

**NON-EMERGENCY MEDICAL TRANSPORTATION
(NEMT)
BROKERAGE OPERATIONS MANUAL**



Division of Medical Assistance Programs

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DEFINITION OF TERMS

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 is not available to authorize a ride.

Attendant - A client escort/assistant provided by the client in those instances where an attendant is necessary.

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

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

Case Manager (Case worker) - Authorized DHS branch staff that manages the client's overall benefits.

Client Preference-Client desire to ride with a particular provider or use a particular mode of transportation for reasons that are not based on medical need

Covered Medical Service - A medical service that is part of the client's Oregon Health Plan (OHP) benefit package

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

Customer Service Representative (CSR) - Staff member who handles all aspects of telephone requests for rides or authorization for reimbursement of transportation expenses and enters information into the database. **Eligible Client** -Division of Medical Assistance Programs (DMAP) client who is eligible for medically necessary and appropriate transportation to Oregon Health Plan-covered services.

Lowest Cost - The lowest cost per trip that one transportation provider charges as opposed to another of comparable level of service, and the least costly, most appropriate mode of transportation that is appropriate for the client based on the medical needs.

Quality Assurance Personnel - DMAP or brokerage personnel responsible for assuring the quality and safety of rides for clients.

Routine Trips - Group or 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.

Shared Ride Service – Multiple-client ride service, 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)

Third Party Providers - Other medical insurance such as Veterans Administration Services or Medicare, or charity care a client receives from a specific provider at a savings to Medicaid.

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, but is not limited to sedan, wheelchair van, public transit, stretcher car, secured transport, and volunteers driving their own vehicles.

Transportation Type - The mode of transportation used to provide transportation services to clients. Types may include, but are not limited to, public or private fixed-route service, individual ride service, or shared ride service.

Unscheduled Trip - A demand-response trip that 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 Emergency Services definition in the DMAP General Rules, OAR410-120-0000).

PRIMARY OPERATING COMPONENTS

Administrative Responsibilities

The responsibilities of the brokerage's administrative staff include the following:

- Have a thorough understanding and knowledge of Medicaid rules, procedures, and policies.
- Assure quality telephone call response service and authorization service to include, but not be limited to, verifying that no conflict of interest exists 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.

Customer Service Representative (CSR) Responsibilities

The responsibilities of the CSR include the following:

- Receive client requests for transportation.
- Receive client requests for authorization to incur reimbursable medical transportation-related expenses, such as mileage, meals, and lodging to access covered medical services.
- 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 or Scheduling Department Responsibilities

The responsibilities of the brokerage or 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 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

The brokerage is responsible for providing NEMT to Medicaid clients who reside in the brokerage SERVICE AREA who are receiving OHP-covered services. Brokerages may coordinate to provide rides to clients who live in the service area of another brokerage if it would be more cost effective or provide better service for the client. 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 is required to sign a Confidentiality Statement.

You must not relay personal information about clients or medical diagnoses to the transportation providers. You may relay information that is important to meeting the client's needs such as:

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

Sharing or Inquiries about a client

Sometimes callers want to share or request information about a client. Staff must be very careful under both circumstances following these procedures:

- If a caller wants to “tell” something about a client or their use of transportation, refer them to your supervisor or brokerage manager. You must not make the caller aware that you know the client or provide services for the client under any circumstance.
- If the caller is a case manager or other branch representative, ask the caller 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. Verify the information with the branch office, and return the call. The brokerage can share all information about a client with the branch case manager or branch representative.
- If a caller says they need client information, including personal but non-medical information such as the client’s address, do not provide the information. Take a message and assure the caller that their request will be followed up (again, do not verify that the

client is served by the brokerage). You can call the client and give them the information or relay the information to the client's branch.

- When in doubt, check with the supervisor or brokerage manager.

CALL TAKING

You may receive calls from Medicaid clients, case managers, hospitals, nursing facilities, or client advocates such as family members or neighbors requesting rides. Regardless of the caller, remain courteous and helpful at all times. Always refer to clients as Mr., Mrs., or Miss and their last name.

Acknowledge clients for being responsible to call early or when they have 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 is 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 and receiving coverage through the OHP Plus benefit package (BMD, BMH, BMM or CWX).

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 Oregon Health ID or Medical Care ID.).
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 the Division of Medical Assistance Programs (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 above methods, call the client's branch office and have them verify client eligibility by document submission.
 5. If eligibility cannot be verified, transportation cannot be authorized. Document caller's name, address, and phone number to use for a 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.

MEMBER ENROLLMENT VERIFICATION

In order to identify which agency to work with, the brokerage shall determine if the eligible client is enrolled in a coordinated care organization (CCO) or receiving services under DMAP.

Use one of the following tools to determine CCO enrollment:

- The downloads provided by CCOs listing their members;
- The daily eligibility download provided by DMAP, showing clients not enrolled in a CCO who is responsible for NEMT;
- The Provider Web Portal at <https://www.or.medicaid.gov>;
- DMAP Provider Services at 800-336-6016; or
- The AVR at 866-692-3864.

When authorizing rides in advance of the date of actual service, re-verify CCO enrollment on the actual date of service to ensure the client's 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 that 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 CCO, managed care plan, case manager or DMAP Out-of-State Coordinator. Once you verify

that the medical services are authorized, you can approve and make arrangements for 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, or 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 they received mileage reimbursement?
 - g. Do you have all required paperwork for your appointment?
4. You may authorize multiple trips at one time, from the same location to the same medical provider and enter them 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 the Automated Voice Response at 866-692-3864 or the branch, and hand write the trip information on forms provided for later entry into the computer.

Screening Procedure

1. Assess the client's need for transportation:
 - a. Is the client Medicaid-eligible?
 - b. Is the client enrolled in a CCO? If so, follow the CCO's procedures.
 - c. Is the client going to OHP-covered medical service? (Note: the services could be paid by another source such as Medicare or private insurance, but must be a service Medicaid would cover)
 - d. Are other transportation resources available to the client?
2. Assess the client's ability:

- a. Is the client ambulatory?
 - b. Client age – If the client is under 12 years of age, he or she must have an escort.
 - c. Does the client have assistance available (*e.g.*, escort or personal care attendant)?
3. Assess the client's 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 the 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 the 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 the client is not able to use fixed-route transportation - Assign appropriate non-bus transport.
 - b. If the client appears able to use a bus - Continue with assessment.
5. Assess appropriateness of authorization of bus transport:
- a. Is the client capable of using fixed-route?
 - b. Does the 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
- 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

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

You may ask clients if there is a reason they do not see a closer medical care provider. If a client is uncertain, ask their medical care provider or CCO if it is essential that the client continue with the same medical care provider. Make decisions on an individual basis taking into account the client's enrollment in a managed care plan or CCO, medical necessity, emotional consequences, and other factors affecting the client that may make it reasonable to continue with the same medical provider. It is appropriate to re-examine 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 DMAP makes a final decision 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:

- Clients who are enrolled in a CCO or managed care plan that has limited or assigns the client to an out-of-area provider;
- The client has third party providers, 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, transportation can be allowed based on cost

effectiveness and medical appropriateness, as long as the appointment is for a service that is “above the line” on the Prioritized List of Health Services and provided at no cost to OHP or the client;

- American Indian/Alaska Native clients are not restricted to the closest provider, but to the closest Indian Health Care Provider (Indian Health Services, 638 Tribal facilities or Urban Indian Program Clinic.)
- Clients who have special needs that 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; or
- Other factors such as continuity of care and the emotional consequences of attempting to change medical providers.

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.

Sedan

Clients without bus access and for whom no other less costly form of transport is available may be authorized to use a sedan. Clients who are physically unable to use a bus may also be authorized to use sedan transportation 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 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 when a medical facility or provider states the client's medical condition requires the presence of a health care professional during the emergency or non-emergency transport. In some areas the CCO may be authorizing and arranging non-emergent ambulance rides for their members.

Emergency transportation is also provided by ambulance services. Emergency transportation does not require prior authorization and is not a responsibility of the brokerages. Clients should contact 911 emergency services directly for emergency transportation.

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 travel must be authorized by the DMAP for fee-for-service clients, or by the CCO/managed care plan for enrolled members.

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

- 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 and 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.

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.

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

After authorizing the type of transportation needed, 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, or bleeding is an emergency. The brokerage does not provide emergency transport. Refer to the "Emergency Response" section of this manual.

Estimate of Ride Cost

The estimated ride cost is the best estimate of mileage charges plus trip rates and any additional appropriate 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 that 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. The brokerage will not make payment for transportation to a specific provider based solely on client or family preference or convenience.

Advance or Prior Authorization for Unknown Date

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 the Department of Human Services (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. Many foster children have a high volume of medical appointments for counseling and therapies. The monthly Foster Care Maintenance payment does not include moneys to cover the costs of transportation to medical appointments. Foster parents are not legally responsible for paying the child's needs out of their own pocket. Because DMAP is sensitive to this need, we want to avoid denial of transportation to covered Medicaid services as it could potentially jeopardize the child's placement. Travel cost reimbursement is typically the least expensive mode of medical transportation.

DMAP's position on allocating money to foster parents is as follows:

- Where the foster parent has requested mileage reimbursement from the brokerage, the moneys should be provided in the same manner as described in the guidelines for client reimbursed mileage. Document in the brokerage records that the "Foster parent has requested reimbursement for medical transportation provided to (child's name and prime number). The child has no other resource available."
- The foster parent is considered to be a resource if they are willing to provide the transportation and have not requested reimbursement. You should not encourage or solicit requests for reimbursement on the part of the foster parent.

(Note: Subsidized adoptions: Medical transportation reimbursement for DHS children in subsidized adoptions is arranged through the DMAP Branch 60 Transportation Coordinator at (503) 945-5920) only for clients living in areas where the brokerages do not handle client reimbursements. These services are transitioning to the local brokerages between July 2013 and January 2014.)

Hospital Patient Transport

Certain hospitals may have admitted a client but may 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 admitting 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 brokerage or provider to determine from the hospital if the client has Medicaid coverage and to obtain prior authorization from the brokerage. In most areas the brokerage is responsible for ambulance transports for these non-emergency transports. There may be exceptions where the CCO arranges and authorizes non-emergent ambulance rides.

The Hospital Discharge Planner is responsible (see OAR 410-125-0120 Hospital Services Rules) to contact the brokerage, or request that the transportation provider contact the brokerage when a client is being discharged and needs a transport. If the brokerage determines ambulance transportation is necessary and the brokerage is not responsible for ambulance transportation, the brokerage will refer the hospital/provider to the appropriate CCO. If the hospital chooses to pay the transport provider without obtaining authorization from the brokerage, DMAP will not reimburse the hospital or provider.

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 an urgent medical condition and, due to the urgency of the medical condition, the client scheduled an immediate medical appointment.

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-urgent 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 consider the caller's ability to arrange transportation in advance and the probability that the client will follow through with a subsequent appointment and determine possible further assistance.

DOCUMENTATION AND DATA

All rides, and client reimbursement for medical transportation expenses, must be documented on the computer data base.

Individual documentation should be maintained for 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 or threats to call the governor;
4. Errors were made in transportation authorization or assignment by program staff; and
5. Problems occur with a transportation provider.

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 the Ride Request Form. Call provider if it is a same-day ride request.

Computer Data Input

Do not make changes in computer input or call taking procedures without approval from the brokerage Manager. All staff needs to follow the same procedures. 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

All brokerages must verify at least five percent of all ride requests prior to authorization. Verification means that the brokerage obtains confirmation from the medical provider that a client who is requesting the ride actually has an appointment to a OHP-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 (i.e., nurse or receptionist).

When brokerage staff contacts medical providers, they should give their name, identify their brokerage, and state the reason for the call. Ask the provider to verify that the client saw the provider on a specific date. A yes or no answer is sufficient.

If the provider does not want to share the information needed to verify the client's trip, let them know that you can fax to them a HIPAA letter from DMAP stating that they may share protected health information for the purpose of determining if the service is covered.

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

If the medical provider cannot verify the appointment because 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 client fraud referral
3. Note in the client's file to verify all future trips.
4. Verify each of this client's future appointments before authorizing transportation and verify attendance after the transportation was provided.

CONTINGENCY PLANS TO ASSURE LIFE-SUSTAINING RIDES

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

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, you may negotiate any costs that are different from the contracted rate. 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.

Authorization for non-emergency ambulance transports

When a client is in a hospital and requires non-emergent ambulance transportation to another hospital, the first hospital will work with the appropriate brokerage to arrange transportation. However, if a client is being transported from hospital to hospital for diagnostic or other short-term services and being returned to the first hospital within 24 hours, the first hospital is responsible for arrangement and payment of the transportation.

The brokerage shall authorize cost-effective, non-emergent ground or air ambulance when appropriate for an eligible client. Transporting a client via ambulance is required when a medical facility or provider states the client's medical condition requires the presence of a health care professional during the emergency or non-emergency transport.

To authorize non-emergency ambulance transports, the brokerage should contact local ambulance providers to determine availability for service.

- Under normal circumstances, the ambulance provider must agree to bill according to the DMAP Fee Schedule.
- In unusual circumstances, an ambulance provider may require additional payment authorization due to costs that go above and beyond normal ambulance service. This may occur when a client is bariatric and requires additional staff to assist moving the client, or under other unique circumstances.
- Discuss all circumstances with the ambulance provider. If no provider is able to accommodate at DMAP Fee Schedule rates, make arrangement with the lowest bidder.

Brokerages may receive retroactive reimbursement requests from ambulance providers when clients use an ambulance for an after-hours, urgent care situation or a hospital discharge.

- Closely examine these requests to ensure medical appropriateness for ambulance.
- Do not authorize if ambulance was not the medically appropriate mode of transportation.

Clients and hospital discharge staff must follow after-hours procedures and use appropriate and cost-effective after-hours NEMT providers.

To prior authorize NEMT by ground or air ambulance:

- Complete a form DMAP 405T, Medical Transportation Order, for the provider. (See example of DMAP 405T in the Appendix.)
- The form must include the authorized payment amount.
- Under the block “Dollar Amount Authorized,” if the provider will bill according to the DMAP Fee Schedule, write “Fee Schedule.” Otherwise, write in the total dollar amount authorized for the lowest bidder.
- Send a copy of the form to DMAP Provider Services with subject line “405T” by:
 - Email – DMAP.providerservices@state.or.us
 - Fax – 503-945-6873; or
 - Mail – 500 Summer St NE, E-44, Salem, OR 97301
- Send the original form to the provider and retain a copy in the client file.
- Refer any subsequent provider inquiries for payment to the DMAP Provider Services Unit, 800-336-6016.

For services provided to clients with both Medicare and coverage through DMAP, the ambulance company will bill Medicare first, prior to billing DMAP, except when the services are not covered by Medicare.

Out-of-Area Trips

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

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.

An ambulance transport with a medical technician should be used if the client's condition requires a stretcher car or van and the length of transport would require an attendant, but the client does not have an attendant who can assist with personal care during the ride.

Transport not Available

When an appropriate level provider is not available to provide a trip to a client, and the trip is necessary or urgent, the brokerage shall 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 an OHP-covered service;
3. They have other 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. The service is denied only after supervisor or brokerage manager approval. 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. Send a copy of the letter to the client's branch office. A copy of the letters must be retained in a separate file.

Complete the Denial Letter including the following:

1. Client's prime number, name, and address.
2. Date of the letter.
3. Date the client requested the ride (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 and the applicable Oregon Administrative Rule. Reason(s) may include such things as: a) Verification with medical provider was unsuccessful (i.e., medical provider could not confirm appointment) the client had other transportation available to them, or b) The transport was not to an OHP-covered medical service.

See copy of example Denial Letter in the appendix.

COMPLAINTS/RIDE DENIALS

When a brokerage staff member is unable to resolve a client complaint, offer the option of talking immediately with a supervisor. Document the complaint for later investigation by a supervisor for appropriate action. If a complaint still cannot be resolved to the client's satisfaction, the client has the right to request formal review through the "Review and Contested Case Hearing Process." For further information about how to deal with complaints refer to the appendix within this guide.

Review and Contested Case Hearing Process

Complaints related to the local brokerage may be reviewed in one 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 written complaints or telephone calls, the brokerage shall complete a Customer Service Incident (CSI) report to be reviewed by a supervisor or brokerage manager. Document in the CSI all information reviewed and decisions made by the supervisor or brokerage manager.

State-Level Process

The client may contact DMAP Client Service Unit by calling 800-273-0557 to talk to a customer service representative about a complaint or request a copy of an Oregon Health Plan Complaint form (OHP 3001). The client may submit a complaint in writing to DMAP Client Services at 500 Summer St NE, Salem, OR 97301.

If the client has been denied a service by the brokerage, the client may complete an Administrative Hearing Request form (DMAP 443) provided by the brokerage or available through branch offices or DMAP.

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 hearing process. It is essential that thorough documentation is available to support any testimony or respond to issues under investigation in the hearing.

CLIENT CONVENIENCE

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.

ATTENDANTS

It is the client's responsibility to provide an attendant if one is required.

An attendant may ride free when required to accompany a client to a medical appointment. Transportation shall be provided for an attendant to travel with a client who is under the age of 12, if the attending physician has signed a statement that an attendant must travel with the client, or if the client is mentally or physically unable to reach the medical appointment or return home without assistance. Taxi and wheelchair companies provide transportation for one attendant at no extra charge. The brokerage will provide the bus ticket for the attendant if the client travels by bus.

Providers of wheelchair van, stretcher car, taxi, and other types of transport are not reimbursed for the 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.

Travel with a minor

A child under age 12 requires an adult guardian for NEMT from any transportation provider, with exceptions for ambulance and secured transportation.

A parent or legal guardian of any minor, even if age 12 or over, may travel with the minor at no additional cost.

A child may not travel with both a parent and an attendant at no extra cost. Only one additional passenger may travel with the client for free.

A child age 12 or over, but not yet able to drive may be eligible for mileage reimbursement when driven by a parent or legal guardian. Issue the reimbursement to the “head of household” on the case.

Paid Provider Attendant

Industry standard for stretcher car providers is 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

Clients who are not at the pickup point are considered to be “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, send a *No-Show Letter* to the client with a copy to the DHS case manager. (See example of *No-Show Letter* in appendix.) Acceptable reasons for a no-show might include a client who has Alzheimers 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. Document each no-show in the client’s file. The *No-Show Letter* will advise the client that repeated no-show occurrences 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, intense pain, allergic reaction or other condition which requires treatment to relieve discomfort.

Authorize, after the fact, rides that are ordered directly by clients during times when the brokerage is not open. Review these rides 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?
4. Could the client have requested the ride through the brokerage during regular business hours?

Clients that normally receive mileage reimbursement and can drive or be driven to urgent care when the brokerage was not available, can contact the brokerage for retroactive authorization the following business day.

Some clients may use urgent rides to avoid going through the brokerage for necessary authorization. When this happens, the provider shall contact the brokerage and notify the brokerage of the ride. The brokerage 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.

If, after verification, you determine that the ride is not appropriate, send the client a letter notifying them that you 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 the client was taken to an OHP-covered medical service.

BUS PASSES AND TICKETS

Many clients are able to travel by bus. The brokerage determines the type of ticket or pass to order for the client by determining how many rides the client requires during a certain period of time and comparing the cost of the individual tickets to the cost of a pass. Authorize passes only if the cost of individual tickets exceeds the cost of the pass. Otherwise issue tickets for the exact number of rides.

Clients must 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 reports that he/she did not receive them, do not replace the tickets or passes until you investigate and determine that to be the appropriate course of action. 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. Unless the client makes request for alternate mailing address, 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, deny the request.

Issue tickets in advance according to appropriate and reasonable anticipation of future client needs. The client must keep a record of the trips and how the tickets were used so that you can enter the information into the data base after the fact.

If a client using the bus requests transportation too late to receive tickets in the mail, the brokerage should determine if 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 all of the following are true:

1. The client is capable of making transportation arrangements in advance.
2. The appointment is for routine medical care;
3. The client's health or safety will not be adversely affected by changing the appointment;
4. The appointment is not necessary to maintain ongoing medical monitoring or treatment (such as chemotherapy, weekly tests, etc.);
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 a bus can ask the bus operator to use the lift to assist them in boarding. Inability to climb the steps is not in and of itself 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.

Authorize transportation for clients who are able to use public transit, even if they use a mobility device or wheel chair on the bus 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 a 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), or lack of shelter in inclement weather.

Clients may be authorized to take the bus for one trip and a different mode of transport for another trip. For example, a client scheduled for day surgery may be able to take a 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. Provide bus tickets or a pass to continue their trip on fixed-route.

CHILD RESTRAINTS

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 who weigh less than 40 pounds. When a child needs additional, mobile restraint such as a car seat, parents or guardians are responsible for providing and installing the appropriate child restraints.

EMERGENCY RESPONSE

Staff members should always be alert for callers with symptoms that would indicate a medical emergency. If a caller appears to have symptoms of a medical emergency, direct the caller to hang up and call 911 for emergency response. If you determine 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, tell the caller that you will call 911, keep them on the line 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.

Do not communicate with 911 unless the caller is not able or is unwilling to make the call and you determine it is a life-threatening emergency.

TRANSPORTS TO A PHARMACY

NEMT to a pharmacy is available under certain circumstances.

The client must always explore these other methods of obtaining the prescription before requesting NEMT:

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 CCO or 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.

NEMT for trips to the pharmacy shall 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.

- In the case of an emergency, you may authorize transport to a pharmacy for pickup and delivery of a prescription when: 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

If it is determined that a client has been abusing services, (e.g. repeated no-shows, threatening behavior), the brokerage may impose reasonable modifications, such as requiring the client to contact the brokerage to confirm rides before pick up, limiting 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 attendant. Brokerages must send a letter to the client and a copy to the client's branch office for each no-show, outlining the potential restrictions to the client if the behavior continues. .

Before imposing any modifications, the brokerage shall talk with the client about the need for imposing any modifications and explore modifications that are appropriate to the needs of the client that address the health and safety concerns of the brokerage. The brokerage or the client may also include the DHS case worker or client's CCO or managed care plan in the discussion.

TEST OF REASONABLENESS

When in doubt about the proper decision regarding transportation for clients, use reasonableness as a guide. Consider what could be expected of someone from the general public in a similar circumstance taking into account the individual's needs or limitations. Some examples:

- 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.
- A healthy 24 year-old may be able to transfer twice to get to a medical appointment, but not an otherwise healthy, but frail 85 year-old.
- Patients with mental or emotional problems may not be able to manage the stress of complicated transportation arrangements.

If a client states that the form of transportation you suggest is not acceptable because of other circumstances, you may authorize a higher level of transport for the current trip. To authorize future trips:

- Advise the client that you will be requesting written information from their medical provider to substantiate the need for higher level of transport.
- Request the medical provider fax you the information.
- Document all information received and maintain any written correspondence in the client's 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.
- Upon receipt of documentation from the medical provider, review the information and if appropriate, authorize the client for the higher level of transportation that has been determined to be necessary.

(See Appendix for example of letter).

COMMUNICATION WITH BRANCH OFFICES

General

Whenever you submit written communication to a client, you shall provide a copy to the client's branch office, including but not limited to:

- Denial Letters
- No-Show Letters

For the following, call the branch office to relay the information:

- Change in client condition (recent injury, medical crisis, etc.)
- Information that might indicate abuse is occurring (e.g., repeated trips to the emergency room for childhood injury)
- Fraud referral

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.

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 may 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 attendants 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.

CLIENT and ATTENDANTREIMBURSED TRAVEL

Guidelines

The brokerage is authorized to approve payments for the client (or guardian, etc.) for travel expenditures to OHP-covered services. Periodic checks by brokerage personnel should be made to ensure that NEMT disbursements are, in fact, for trips to and from OHP-covered medical services.

All NEMT must be authorized by the brokerage in advance of the transportation and the actual transportation should occur prior to reimbursement unless the client is not able to finance the trip prior to reimbursement. In this case, the brokerage may provide the reimbursement in advance of the trip. (See Travel Advance section below) Brokerages cannot retroactively reimburse clients for trips taken without prior authorization.

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.

In all instances, however, it remains the brokerage's responsibility to ensure the abuse of services does not occur, and 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 Reimbursement

NEMT is only available for the actual client attending a medical service and if required, one guardian or attendant. In some circumstances when it is necessary to travel with a number of passengers (such as having to find day care for several children) it may be better for the client to ride in a personal vehicle and receive mileage reimbursement as long as other criteria is met (lowest cost mode of transportation). Note: Foster parents are an exception and may be eligible for mileage reimbursement even if a lower cost mode of transportation is available.

- Mileage reimbursement is generally issued to the client, or if the client is a minor, the head of the household on the case.
- If reimbursement is intended for someone other than the client, obtain written approval from the client before authorizing reimbursement:
 - You may accept a signed statement as simple as "I authorize [Name] to receive my travel reimbursement."
 - Document the consent in the case file and verify that the other person is not receiving any other form of reimbursement for this service.
- If more than one client may carpool to medical appointments, only one client is eligible for mileage reimbursement. Do not reimburse multiple clients for the same trip in the same vehicle.

Brokerages provide direct mileage reimbursement to clients seeking assistance. Any such reimbursement shall be based on the following formula: Total miles multiplied by \$.25 per mile. The mileage rate is all-inclusive. Do not authorize additional reimbursement for gas, oil or other expenses related to mileage.

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 must span the entire period from 11:30 a.m. through 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 maybe made through the Hospital Social Worker.

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 or the CCO (if client is going out-of-state).

Do not approve lodging for trips that can be completed in one day or for multiple appointments on different days when they could be scheduled on the same day. An exception is a client who has a legitimate medical need for multiple out of town appointments on different consecutive days and could make multiple round trips rather than utilize lodging. If it is cost-effective, the client may make one round trip and utilize lodging rather than make multiple round trips.

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 House 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. 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.

Extended Duration Stays

Clients may sometimes require extended duration stays out of their local area or out of state due to extensive recovery time from surgeries, such as transplants. Because the client may be eligible for up to \$40 per night, this can add up to as much as \$1,240 per month.

Under these circumstances, there may be various lodging options that are more cost effective and better for clients than staying in a hotel. Consider:

- Rented apartments, RV parking, or any other solution that may be available
- Hospital social workers may be able to provide numerous alternatives to hotels

If an alternate lodging solution is used, only reimburse up to the lesser of actual cost and aggregated \$40 per night. For example:

- If the client stays in a rented apartment for 30 days for \$800, reimburse \$800, not \$1,200.
- Reimbursement may be made directly to the lodging facility if appropriate. Do not duplicate reimbursement to the client.

If the client requests meals or lodging but does not qualify, then do not authorize and issue a written denial.

State and federal regulations limit the amount of driving time to ten hours per day when commercial drivers carry passengers.

- On rare occasions, clients in remote areas of Oregon traveling to Portland and back would require a commercial driver to exceed this limit if making a round trip in a single day.
- For clients utilizing mileage reimbursement, clients should not be expected to drive in excess of ten total hours in one day. In these cases, it is acceptable to approve an

overnight stay even if the client would otherwise be able to complete the trip during the 5 a.m. to 9 p.m. window.

Attendant

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 brokerage 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 attendant.

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

An attendant is not considered medically necessary during a client's stay in an inpatient facility because the facility, not the attendant, provides all necessary services for the client, however, authorization is allowed for the attendant's transportation home or lodging/meals reimbursement until the client is released, whichever is more cost effective.

During a client's inpatient stay, authorize payment for transportation, meals and lodging for an attendant only when there is a documented medical need for an attendant from the physician.

When the client is released from inpatient care, if an attendant is medically necessary based on one of the conditions or circumstances listed above, transportation for the attendant to the return to the inpatient facility to accompany the client on the return trip home is covered if it is authorized in advance of the travel. 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.

NEMT is covered only to assist clients with accessing medically-necessary services.

Transportation, meals and lodging is not covered for visiting an inpatient client during the inpatient stay. This includes parents of minors, breastfeeding mothers, spouses, etc. An exception may be made if a physician states that it is medically necessary for the attendant to be present.

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 an attendant only when the client and the attendant are not able to stay in the same room. If the client and attendant 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.

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

Travel Advance

In exceptional circumstances, a brokerage may advance a full or partial reimbursement before travel. For example, a client may not have available cash to pay for gasoline and hotel stays prior to receiving reimbursement.

- Only the brokerage manager may authorize an advance payment to the client considering the risk of overpayment or a "no show:"
- When the client's travel is complete, be sure to deduct any advance from the final reimbursement.

If the client did not attend the medical service, or incurred costs below the advance amount, refer the case to OPAR's Overpayment Recovery Unit at 503-373-7772 (Salem area) or 800-273-0548 (toll free). In the event of multiple overpayments to the same client, aggregate the total in the referral.

Note: There are minimum recovery amounts for overpayments referred to OPAR. Most advances for NEMT would fall below the minimum threshold, and therefore are unrecoverable. As such, it is imperative that any advance be carefully evaluated in terms of cost and risk. For further information, consult with OPAR.

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 of

Customer Service: The act of the brokerage employees and transportation providers delivering safe, dependable, and reliable service and treating customers with courtesy and respect.

Compliment: Any positive statement, comment or observation received about the favorable experience or performance of the brokerage services or employees, or transportation providers.

Complaint (Non-Urgent): A negative criticism, comment, observation, statement, or opinion received concerning an unfavorable (real or perceived) experience or performance of brokerage services or employees, or the transportation providers that is not an “urgent complaint (see definition of urgent complaint below).

Complaint (Urgent): Any negative criticism, comment, observation, statement, or opinion received concerning an unfavorable (real or perceived) experience or performance of brokerage services or employees, or the transportation providers about 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; 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. Urgent complaints require immediate action and investigation.

II. PROCEDURE FOR HANDLING CUSTOMER SERVICE INFORMATION

A. Initial Steps

1. The Customer Service Representative (CSR) or other brokerage employees 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 a non-urgent complaint, go to B. Non-Urgent Procedure.
 - b. If an urgent complaint go to C. Urgent Complaint Procedure.

B. Non-Urgent Procedure

1. If the lead CSR or Quality Assurance staff believes that further action is needed, the lead will take appropriate action, document the action taken, and immediately forward the completed document to a supervisor or the brokerage manager.
2. The brokerage manager or 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

If staff taking the report determines that the incident being reported is of a serious nature and could endanger either a client or staff member, putting them at risk of being harmed, or if someone has been injured or victimized, the report is immediately forwarded to a supervisor or the brokerage manager.

B. HANDLING COMPLAINTS OR NEGATIVE BEHAVIOR

Some of the basics:

When someone calls to complain ask if they are calling long distance. If they are, get their phone number and call them right back.

You may also face negative behavior such as anger. When someone is angry, it generally is not beneficial to be angry back.

Anger may be directed at you, when often times, the anger is not about you, personally. Anger can occur when no other means to control or resolve a situation have worked.

Anger can also be a manifestation of another emotion (e.g. fear, disappointment, frustration). Identifying the feeling/issue can go a long way toward curbing the anger and maybe resolving the problem.

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 kindly restating what they are saying and assure them that you are recording their comments for your manager to follow through. 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. Give the caller a "cooling down" opportunity by telling them you will check into it and see what can be done and call them back. After determining what can be done, call back later the same day or the following day with the answer or the response, or an update on what is happening.

If nothing more can be done for them, 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. You can also refer a client to DMAP Client Services to make a complaint. Anyone has a right to contact their legislators, the Governor, or the President if they wish. Never discourage a caller from complaining. Do not 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 about you. Do not say things like "You didn't need to call _____" or "Why didn't you call me and tell 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 manager. If a person is abusive, tell them you will transfer them to a brokerage manager, and put them on hold until the manager can respond. You can always respond, "Would you like to have my manager 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, 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 that may be taken to a higher level. Documentation is also helpful in developing a record or history that can demonstrate a pattern or can indicate an emotional or mental problem that may be affecting the person’s ability to reason or control their behavior.

C. LETTERS

Denial Example Letter

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 410-136-3020(3)(c), OAR 410-136-3020(4)(a-c)*

The medical appointment was for a service that is not covered by the Oregon Health Plan.

OAR 410-136-3020(3)(a-b)

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

OAR 410-136-3020(3)(d)

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

OAR 410-136-3020(3)(a)

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 410-136-3120(3)

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 410-136-3020(3)(b) OAR 410-120-1200(2)(ee)

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

OAR 410-136-3240-(1)

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

OAR 410-136-3240(1)

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

OAR 410-136-3020(10)(a-c)

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

OAR 410-136-3020(3)(e)

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

OAR 410-136-3240(14)(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 Example Letter

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 Example Letter

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

HIPAA Example Letter

July 1, 2013

Dear Oregon Health Plan Provider,

Thank you for your inquiry regarding medical transportation and protected client information. Under the Oregon Health Plan, clients with a “Plus” benefit package are eligible for medical transportation resources to attend Oregon Health Plan covered medical services. Medical transportation in your region is provided through regional transportation brokerages. The [enter brokerage name] is enrolled with the Division of Medical Assistance Programs (DMAP) as [enter broker name] under DMAP provider number [enter provider number].

As a government agency working in partnership with the Oregon Health Authority, the brokerage may request and use client protected health information to the extent that is necessary to determine eligibility for services. As such, the brokerage may request verification that a client has a scheduled appointment, has attended an appointment, and that the appointment include an Oregon Health Plan eligible medical service. The brokerage may request specific information about the service provided for the purpose of determining if the service is covered by the Oregon Health Plan, and may use this information in conjunction with the Oregon Health Services Commission’s Prioritized List of Health Services. When a client requires transportation out of the local area, the brokerage may also need verification that the medical service is not available locally. Finally, the brokerage may request information regarding a client’s physical and mental ability to utilize various modes of transportation.

The brokerage is bound by its agreement with the Oregon Health Authority and applicable Health Information Portability and Accountability Act (HIPAA) regulation to protect this information and ensure client privacy and safety. Requesting information beyond what it is necessary to determine eligibility for medical transportation resources is not appropriate.

Please let me know if you require any additional information.

Sincerely,

David Fischer, DMAP Policy Analyst (or current Medical Transportation analyst)
David.fischer@state.or.us
503-947-5522

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:

- The brokerage has determined 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.
- A visit to a PCP, Urgent Care Clinic, or Hospital Emergency Room for the purpose of diagnosing an unknown condition is always considered a covered medical service for the purposes of NEMT, even if the subsequent diagnosis is for a non-covered condition.
- The following services MAY BE covered by OHP, but the brokerage will need to ask provider/client/plan/DMAP 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.)
- ✓ Moving a client who has had a change in condition that is noted in their care plan and needs to go to a new service setting with a higher or lower level of care. This includes clients changing levels between their community-based care settings, or between institutional and community-based settings, but does not include moving between the same setting type(e.g. adult foster home to adult foster home).
- ✓ 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.¹
- ✓ Physical and occupational therapy

¹Remember: 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 DHS Web site at www.oregon.gov/DHS/healthplan/clients/mailrx.html.

- ✓ 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
- ✓ 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 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 410-136-3120(4)) This written documentation must be retained in the brokerage 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 410-136-3080(3)).
- Return a client to Oregon from another state unless the client was in another state for the purpose of obtaining OHP-approved services and/or treatment. (OAR 410-136-3080(2)).
- 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.
- NEMT 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 410-136-3020(3)(b)).
- 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/PCA, 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 for an attendant to visit a client in an inpatient facility. This includes parents of sick children, breast feeding mothers, spouses, etc..Once the client is admitted as inpatient, the facility is responsible for their care needs and the attendant is no longer medically-necessary. If there is a documented medical necessity for the attendant to be transported to the facility, an exception will be allowed.

- 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 of the same setting type (example: adult foster home to adult foster home) 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)

F. Resources

OHA Resources

- **David Fischer**
Medical Transportation Policy Analyst, DMAP
david.h.fischer@state.or.us
(503) 947-5522
- **Julie McGuire**
Branch 60 Transportation Coordinator, DMAP
julie.mcguire@state.or.us
(503) 945-5920
- **Carol Camfield, RN**
Medical Unit Out-of-State Coordinator, DMAP
carol.l.camfield@state.or.us
(503) 945-5802
- **Caroline Price, RN**
Medical Unit Transplant Coordinator, DMAP
caroline.price@state.or.us
(503) 945-6488
- **Greg Russo**
Volunteer Program Manager, OHA
gregory.p.russo@state.or.us
(503) 945-8994

Other Resources

Transportation brokerages and service area maps

<http://www.dhs.state.or.us/policy/healthplan/guides/medtrans/broker-list-map.pdf>

Oregon Administrative Rules (OARs) for Medical Transportation

<http://www.dhs.state.or.us/policy/healthplan/guides/medtrans/main.html>

Ronald McDonald House

<http://www.rmhcoregon.org/contact>

Air ambulance companies enrolled with DMAP

This list is not all-inclusive and subject to change. A receiving hospital's transportation planner or social worker may be able to provide additional air ambulance companies or revised contact information.

Company	Telephone	Web site
Access Air Ambulance Boise, ID	208-389-9906	NA
Air Life of Oregon Bend, OR	541-385-6305	www.airlife.org
Air St. Lukes Boise RMC Boise, ID	877-785-8537	www.stlukesonline.org
Airlift Northwest Seattle, WA	800-426-2430	www.airliftnw.org
AirLink Critical Care Bend, OR	800-353-0497	www.stcharleshealthcare.org
American Medflight Reno, NV	800-799-0400	www.americanmedflight.com
Cal-Ore Life Flight (Westlog) Brookings, OR	541-469-7911	www.cal-ore.com
Bay Cities Air Ambulance Coos Bay, OR	541-266-4300	N/A
Emergency Airlift (Reno Flight Services) Reno, OR	541-756-6802	www.emergencyairlift.com
Life Flight Network	503-678-0206	www.lifeflight.org
Medic 1 Irwindale, CA	800-347-3262	www.medic1.net
Mercy Flights	800-903-9000	www.mercyflights.com
Northwest Medstar Inland NW Health Services Spokane, WA	800-572-3210	www.nwmedstar.org
PHI Air Medical	800-421-6111	www.phiairmedical.com
Premier Jets	503-640-2927	www.premierjets.com
REACH Air Medical (Mediplane, Inc.) Santa Rosa, CA	541-257-2600	www.mediplane.com
St. Alphonsus RMC Boise, ID	208-367-2121	www.saintalphonsus.org

G. Forms

DMAP 405T Medical Transportation Order (see next page)