisor or Brokerage Manager as an immediate second level of review prior to telling the client service is denied.

Only if the supervisor or Brokerage Manager agrees that denial is appropriate will service be denied.

If transportation is denied, a Denial Letter must be sent to the client within 72 hours stating the specific reason for denial and providing information about how to request a review or fair hearing. A copy of the letter is sent to the client's branch office. A copy of the letters must be retained in a separate file.

Complete the Denial Letter as follows:

1. Head the letter with the client's prime number, name, and address.
2. Date the letter.
3. Put in the date the request was made by the client (not the date of service which may be different).
4. State the type of request including the destination, the type of transportation requested, the date and time of the appointment and the type of medical service.
5. State the reason(s) the request was denied including such things as: a) other verification you did such as checking to see if there was an appointment scheduled with the medical provider, b) the client had transportation available to them, c) the transport was not to a covered medical service.

See copy of example Denial Letter in the appendix.

## COMPLAINTS/RIDE DENIALS

When the client has a complaint that the staff member is unable to resolve, the client shall be offered the option of talking immediately with a supervisor. The complaint is documented for later investigation by a supervisor and appropriate action taken.

If a complaint cannot be resolved to the client's satisfaction, the client has the right to request formal review through the "Review and Fair hearing Process". For further information about how to deal with complaints refer to the appendix.

### Review and Fair Hearing Process

Complaints related to the local Brokerage may be reviewed in either or both of the following ways:

#### **Local Process**

The complaints are reviewed by the Supervisor or Brokerage Manager. All complaints must be submitted to the Brokerage program by phone (LOCAL NUMBER or TOLL FREE NUMBER) or in writing to:

BROKERAGE NAME  
ADDRESS  
CITY,STATE ZIP  
Fax: NUMBER

Upon receipt of the letter or telephone call, a CSI will be completed and will be reviewed by a Supervisor or Brokerage Manager. Information reviewed and decisions of the Supervisor or Brokerage Manager will be documented in the CSI.

#### **State-Level Process**

The client may complete a request for hearing provided by the brokerage or available through branch office.

If the client requests a hearing the client has a right to legal counsel or to have another person represent them at the hearing. The client may be able to obtain legal services from a Legal Services Office or the Oregon Bar Association in the local area.

Any staff member with knowledge about the circumstances under review may be called as witnesses in a fair hearing process. It is essential that

thorough documentation is available to support any testimony or respond to issues under investigation in the fair hearing.

## CLIENT CONVENIENCE

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Medicaid does not pay for transportation as a convenience to clients. For example, if a child needs to go to the physician and the mother has other children who cannot be left at home, Medicaid will not provide transportation for the other children to either accompany the parent to the physician or to be taken to a care provider. If the client needs assistance with other aspects of the arrangements for transportation such as child care, the client should be advised to contact their case manager.

In some instances it may be appropriate to pay for additional passengers such as an urgent late night non-emergency ride when there is no one available to stay with additional children.

## **PERSONAL CARE ATTENDANT**

It is the client's responsibility to provide a personal care attendant if one is required.

A personal care attendant may ride free when required to accompany a client to a medical appointment. Transportation will be provided for a personal care attendant to go to a medical facility to accompany the client home.

Clients who require a personal care attendant are generally children, but other clients, depending upon their medical/mental/physical condition, may also require a personal care attendant. Taxi and wheelchair companies provide transportation for one personal care attendant at no extra charge. The Brokerage will provide the bus ticket for the personal care attendant if the client travels by bus.

Providers of wheelchair van, stretcher car, taxi, and other types of transport are not reimbursed for the personal care attendant when the attendant is necessary to accompany a child or otherwise fragile client to or from a medical appointment.

A person who accompanies a client but who is not needed to provide personal assistance is a companion and must pay the fare for an extra passenger if space is available.

### **Paid Provider Attendant**

Industry standard is for stretcher car providers to have a minimum of two attendants, one of whom is the driver, during transport. Wheelchair transport providers generally transport using just the driver. The average stretcher car or wheelchair van transport will not require additional (extra) attendants.

If a client's condition or circumstance requires the use of one or more "extra" attendants during transport, authorization may be given and additional charges may apply.

Example: Extremely obese client needing transport to or from medical care would require one or more "extra" attendants. Typically ambulance or stretcher car gurneys and other medical equipment are designed to withstand weight up to 300 pounds. The provider will generally let the scheduler know when "extra" attendants are required in order that they may provide the safest transport possible for the client.

## NO-SHOW

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Clients who are not at the pickup point are no-shows. Transportation providers do not receive payment for no-shows. Charging clients for no-show rides is prohibited.

Upon notification and verification of a no-show, a No-Show letter is sent to the client with a copy to the case manager. (See example of No-Show Letter in appendix.)

Acceptable reasons for a no-show might include a client who has Alzheimer's and forgot the appointment or a client who had an emergency.

Unacceptable reasons might include a client whose neighbor offered them a ride and they did not cancel.

Each no-show shall be documented on the computer. The No-Show letter will advise the client that repeat no-shows may result in requirements that the client phone in to confirm rides before pick up, schedule no more than one ride at a time, travel with a specific provider, or travel with an escort.

## **AFTER-HOUR TRANSPORTATION**

On occasion Medicaid clients may need transportation to medical services on an "urgent" basis when the Brokerage is not available to authorize such transportation.

Urgent care is medical care for a medical situation which is not life-threatening but which cannot be delayed and could not be anticipated such as:

- A child who develops a high fever;
- A fall resulting in pain or discomfort;
- A dental emergency (pain or broken tooth); or
- A rash or other condition which requires treatment to relieve discomfort.

Rides which are ordered directly by clients during times when the Brokerage is not open must be authorized after the fact. These rides will be reviewed for appropriateness considering the following:

1. Was the client eligible for service?
2. Was the ride necessary because of an urgent medical need?
3. Was the appropriate ride used for the client condition and need? and
4. Was the client unable to know in advance so the ride could have been requested through the Brokerage during regular business hours (HOURS OF OPERATION)?

## **OPERATION/DAYS OF OPERATION**

The provider should contact the Brokerage and notify the Brokerage of the ride. A staff member will then create a note in the detail section of the software for the ride and notify the provider of the ride number for billing purposes.

Some clients may use urgent rides to avoid going through the Brokerage to obtain authorization. If, after verification, the ride is not appropriate based on the above criteria, the client should be sent a letter notifying them that it was determined they used transportation services inappropriately. The provider will be paid for the ride as long as the client was eligible for service on the service date and was taken to a covered medical service.

## **BUS PASSES AND TICKETS**

Many clients should be able to travel by bus. The Brokerage determines the type of ticket or pass ordered for the client by determining how many rides the client requires during a certain period and comparing the cost of the individual tickets to the cost of a pass for the period. Passes should only be authorized if the cost of individual tickets exceeds the cost of the pass. Otherwise tickets should be issued for the exact number of rides.

### **Additional Bus Pass/Ticket Information**

Clients may not under any circumstances pick up bus passes or tickets at the Brokerage office. All passes and tickets will be mailed. If passes or tickets are mailed to a client and the client calls to report that he/she did not receive them, an investigation must be conducted before making a determination about whether to replace the tickets or passes. A client may have the tickets or passes mailed to an alternate address or their branch in the event they have no permanent address, or they want to ensure receipt. Tickets for clients without a permanent address must always be mailed to the client's branch office.

If a client calls to request additional tickets because they used tickets issued by the Brokerage to take non-medical trips, the request should be denied.

If a client has only one appointment but anticipates needing to go to the physician for additional trips, additional tickets may be issued and the client can call and request more tickets when those are gone. The client must keep track of the trips the tickets were used for and those trips must be entered after the fact into the data base.

If a client who is able to use the bus calls for transportation too late to receive tickets in the mail, the Brokerage should determine whether or not the client can reschedule the medical appointment. If the client knew about the appointment well in advance but did not call to arrange transportation on a timely basis, the appointment should be rescheduled if:

1. It is for routine care;
2. The client's health or safety will not be adversely affected by changing the appointment;
3. The appointment is not necessary to maintain ongoing medical monitoring or treatment (such as chemotherapy, weekly tests, etc.);

4. The client is capable of making transportation arrangements in advance; or
5. It is not a dental appointment.

Clients should be continually educated about the necessity of calling well in advance of their need for transportation in order to enable the Brokerage to make the most appropriate ride authorization. Clients should also be encouraged to cancel or change ride arrangements as soon as the need for change is known.

Clients who are unable to use fixed-route because they cannot climb the steps of the bus can ask the operator to use the lift to assist them in boarding. Inability to climb the steps is not sufficient reason to authorize alternate, more costly transport.

Unfamiliarity with the area or the bus system is not a reason for providing a higher level of transport.

Clients who are able to use public transit, even if they use a mobility device or wheelchair, should be authorized transportation on the bus system unless any of the following apply:

1. The client cannot travel to the nearest bus stop using their mobility device or wheelchair.
2. The client cannot get to their medical provider from their destination bus stop.
3. The trip on fixed-route presents a danger to the client because of factors such as location of the stop (e.g. must cross busy highway to access the stop), lack of shelter in inclement weather, etc.

Clients may be authorized to take the bus for one trip and a different mode of transport for another trip. For example, a client who is going in for day surgery may be able to take the bus to the facility, but may need to have a taxi authorized for the return trip.

Clients who may be able to use the bus but cannot access a bus stop may also be transported by taxi or other mode to the nearest transit facility or stop and continue the trip by bus if that is a viable trip arrangement. Bus tickets or a pass will be provided to continue their trip on fixed-route.

## **CHILD RESTRAINTS**

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Child restraints are required in all vehicles such as taxis or wheelchair vans. Regular automobile seatbelts and shoulder harnesses are not considered appropriate for children under age four or under 40 pounds in weight. Parents or guardians are responsible for providing and installing appropriate car seats for children.

## EMERGENCY RESPONSE

If a staff member is talking with a client who appears to have symptoms of a medical emergency, the client should be directed to call 911 for emergency response.

If the staff member determines that the caller is unable to contact 911, or the caller is unwilling to call 911 even though the situation appears to be an emergency, the staff member should tell the client that the CSR will call 911, and then contact emergency response on another line.

Maintain phone contact with the client until help arrives. Symptoms to be on the alert for include but are not limited to: difficulty breathing, chest pain, serious injury, bleeding, dizziness, unconsciousness, or severe pain.

Staff members should always be alert for symptoms that would indicate a medical emergency.

The Brokerage staff should not be communicating with 911 unless the client is not able or unwilling to make the call and the Brokerage has determined it is a life-threatening emergency.

## PHARMACY

Non-emergent medical transportation for trips to the pharmacy should be provided only if it is medically-necessary for a new prescription to be filled immediately; the eligible client is already traveling for an OHP-related medical appointment and the pharmacy is located on the way or is the closest available pharmacy; or there are no other methods of obtaining the prescription.

Other methods of obtaining the prescription need to be explored by the client first:

1. Ask the pharmacy to deliver;
2. Use the pharmacy mail order service; and
3. Ask if the prescription can be provided through the DMAP mail order pharmacy program. If the client is unsure how to access the mail order program, provide the information over the phone and follow up with a letter. All OHP clients have a postal prescription option available, either from their managed care plan, or Wellpartner (<http://www.oregon.gov/OHA/healthplan/clients/mailrx.shtml>, or call 1-877-935-5797).

Note that not all prescriptions (for example, certain controlled narcotics) can be delivered even when the client normally uses a delivery method for other prescriptions.

In the case of an emergency, transport to a pharmacy for pickup and delivery of a prescription may be authorized. The client must be transported to the pharmacy for payment to be made for the trip.

To determine whether or not to authorize a trip to the pharmacy the following should be considered:

- The prescription must be filled immediately (can't wait, e.g. insulin);
- The pharmacy does not mail;
- The pharmacy does not deliver;
- There was an error when the prescription was initially filled (client given the wrong medication); and
- The client's condition will deteriorate if the prescription is not filled immediately.

Under no circumstances should a transportation provider (driver) pick up or sign for a client's prescription medication.

## **CLIENT ABUSE OF TRANSPORTATION SERVICES**

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If it is determined that a client has been abusing services (i.e., repeated no-shows), the Brokerage may impose reasonable restrictions, such as requiring the client to phone in to confirm rides before pick up, requiring the client to schedule no more than one ride at a time, limiting the client to a specific transportation provider, or requiring the client to travel with an escort.

A letter must be sent to the client and the branch for each no-show with the potential restrictions to the client outlined in the letters.

## TEST OF REASONABLENESS

When in doubt about the proper decision regarding transportation for an individual client, use reasonableness as a guide. Determine what could be expected of someone from the general public in a similar circumstance and make a decision taking into account the individual's needs or limitations. For example, if an older person routinely takes the bus to the Senior Center but requests a taxi for medical transportation, it is quite likely that a bus could be authorized for routine medical transportation also.

Always take the client's condition and capabilities into account when making a ride determination about the type of transport the client can use. It may be reasonable to expect a healthy 24 year-old to transfer twice to get to a medical appointment, but not appropriate for an otherwise healthy, but frail 85 year-old to do the same. Patients with mental or emotional problems may not be able to manage the stress of complicated transportation arrangements.

If the information about the client's condition indicates the client can take a specific type of transport (e.g., a bus), but because of other circumstances the client states that form of transport is unacceptable, authorize a higher level of transport for the current trip. Advise the client that you will be requesting written information from their medical provider via fax.

Authorize higher level of transport until the Brokerage receives information from the doctor. Document all information received and maintain any written correspondence in a client file. The doctor's response does not dictate the type of transportation needed, but is another piece of information used in the overall evaluation of the client's needs and abilities. (See Appendix for example of letter).

## **COMMUNICATION WITH BRANCH OFFICES**

### **General**

The following information should always be provided to the branch offices:

- Denial Letter (copy)
- No-Show letter (copy)
- Change in client condition (recent injury, medical crisis, etc.) - Phone call
- Information that might indicate abuse is occurring (e.g., repeated trips to the emergency room for childhood injury) - Phone call
- Other written communication sent to the client (copy)
- Fraud Referral - Phone call

If clients have moved or there are other changes in demographic information such as a new telephone number, ask if they have notified their branch office. If they have not, direct them to do so.

Case managers may call at any time and request or offer information about their clients. It is not a breach of confidentiality to share information with the branch or the case manager regarding clients who use Brokerage services.

### **Services for Children**

Case managers submit the initial trip order, but subsequent changes or continuation of ongoing rides should be made by a foster parent or therapist if the case manager noted the names and phone numbers on the ride request.

Children age 13 and older and all children with escorts must be assessed for their ability to use bus transportation. Teenagers who already know how to use the bus and who may already have bus passes will rarely be considered for taxi trips to their mental health therapy appointments.

## TYPES OF TRANSPORTATION

### Public Transit

Public Transit is fixed-route transportation provided by public buses. When making a determination about whether or not a client can use the bus the following circumstances should be taken into consideration:

1. How far is the nearest bus stop from the client's residence?
2. Can the client reasonably get to the nearest bus stop?
3. Does the bus go reasonably near the client's medical provider?
4. Are there other circumstances which affect the client's ability to use the public bus such as having to walk a long distance with several small children, weather conditions, safety, etc.

If in doubt about whether a client is physically able to use the bus, contact the medical provider for an opinion.

### Taxi

Clients without bus access and for whom no other less costly form of transport is available may be authorized to use a taxi. Clients who are physically unable to use a bus may also be authorized to use taxi in the absence of alternate transportation. Advise clients that solicitation of tips by the driver is prohibited.

### Wheelchair Transport

Wheelchair van transport is transportation provided by a wheelchair lift-equipped vehicle for a client who uses a wheelchair.

Transportation is a generally a "door to door" service. At times, an individual being transported must be picked up inside their residence and taken inside their destination (escort by the driver).

### Ambulance

Non-emergent ambulance transport is used for clients who need medical monitoring or medical services during transport. If a client needs medical monitoring or services en route, direct the client to call the branch to request non-emergency ambulance transport, unless in pilot areas where the Brokerage will authorize non-emergency ambulance services.

Emergency transportation is also provided by ambulance services.

Authorization for emergency transportation is not a responsibility of the Brokerage, and the client should contact 911 emergency service directly.

### **Stretcher Car**

Stretcher car transportation is transportation provided by a vehicle that can transport a client in a prone or supine position. The client does not require any medical care or observation en route, but cannot be transported in a vehicle where they must sit erect. The client may have medical equipment that must be transported with them.

### **Secure Transport**

Secure transport is provided when a client cannot be transported by other means due to a mental health crisis. Secure transport may be needed to transport a youth to a treatment center, transport someone who is under the influence of drugs or alcohol and presents a danger to self or others, and in other similar situations. Clients may need to be restrained during transport.

Most requests for secure transport will come from case managers or medical staff. CSRs should make certain the client is eligible for Medical Transportation services and is going to a covered medical service.

In order to provide appropriate service, the Brokerage informs the secured transport provider staff what they might encounter. To ensure the safety of the client and the secured transport provider staff during transport, the Brokerage needs to provide additional information about the client condition, history, etc.

Note additional information in the detail section of the ride record, so that the Brokerage may inform the secured transport provider of any specific needs.

### **Volunteer Transport**

Clients may be transported by volunteer programs. Some programs offer van transportation, including wheelchair-equipped vehicles, and others provide transportation by volunteer drivers using their own vehicles. Volunteer agencies often require advance notice in order to assure that a trip can be scheduled.

## Other Types of Transport

1. Train - Clients may travel by train if they are going to a covered medical service out of the area and if train is the least costly, appropriate type of transport.

2. Airplane - Clients may travel by airplane if it is the most appropriate mode of transport. Air travel may be authorized because of distance or to facilitate arriving at the appropriate time for an extraordinary appointment. Out-of-state air travel must be authorized by the DMAP.

The Brokerage may be able to obtain free or reduced airfare for a client (usually a child) through one of the following resources:

- Air Life Lines (1-916-446-0995)
- American Airlines Miles For Kids
- Make a Wish Foundation (The Medical Social Worker at the receiving hospital may have this information)
- Often the receiving hospital (Medical Social Worker or Nurse Coordinator) has additional information regarding transportation and “special agreements” they have with various organizations for flight and lodging.

Most airlines will not charge for the escort/attendant, or will discount the escort’s rate, if the medical need is known.

3. Inter-city or interstate bus - e.g. Greyhound or other carrier, may be used for persons who must travel long distances but who are able to use the bus.
4. Rental Vehicle - Rent a specialized vehicle which can accommodate a client with special needs. It may be less costly to rent a vehicle if client can drive or someone can drive the client rather than paying a transportation provider for the same transport. Example: Person in wheelchair needs to go a long distance, rent a wheelchair van and family member drives the client rather than transporting by wheelchair van transport service. Must be paid by branch - refer client to branch office, except in pilot areas where client reimbursements are done by the Brokerage.

Arranging other types of transportation may include arranging transport to the station or airport and arranging transportation to the medical appointment at the end of a trip. This may require coordination between the local branch office and the Brokerage.

## **CLIENT/ATTENDANT REIMBURSED TRAVEL (IF APPLICABLE BY CONTRACT IN PILOT AREAS)**

(Note: If client reimbursed mileage, meals and lodging is needed outside of Brokerage pilot areas, Brokerage should refer clients to the local DHS branch office for assistance.)

### **Guidelines**

After verifying that appointments scheduled by clients are for covered medical services, the Brokerage is authorized to approve payments for the client (or guardian, etc.) for travel expenditures. As with all non-emergency medical transportation, client mileage, meals and lodging must be authorized in advance by the Brokerage.

Occasionally, the client may need to travel away from their local area. In this case, it may be appropriate for the Brokerage to provide financial assistance for meals and lodging. (See Attendant and Meals (Client/Attendant) sections.)

In all instances, however, it remains the Brokerage's responsibility to ensure the abuse of services does not occur, and to ensure the required screening documentation is completed for retention in the Brokerage record.

Reimbursements under the amount of \$10.00 may be accumulated until the minimum of \$10.00 is reached.

### **Mileage/Gas Only**

All non-emergency medical transportation must be authorized by the Brokerage in advance of the transportation and the actual transportation should occur prior to reimbursement. Brokerages cannot retroactively reimburse clients for trips taken without prior authorization.

However, once the Brokerage has authorized the reimbursement, if the client has no other means of making the trip prior to reimbursement, the Brokerage may provide the reimbursement in advance of the trip.

Periodic checks by brokerage personnel should be made to ensure that non-emergency medical transportation disbursements are, in fact, for trips to and from covered medical services.

Brokerages may either issue gas vouchers or direct mileage reimbursement to clients seeking assistance. Any such reimbursement shall be based on the following formula: Total miles multiplied by \$.25 per mile.

For the purpose of calculating client reimbursed mileage, determine point – to-point miles and driving time from home to services and back using MapQuest (do not use other programs) for driving directions and mileage. (See <http://www.mapquest.com/>). In some situations a client may need to drive an alternate route because of bad weather or road repair. In these situations additional miles may be authorized.

After a medical appointment a client may need to make a pharmacy stop; it is acceptable to retroactively authorize additional miles for a pharmacy stop only if it is medically-necessary for a new prescription to be filled immediately and the pharmacy is located on the way or is the closest available pharmacy, or there are no other methods of obtaining the prescription. Do not authorized mileage for other stops.

## **Meals**

Client meals may be reimbursable when a client is required to travel for a minimum of four hours out of their local geographical area, and when the course of that travel spans the recognized “normal meal time”. For reimbursement purposes meal allowance will be made when:

- Breakfast (allowance) - travel begins before 6:00 a.m.
- Lunch (allowance) - travel begins before 11:30 a.m. or ends after 1:30 p.m.
- Dinner (allowance) - travel ends after 6:30 p.m.

When meals are authorized for a full day, reimburse the full amount of \$12 per day. Otherwise meal reimbursement is calculated using the following fee schedule:

- Breakfast: \$3.00
- Lunch \$3.50
- Dinner: \$5.50

Meal reimbursement is considered per diem and does not require the client to submit receipts.

Do not authorize meals when a meal is provided as part of the medical service or is otherwise available at no cost. For example, if the client

receives meals as part of hospital stay, but the attendant does not, only reimburse for the attendant's meals.

The Brokerage should monitor repeat requests for single day meal allowances closely to ensure the client is not requesting meal allowance excessively. Counseling on appointment scheduling should occur.

Where the client will remain out of area for a lengthy period of time, the Brokerage may want to make arrangements to send incremental amounts of money to the client by Debit card or checks made payable to the client. This type of arrangement can be made through the Hospital Social Worker.

Where the Brokerage has a concern for the client or attendant's ability to budget funds over a period of time, arrangements can be made with the Hospital Social Worker to disburse incremental amounts as needed to the client or attendant.

## **Lodging**

Occasionally a client's medical appointment may necessitate an overnight stay. Lodging is reimbursable for the client when the travel must begin before 5:00 a.m. in order to reach a scheduled appointment or when the travel from a scheduled appointment would end after 9:00 p.m.

The Brokerage should determine the actual lodging costs. If lodging is available below DMAP's maximum allowance rate, the Brokerage should only reimburse for the actual cost of the lodging.

NOTE: If lodging is available closer to the facility where the medical service is being provided, it may be more cost effective to reimburse at the full allowance for lodging, if staying at the lower cost lodging would necessitate an additional taxi ride to the service. The Brokerage needs to look at these options closely.

Make sure treatment has been confirmed as approved by DMAP (if client is going out-of-state).

Contact the social work department at the medical facility to be used. They may be able to help the client obtain a room(s) at local Ronald McDonald Houses or other low-cost housing in the area.

If the client is released from the hospital, but must remain in the area for further treatment, food and lodging can be paid for the client. It is sometimes less expensive for the client to rent an apartment near the facility than to pay \$40 a day for lodging, for longer stays.

An eligible client (or attendant) from another Brokerage may need meals and/or lodging unexpectedly. (Example: The client may have had a medical evaluation and the attending physician is preparing to admit them to a hospital the following day.) When these situations occur, be prepared (after communication with the client's worker) to disburse moneys from your Brokerage for meals and lodging. Always check with the client's local branch first, however, to ensure moneys have not already been provided to the client.

In some cases, ongoing appointments are needed. Rather than providing mileage/food/ lodging moneys to the client on a piecemeal basis, and after initial Brokerage approval the Brokerage has the option to request the client to submit reimbursement requests on a monthly basis. When this situation occurs, the client is required to provide the following documentation:

- Date of appointment
- Time of appointment
- Actual miles traveled (odometer)
- Doctor/hospital/clinic name
- Lodging receipts (if stays were overnight)

All documentation must be retained in the Brokerage record.

### **Personal Care Attendant (PCA)**

When medically necessary, payment for meals or lodging may be made for one attendant to accompany the client. At least one of the following conditions or circumstances must be met:

- The client is a minor child and unable to travel without an attendant;
- The client's attending physician has forwarded to the client's branch office a signed statement indicating the reason an attendant must travel with the client;
- The client is mentally or physically unable to reach his or her medical appointment without assistance; or
- The client is or would be unable to return home without assistance after the treatment or service.

**Reimbursement may only be authorized for one escort, attendant or parent.**

**Transportation (if mileage) is payable either to the client or the PCA, but not both. DMAP does not reimburse for escort or PCA services.**

If the client is required to stay at the site of medical care, payment can be made for the PCA's return trip by the most appropriate mode available.

If the client is released from the hospital, but must remain in the area for further treatment, food and lodging can be paid for the client as well as the attendant, if the attendant is medically necessary.

Meal reimbursement for the attendant must also be pre-authorized. Do not authorize a meal when the motel provides one, such as breakfast. Do not authorize meals when a meal is available at no cost (for example, if the client receives meals as part of hospital stay, but the attendant does not, only reimburse for the attendant's meals).

Lodging is available for a care attendant only when the client and the care attendant are not able to stay in the same room. If the client and PCA share the same room, \$40.00 per night is still the maximum payable.

In the case of a transplant or long term stays, it is sometimes less expensive for the client/attendant to rent an apartment near the facility than to pay \$40 a day for lodging. When renting an apartment on a weekly or monthly basis, the daily allowable amount for lodging is for one person. The allowable amount does not double because of the attendant/parent.

Remember to make allowances for transportation to and from the hospital for the attendant.

## PROVIDER PROCEDURES

### Provision of Service

Transportation providers are expected to provide quality service incorporating the following elements:

1. Courtesy to customers
2. Strict confidentiality
3. Clean vehicles
4. On-time pickup
5. Vehicle and driver safety

### Transportation Provider Responsibilities

The responsibilities of contracted transportation providers are as follows:

1. Accept referrals from the Brokerage for transportation
2. Provide transportation as authorized
3. Prepare and submit billing
4. Prepare other reports as required

### Maintenance of Service

1. The transportation provider shall maintain a business location at which it may be contacted for the purpose of responding to transportation requests and authorized by the Brokerage at all hours stated in the transportation provider application. Changes in hours of service must be reported to the Brokerage within three days of the determination that the change will be made, or at least within one working day following implementation of the change.
2. The transportation provider shall notify the Brokerage within two business days in the event of a change in the status of any local, state, or federal licenses or certifications.
3. In the event of any change in the information provided by the transportation provider in the Agency Profile Section of the contract, the transportation provider shall provide the Brokerage with updated information within thirty days of the changes.

4. Changes in rates established pursuant to a provider contract may be proposed at times in addition to the regular intervals agreed to under contract at the discretion of the transportation provider or Brokerage.

### **Transportation Provider Documentation**

Information provided by the Brokerage to the transportation provider regarding ride authorization must be maintained by the transportation provider for a period no less than three years.

Transportation providers shall provide transportation from Medicaid-reimbursable services only as prior authorized by the Brokerage. The transportation provider's records should be retained for examination during audits and site visits.

### **Transportation Provider Billing Procedures**

#### ***No-Show Policy***

No reimbursement shall be made to a transportation provider if a client is not at the appointed pick up location, date, and time, or if the client notifies the transportation provider at the time of pick up that they do not require the scheduled ride. The transportation provider shall report each incidence of a client no-show to the Brokerage for follow up. When making a report to the Brokerage, the transportation provider should include any information they have about the situation such as:

1. A neighbor reports that the client was transported by a friend;
2. The appointment was canceled, client failed to notify the Brokerage;
3. The client wasn't home; and
4. This was the second occurrence for the same client, etc.

If a client is transported to a medical appointment and the medical provider has canceled the appointment without informing the client or the transportation provider, the transportation provider shall be reimbursed for that transport.

Providers may not charge a client for a no-show.

#### ***Donations for Rides***

Medicaid payment is to be considered payment in full for transportation services provided to Medicaid clients. Medicaid clients will be aware that they are not required or expected to donate to the cost of the transportation

when using transportation services. Any solicitation for reimbursement (including tips) by the transportation provider is not allowed.

***Shared Rides***

If Medicaid rides are shared with non-Medicaid riders, the cost of the ride shall be shared among riders. Medicaid shall not supplant or supplement other funding sources.



## APPENDIX

### A. Client Reports (CSI) - The Brokerage Procedures

The purpose of this procedure is to insure that the complaints and compliments are documented, and the appropriate action is taken as needed to ensure the health, safety, and comfort of clients transported by the Brokerage.

#### I. DEFINITIONS

**Customer Service:** Customer Service is the ability of the Brokerage employees and transportation providers to deliver safe, dependable, and reliable service by treating customers with courtesy and respect.

**Compliment:** A Compliment is any positive statement or comment received regarding the favorable performance of the Brokerage employee and/or transportation provider. Compliments can also pertain to general observations about or experiences with the Brokerage or transportation providers.

**Complaint (Non-Urgent):** A Non-Urgent complaint is any criticism or negative statement or comment received concerning an experience, observation, or opinion about Brokerage services, Brokerage employees, or the transportation providers.

**Complaint (Urgent):** An Urgent Complaint is any serious action that, if true, violates a law or endangers public safety. This definition encompasses allegations of physical abuse, serious verbal abuse, sexual misconduct, harassment or abuse; racial or ethnic harassment or discrimination; substance abuse; serious violations of the American with Disabilities Act; traffic crimes that endanger public safety or result in injury or death; or any other similar conduct that requires immediate action and investigation.

#### II. PROCEDURE FOR HANDLING CUSTOMER SERVICE INFORMATION

##### A. Initial Steps

1. The Customer Service Representative (CSR) or other Brokerage employee shall document all compliments and complaints in the approved manner
2. The CSR or other Brokerage employee shall evaluate the information to determine if it is a non-urgent complaint.

- a. If it is non-urgent complaint or compliment, go to B. Non-Urgent Procedure.
- b. If urgent go to C. Urgent Complaint Procedure.

**B. Non-Urgent Procedure**

1. If the lead CSR or Quality Assurance staff believe that further action is needed, the lead will take appropriate action, document the action taken, and immediately forward the completed document to a supervisor.
2. The Supervisor shall review to determine if appropriate action was taken, and shall follow up within 48 hours to close and route document for formal data processing.

**C. Urgent Complaint Procedure**

1. If staff taking the report determine that the incident being reported is of a serious nature and could endanger a client, put the client at risk of being harmed, or if a client has been injured or victimized, the report is immediately be forwarded to a supervisor or the Brokerage Manager.
2. If a determination is made that the report needs immediate action and could or has resulted in harm, the report is immediately forwarded to Brokerage management staff.

## B. HANDLING COMPLAINTS

Some of the basics:

1. Conflict will always occur when working with people.
2. Although anger may be directed at you, people are generally not angry with you personally, but are angry over an event or something that has happened to them.
3. Anger is generally a response that occurs when no other means to control or efforts to resolve a situation have worked. Anger is a last attempt to control and is usually a manifestation of another emotion (e.g. fear, disappointment, frustration). Identifying the feeling/issue can go a long way toward resolving the problem.
4. Some people consciously use anger to get what they want.
5. When someone is angry, it generally is not beneficial to be angry back.

When someone calls to complain ask if they are calling long distance. If they are, call them right back.

When dealing with callers who have complaints the best response is to listen and allow the person to tell their side of the issue. Listen to the complaint; don't try to manage the complainant. Let them know you are listening by restating what they are saying or by acknowledging their feelings (e.g. "That must be really hard for you" or "I can tell you are upset").

If a client is angry because they have been denied service or want something changed in their transportation authorization and you cannot make the change they request, do not try to settle the issue during the initial phone call even if you know the answer. Even if the answer is simple, people don't like to think their complaint is simple. Tell the caller you will check into it and see what can be done and call them back. Call back later the same day or the following day with the answer or the response, or an update on what is happening.

If you can't make it better, offer the caller options about the next steps they can take. Clients have a right to a local review or fair hearing if service has been denied. Make certain they know their rights and how to proceed. Anyone has a right to write their legislators, the Governor, or the President if they wish. Try to tell them all the avenues they can take to complain.

Never discourage a caller from complaining. Don't tell them they shouldn't complain or that they took the wrong steps to complain. If you are not the person who can solve their problem or give them an answer, try to find out what they should do or whom they can contact. Provide them with the telephone number if possible.

Never retaliate against the person for complaining. Don't say things like "You didn't need to call the governor," or "I could have fixed that," or "Why didn't you call me first?"

If you have calls from legislators, the Governor's office, or the media (newspapers, radio, television, etc.) pass those on to the Brokerage Coordinator. If a person is abusive, tell them you will transfer them to a supervisor, and put them on hold until the supervisor can respond. You can always respond, "Would you like to have my supervisor call you?"

Refocus the angry person. Try to get them engaged in a problem solving process such as "Let's work to try to see what we can do to solve this problem. Here's what I can do."

Remember, part of your job is to be an advocate. If there really are problems that can't be resolved or something that you think should be changed, tell the supervisor or Brokerage Manager so action can be initiated at a higher level. Legislators or other people in a position to make some change may not know what impact a policy or law has on the caller or client.

When people are not making sense, or are irrational, turn them over to a supervisor or the Brokerage Manager.

Finally:

1. Do not take people's anger personally.
2. Emotionally remove yourself from the interaction (do not get angry back).
3. Remain the adult in the conversation, do not get hooked into interacting on the level of the person who is complaining.
4. Do not feel that you have to take abuse. If a caller becomes abusive, tell them you are going to hang up, and then do it. The other option is to tell them you will get a supervisor, then put them on hold, and have a supervisor pick up the call.
5. Remember that complaints are a method of finding out about the service we are providing. We may learn something we didn't know or develop a different way of doing something because of a complaint. In

other words, complaints can sometimes have positive results for the program.

6. Listen to the complaint - many are valid.
7. Document all complaints.

Finally, if you are called by someone you are fairly certain is going to have ongoing complaints or issues with the program, document the substance (actual conversations) when contact has been made. If you think or know the client will request a fair hearing, be sure to document everything. This is extremely important because if it isn't documented, it didn't happen, or it didn't happen the way you said it did.

Separate files need to be kept on each client who has a complaint which may be taken to a higher level. Documentation is also helpful in developing a record or history which can demonstrate a pattern or can indicate an emotional or mental problem which may be affecting the person's ability to reason or control their behavior.

## C. LETTERS

### ***DENIAL LETTER EXAMPLE***

#### **NOTICE OF ACTION**

#### **Denial of Transportation Services**

Notice Date: [Date] \_\_\_\_\_ Brokerage Name: [Brokerage name]

[Client Name]

[Client Address]

[Client Address]

Client ID: [Client ID]

Dear [Client Name],

We **only** provide rides for Oregon Health Plan **covered** medical services. On [Date] you asked for [a ride or reimbursement] to: [Medical practitioner name and address]. We denied your request for the reason and the Oregon Administrative Rule\* (OAR) checked below:

Your Oregon Health Plan benefit package does not cover medical transportation.

*OAR 410-120-1140(3), OAR 410-120-1210(3)(b)(C)(v), OAR 410-120-1210(3)(f)(C)(xiii), OAR 410-136-0045*

The medical appointment was for a service that is not covered by the Oregon Health Plan or the provider is not enrolled with the Oregon Health Plan to provide services.

*OAR 410-136-0300(4)*

There are other ways for you to get to your appointment.

*OAR 410-136-0300(4)(c)*

We need more information to make sure you are going to a covered Oregon Health Plan service.

*OAR 410-136-0300(4)*

We cannot provide rides for a court ordered medical appointment that is not covered by the Oregon Health Plan or while you are in the custody of law enforcement.

*OAR 410-136-0300(13)(c)*

There are other providers that are closer to your local area who can provide the care you need. You can choose to go to a provider that is not the closest to your home, but a ride can only be provided to appointments with the closest provider.

*OAR 410-136-0160(2) through (4), OAR 410-120-1200(2)(ee)*

## Oregon Health Authority

You did not get approval for the transportation expenses prior to attending the appointment.

*OAR 410-136-0800(1)*

Your request for reimbursement of transportation expenses was received over 30 days after this medical appointment.

*OAR 410-136-0800(1)*

Your visit to this provider occurred after hours, but was not medically appropriate as urgent medical care.

*OAR 410-136-0300(2)*

You did not have proof that you attended this medical appointment.

*OAR 410-136-0800(2), 410-136-0860(1)(b)(d) or (e)*

You cannot be reimbursed for transportation expenses because a ride was provided to you through the Brokerage or another source.

*OAR 410-136-0800(1)(a)*

Other: [Describe and include appropriate OAR#]

If you do not agree with this denial, you have the right to ask for a review hearing. You must ask within **45 days** from the notice date. To help you, we included step-by-step directions. If you have any questions or need help, please contact your caseworker.

If you have questions or we can help further, please contact us at [Brokerage contact information].

Sincerely,

[Staff Name], Customer Service Representative

[Brokerage Name]

Encl: Notice of Hearing Rights, DMAP 3030

\*OAR stands for Oregon Administrative Rules and can be found online at <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>.

**DOCTOR LETTER EXAMPLE**

Date:

Doctor Name

Address

Dear Dr. \_\_\_\_\_,

\_\_\_\_\_ has requested that the Medical Transportation Program (Brokerage) provide transportation to and from medical appointments. The objectives of the Brokerage are to ensure clients have access to medical care and to provide the least costly method of transportation which will meet the client's needs. We have a variety of options available for transportation, including bus tickets or passes, taxi or sedan rides, van rides, wheelchair equipped vehicles, or stretcher car transport.

We would appreciate your assistance in determining which type of transportation is appropriate for \_\_\_\_\_. If \_\_\_\_\_ is unable to use the public transit, please provide a brief statement regarding the client's mobility limitations that The Brokerage staff need to consider to make an informed decision. Please be aware that bus routes are wheelchair accessible; and, that all hospitals and large medical facilities are located on the fixed-route bus route system.

Please indicate the appropriate type of transportation below:

\_\_\_\_\_ Can use bus for all transportation to and from medical appointments

\_\_\_\_\_ Can use bus for medical appointments except when

\_\_\_\_\_ Must use taxi because: \_\_\_\_\_

\_\_\_\_\_ Needs wheelchair van

\_\_\_\_\_ Must be transported in supine position but does not require medical attention during the ride

\_\_\_\_\_ Must be transported in supine position and requires medical attention during the ride

\_\_\_\_\_ Client's medical problem is temporary or may change. Review need for current type of transportation in \_\_\_\_\_ months.

Physician's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your assistance in helping us make the appropriate decision regarding this client's medical transportation needs. If you have any questions, please call \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

C.S.R.

FAX:

**NO-SHOW LETTER EXAMPLE**

Date:

First Last Name

Address

City, State, Zip code

Prime Number:

Dear First Last:

According to our records, a trip was ordered for you on Service Dates, but the transportation company has reported that you were either not home or turned ride down when they arrived. If you could not take this ride because of an unusual situation, such as medical emergency or a problem with the ride provider, please call and ask to speak to a Supervisor.

It is important for you to cancel a ride as soon as you know you will not need it. The Medical Transportation Program Call Center is open from \_\_\_\_ to \_\_\_\_ Monday to Friday (excluding holidays). If it is after hours, you may also leave a message.

Please understand that when a trip is not taken, transportation companies may become late. When this happens, other clients will arrive late to their medical appointments. Transportation companies are only paid for trips that are taken, and do not get paid for arriving to pick you up when you are not there or you turn down the ride.

Thank you for your cooperation. If you have any other questions, please feel free to call a Supervisor at \_\_\_\_\_. We look forward to serving your medical transportation needs.

Sincerely,

Medical Transportation Program

cc: Case Manager

Branch

## D. COVERED TRANSPORTS

### *Covered Transports*

DMAP will reimburse for medical transportation, for eligible Title XIX and Title XXI (for exceptions see Not Covered Transports in this guide) and TANF eligible clients (unless non-emergent transportation is excluded from the client's benefit package), when the following occurs:

- It has been determined by the Brokerage that the client has no other means of transportation available;
- The transportation provider is actively enrolled with the Brokerage as a provider of Medical Transportation services; and
- The service to be obtained is an OHP-covered service.
- **The following services MAY BE covered by OHP, but the Brokerage will need to ask provider/client/plan whether client is going to an OHP-covered service. Covered services are above the funding line on the Prioritized List of Health Services (as a diagnostic appointment or when done for a covered diagnosis):**
  - Administrative Medical Exam (An open Admin Exam eligibility segment in the benefit package section of MMIS must be present and a DMAP Form 729 completed by the branch in order for the claim to be paid.)
  - Adjustments or special fittings of DME (such as adjustment of prosthetics/orthotics or fitting for a seating system) that cannot be done at the client's home requiring the client visit the DME office/store
  - Adult day care service, where medical services are provided
  - Ambulatory Surgical Center service
  - Chemotherapy
  - Chiropractic service
  - Day treatment for children (DARTS)
  - Dental/denturist service
  - Diabetic/self-monitoring training and related services
  - Family sex abuse therapy, when provided by a mental health clinic

- Federally Qualified Health Care Center service
- Hemodialysis
- Hospital service (includes inpatient, outpatient, and emergency room)
- Maternity management service. (Reimbursement for transportation is for client transport only. These services are provided for pregnant women and are provided only at medical offices, hospitals, public health departments and other medical facilities.)
- Mental health and alcohol and drug service. (When provided by mental health organizations, mental health clinics or other providers subcontracted with prepaid health plans to provide mental health and/or alcohol and drug services.)
- Naturopathic service
- Nurse practitioner service
- Nursing facility service
- Pharmaceutical service only if it is medically-necessary for a new prescription to be filled immediately, the eligible client is already traveling for an OHP-related medical appointment and the pharmacy is located on the way or is the closest available pharmacy, or there are no other methods of obtaining the prescription.<sup>1</sup>
- Physical and occupational therapy
- Transports to swimming pool therapy will be reimbursed only if the therapist is providing therapy “one-on-one” in the pool with the client and the therapy has been prior authorized.
- Physician service

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<sup>1</sup> Remember: Most pharmacies now provide free delivery of prescriptions. Also, the OHP contracted home delivery pharmacy services are available for those clients who are on maintenance medications and who can reasonably utilize home delivery services. OHP Home Delivery includes a three-month supply instead of a one-month supply on most medications, and shipping is free to the client's home or clinic.

Wellpartner is the contracted home delivery pharmacy for DMAP FFS clients. Contact Wellpartner at 1-877-935-5797 for more information. Prescription order forms and additional information are available from the OHA Web site at [www.oregon.gov/OHA/healthplan/clients/mailrx.html](http://www.oregon.gov/OHA/healthplan/clients/mailrx.html).

- Podiatrist service
- Special transports to obtain prior authorized out-of-state services must be authorized by DMAP.
- Speech/hearing/audiology service
- Transplant. Must be authorized by the DMAP Transplant Coordinator or the client's prepaid health plan.
- Vision service (including ophthalmic services)
- Transports to Title XIX psych hospitals for inpatient or outpatient psych services (covered for clients of all ages)

***Not Covered Transports and Related Services***

Following are examples of services/situations where DMAP will NOT reimburse for medical transportation:

- Transportation for a client whose benefit package excludes non-emergency transportation (e.g., OHP Standard).
- Transportation for a client who resides in a brokerage area without prior brokerage knowledge or authorization (this does not include ambulance transport).
- Transportation reimbursement for mileage and per diem in those brokerage areas that by contract are to be authorized solely by the branch (check with the branch in your area to ensure compliance).
- Secured transports to non-Title XIX facilities. Branch must research prior to completion of Transportation Order.
- Secured transports to return a client to their home or place of residence UNLESS written documentation stating the circumstances is signed and submitted by the treating physician. (OAR 410-136-0240) This written documentation must be retained in the branch record for DMAP review.
- Return a client from any foreign country to any location within the United States even though the medical care needed by the client is not available in the foreign country. (OAR 410-136-0300)
- Return a client to Oregon from another state unless the client was in another state for the purpose of obtaining DMAP approved services and/or treatment. (OAR 410-136-0300)

- Transportation for QMB clients: Program P2 or M5 clients where the only “Q” Case Descriptor on eligibility segment is “QMB”. (DMAP only pays the Medicare premiums, coinsurance and deductible on services that Medicare covers. Medicare does not pay for any transportation other than emergency ambulance; rarely does Medicare cover non-emergency ambulance.)
- Program P2 or M5 clients where the only Case Descriptor present on the eligibility segment is “SMB”. (DMAP pays only the Medicare premium for these clients. They do not get a Medical Identification form and DMAP does not pay for any medical services.)
- Transportation to medical services before spend-down is met.
- Non-emergency medical transportation for undocumented non-citizens (CAWEM). There is an exception for clients in pre-natal expansion programs under the CWX benefit package.
- Out-of-state transportation to obtain services that are not covered by the client’s benefit package, even though the client may have Medicare or other insurance that covers the service to be obtained.
- Transportation to a specific provider based solely on client preference or convenience, when the service to be obtained is available from a provider in or nearer the client’s city (or town) of residence.
- Transportation to obtain primary care physician/case manager services in a service area outside of the client’s local area when a primary care physician/case manager is available in or nearer the client’s city (or town) of residence. (OAR 410-136-0160)
- Numerous transports to obtain services that could reasonably be scheduled on the same day for the same client or for more than one (1) family member.
- Transportation to recreational activities (e.g., asthma camp), even when doctor prescribed.
- Transports occurring while client in custody of law enforcement agency, juvenile detention center, or non-medical public institution.
- Transports to medical facilities where Title XIX dollars cannot be used to reimburse the facility for treatment or services, unless prior approved by DMAP due to cost effectiveness.

- Non-emergency transports not authorized in advance by the client's branch office, including client/attendant, private car mileage, meals and/or lodging (in non-brokerage areas and those areas where the brokerage does not by contract have authority to approve).
- Transports provided by a provider not enrolled with the Brokerage or a provider who refuses to enroll with the Brokerage.
- "After hours" transports where the brokerage was not notified within 30 days of the transport.
- Transports where no actual client transport occurred even though the transport may have been authorized by the Brokerage.
- Transports to non-covered services, non-medical services, school or social activities, parenting classes or relief nurseries provided while parents are attending parenting classes, weight loss or anger management classes, WIC, Citizen's Review Board Hearings, YWCA, YMCA, Alcoholics Anonymous, Narcotics Anonymous, Pioneer Trails, etc. Transportation to Ponderosa Residential Facility or J Bar J Residential Facility in Bend may only be authorized if a client is going to or being returned from a covered medical service.
- Transports for visitation purposes.
- Transports for visits to the client's 'DD' caseworker for group or individual counseling or other sessions. (Transports for MH and A & D are allowed).
- Transportation of a client for the purpose of picking up purchased or repaired durable medical equipment. Administrative rules for DME stipulate that pick-up or delivery of purchased/repaired equipment is included in the purchase or repair price of the item.
- Additional paid transports should not be authorized for clients when the Brokerage has already issued a monthly bus pass. (Note: change in client level of need or other circumstances would be an exception.)
- Transports to visit sick infant/child or critically ill/injured spouse with poor prognosis.
- Transport of Medicaid clients when those same transports are available at no cost to the general public or when the general public is being transported in the same vehicle at no cost.

- Transports provided to ineligible clients. Always verify client eligibility prior to authorizing transports.
- Transportation to obtain an exam ordered by Social Security, VRD, etc. For Title XIX purposes, these exams are not considered to be medically necessary. VRD has funding to pay for transports to exams required by VRD.
- Transports for the sole purpose of nursing facility “shopping” (i.e., client already in the nursing facility, is looking for another), regardless of whether this would be a “step-down” to a lower level of care, or “step-up” to a higher level of care.
- Transports for clients to move into a new facility or to relocate out-of-state, unless a covered medical service is being provided. (DHS may have non-medical funds to assist with these costs.)
- Moving client’s personal possessions, (e.g., TV or furniture) from home or facility to another facility, or transports for the purpose of picking up a deceased client’s medical equipment purchased by DMAP. (This equipment becomes a part of the estate of the deceased.)
- Transports to obtain prescriptions from a pharmacy that offers free delivery or are available through mail order.
- Transports of any nature after a client is deceased. The above list is not intended to be all inclusive but is provided for illustrative purposes only.

### E. Fee Schedule – Client/Attendant Reimbursed Travel

Private Car Mileage	\$.25 per mile
Client Meals	\$12.00 per day (Breakfast \$3.00, Lunch \$3.50, Dinner \$5.50)
Attendant Meals	\$12.00 per day (Breakfast \$3.00, Lunch \$3.50, Dinner \$5.50)
Client Lodging	\$40.00 per night
Attendant Lodging	\$40.00 per night (if staying in separate room)