



# Non-Emergency Medical Transportation (NEMT) Brokerage Operations Manual

August 2024

## Table of contents

- Definition of terms ..... 5
- Primary operating components ..... 7
  - Administrative responsibilities ..... 7
  - Customer Service Representative (CSR) responsibilities ..... 7
  - Brokerage or scheduling department responsibilities ..... 8
  - Billing/data entry department responsibilities ..... 8
  - Quality assurance personnel responsibilities ..... 8
- Service area ..... 9
- Confidentiality ..... 9
  - Sharing or Inquiries about a client..... 9
- Taking calls ..... 10
  - Abusive callers ..... 10
- Eligibility verification ..... 11
- Member enrollment verification ..... 11
- Authorization of transport ..... 12
  - Screening procedure ..... 13

Closest provider of type.....	14
Types of transportation.....	15
Public transit.....	15
Sedan .....	16
Wheelchair transport .....	16
Ambulance .....	16
Stretcher car.....	17
Secure transport.....	17
Volunteer transport.....	17
Other types of transport.....	17
Selection of transportation provider .....	18
Estimate of ride cost.....	19
Provider preference.....	19
Advance or prior approval for unknown date .....	19
Children in the care of the ODHS.....	20
Hospital patient transport .....	20
Same day request .....	21
Documentation and data .....	21
Computer failure.....	22
Computer data input.....	22
Trip verification .....	22
Contingency plans to ensure life-sustaining rides.....	23
Extraordinary transports .....	23
Approval for non-emergency ambulance transports .....	24
Out-of-area trips .....	25
Special considerations .....	25

Local ordinances .....	26
Out-of-area stretcher car rides .....	26
Transport not available.....	26
Denial of service .....	26
Complaints/ride denials .....	27
Review and contested case hearing process.....	27
Client convenience .....	28
Attendants .....	29
Travel with a minor .....	29
Paid provider attendant .....	30
No-show .....	30
After-hour transportation .....	31
Bus passes and tickets.....	32
Child restraints .....	34
Emergency response .....	34
Transports to a pharmacy .....	35
Client abuse of transportation services .....	36
Test of reasonableness .....	36
Communication with local ODHS offices.....	37
General.....	37
Services for children .....	38
Client and attendant-reimbursed travel .....	38
Guidelines .....	38
Mileage reimbursement.....	39
Meals .....	40

Lodging.....	41
Extended duration stays.....	42
Attendant .....	43
Travel advance .....	45
Provider procedures .....	45
Provision of service .....	45
Transportation provider responsibilities.....	46
Maintenance of service .....	46
Transportation provider documentation.....	46
Transportation provider billing procedures.....	47
Appendix .....	48
A. Client reports (CSI) - The brokerage procedures .....	48
B. Handling complaints or negative behavior .....	50
C. Letters .....	53
D. Covered transports .....	60
E. Fee schedule – client/attendant reimbursed travel .....	66
F. Resources .....	67
G. Forms .....	70

## Definition of terms

**Advocate:** A person or organization requesting services on behalf of the client.

**After hours:** A trip provided when the brokerage is closed. Clients may call the transportation provider directly for a trip when brokerage staff is not available to approve a ride.

**Attendant:** An escort/assistant provided by the client when 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 in the service area.

**Brokerage:** The service contracted to screen and approve NEMT services for Medicaid clients. The brokerage also subcontracts the providers who provide rides for Medicaid clients.

**Case manager (case worker):** Oregon Department of Human Services (ODHS) local office staff member who manages the client's overall benefits.

**Client preference:** Client's desire to ride with a certain provider or use a certain mode of transportation for reasons 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 about providers or the brokerage staff.

**Customer Service Representative (CSR):** Staff member who handles all aspects of approving requests for rides or reimbursement of travel expenses and enters information into the database.

**Eligible client** Client who qualifies for medically necessary and appropriate transportation to services covered by the Oregon Health Plan.

**Lowest cost:** The lowest cost per trip that one transportation provider charges as opposed to another of comparable level of service; the least costly, most appropriate mode of transportation based on the client's medical needs.

**Quality assurance personnel:** Oregon Health Authority (OHA) or brokerage personnel responsible for ensuring the quality and safety of rides for clients.

**Routine trips:** Trips an individual or group takes more than once per month on the same day of the week to the same destination. These trips are usually monthly.

**Shared ride service:** A group ride service. It 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 health coverage such as Veterans Administration services, Medicare or charity care a specific provider renders at a savings to Medicaid.

**Transportation provider:** Any public, private or private nonprofit organization or person the brokerage pays for approved medical transportation. 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 used to transport 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 trip that is immediate in nature and demands response. These trips may occur outside of normal business hours.

**Urgent transport:** Transport 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 General Rules, Oregon Administrative Rule (OAR) 410-120-0000.

# Primary operating components

## Administrative responsibilities

The responsibilities of the brokerage's administrative staff include:

- Thorough understanding and knowledge of Medicaid rules, procedures, and policies.
- Quality telephone call response and approval services. These include but are not limited to verifying that no conflict of interest exists in the assignment of rides.
- Protection of client information.
- Provide appropriate and timely training and program information to staff.
- Coordinate with brokerage staff to improve and maintain service.
- Help develop or update 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:

- Receive client requests for transportation.
  - Receive client requests to approve travel expenses such as mileage, meals, and lodging to access covered medical services.
  - Protect 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 approvals, 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:

- Approve the least costly, most appropriate transportation.
- Assess mileage for Medicaid trips; assign estimated costs based on provider contracts.
- Maintain complete and appropriate documentation of provider problems or concerns.
- Arrange and examine provider schedules to ensure timely client pick up.

## **Billing/data entry department responsibilities**

The responsibilities of the billing/data entry department include:

- Verify provider billing and prepare required reports and documents.
- Bus pass and ticket distribution and inventory.
- Data entry of all faxed ride requests.
- Complete mandatory, daily computer hardware and software functions.
- Conduct contracted provider billing audits.
- Complete spreadsheets, reports, and queries for administrative use.
- Provide 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 work with the brokerage.



## Service area

The brokerage is responsible for providing NEMT to Medicaid clients who:

- Live in the brokerage SERVICE AREA and
- Need help with travel to receive OHP-covered services.

Brokerages may arrange rides for 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 clients from adjoining counties routine trips for special medical needs.

## Confidentiality

By state and federal law, the brokerage is required to maintain client confidentiality except for information necessary to approve and order medical transportation. All brokerage staff are required to sign a confidentiality statement.

Staff must not relay personal information about clients or medical diagnoses to the transportation providers. Staff may relay information 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 ODHS representative, ask the caller for their local office number and case manager ID. If they cannot provide this information, ask for a phone number where they can be reached. Verify the information with the local office and return the call. The brokerage can share all information about a client with the case manager or local office 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. 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 local ODHS office.
- When in doubt, check with the supervisor or brokerage manager.

## Taking calls

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, be courteous and helpful at all times. Always refer to clients as Mr., Ms., Mrs., or Miss and their last name.

Acknowledge clients for being responsible when they 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

Brokerage staff are not expected to continue a conversation when the caller becomes verbally abusive. The staff member should let the caller know that they are going to hang up, then do so. Immediately report any incident which results in ending a call because of inappropriate language, insults or threats. Report to the supervisor or brokerage manager and document as an incident report.

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

## Eligibility verification

Brokerage shall verify Medicaid eligibility of people who request transportation to covered medical services. The client must be eligible for Medicaid and have OHP Plus benefit coverage (through the BMD, BMH, BMM, BRG or CWX benefit plan).

To verify client eligibility:

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 MMIS Provider Portal at <https://www.or-medicaid.gov>;
  - b. Daily eligibility download provided by OHA;
  - c. OHA's electronic data interchange (EDI) 270/271 transaction. To learn more, [visit the EDI web page](#) or email [DHS.EDIsupport@odhsoha.oregon.gov](mailto:DHS.EDIsupport@odhsoha.oregon.gov); or
  - d. Automated Voice Response (AVR) at 866-692-3864.
4. If you cannot verify client eligibility using the above methods, call the client's local ODHS office. Ask them to send documents that verify client eligibility.
5. If you cannot verify client eligibility, do not approve transportation. Document caller's name, address, and phone number to use for a denial letter.
6. When approving rides in advance of the date of service, also verify eligibility on the actual date of service to ensure the client is still eligible.

## Member enrollment verification

The brokerage shall determine if the eligible client is enrolled in a coordinated care organization (CCO) or receiving services through OHA.

Use one of the following tools to determine CCO enrollment:

- The downloads provided by CCOs listing their members;
- The daily eligibility download provided by OHA, showing clients not enrolled in a CCO who is responsible for NEMT;

- The MMIS Provider Portal at <https://www.or.medicaid.gov>;
- The AVR at 866-692-3864.

When approving rides in advance of the date of actual service, also verify CCO enrollment on the actual date of service to ensure the client's status has not changed.

## Authorization of transport

For eligible clients, the brokerage completes the authorization as follows:

1. Determine if the request is for travel to a covered (See Appendix D) medical service.
2. Verify that services provided out-of-state (more than 75 miles beyond the Oregon border) are approved. To do this, contact the client's CCO, case manager or OHA's Out-of-State Coordinator. Once you verify that the medical services are approved, you can approve and arrange for the transportation.
3. Screen all clients for other transportation resources each time they request transportation. Key questions to ask:
  - a. Do you have a way to get to your medical appointment, such as a 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 a 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 provide transportation if they were paid for gas?
  - g. Do you have all the paperwork you need for your appointment?
4. You may approve multiple trips for one month at one time, from the same location to the same medical provider and enter them into the data base. The only time you can approve more than one month at a time is for trips for life-sustaining services such as dialysis. These can be approved for two or more months at a time.
5. Enter all information into the computer data base. If the computer is down, verify eligibility by calling AVR at 866-692-3864 or the local ODHS office. 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 an 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, they must have an escort.
  - c. Does the client have or need help, such as an 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 approved 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 related to transporting the client? Who is at risk? What is the risk?
    - 3) Can the client 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 a fixed route?

4. Determine level of transport:

- a. If the client cannot use fixed route transportation, assign appropriate non-bus transport.
- b. If the client can use a bus, continue with assessment.

5. Assess appropriateness of bus transport:

- a. Can the client use a 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 a fixed route bus, approve bus tickets or pass.
- e. If a fixed route is not appropriate, approve 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 for the nearest appropriate provider. Inform clients that transportation benefits may not be available if they choose a provider outside their local area.

You may ask clients why they do not see a local medical care provider. If a client is uncertain, ask their medical care provider or CCO about this. Make decisions on an individual basis. Take into account the client's CCO enrollment, medical necessity, emotional consequences, and other factors that may make it reasonable or essential for the client to continue with the same medical provider. Re-examine these exceptions periodically to ensure the client's current needs are addressed.

Clients who do not appear to have a qualifying reason to continue with the same out-of-area medical provider will be denied future transportation to that provider. Clients may

appeal to OHA. They will continue to receive medically appropriate rides until OHA makes a final decision on the appeal. The client can choose where to go for medical care but Medicaid 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 enrolled in a CCO that has limited medically appropriate providers, or assigns the client to an out-of-area provider.
- Client with third party providers covering or providing the service. Typically transportation is only provided to or from an enrolled OHP provider for services OHP covers. 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. They 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.
- The client’s current provider is the only provider who can give the medical attention needed. The provider must provide the brokerage written documentation about this.
- 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 deciding whether a client can use the bus, ask these questions:

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 and safety?

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

## **Sedan**

You may approve a sedan when no other less costly form of transport is available for:

- Clients without bus access.
- Clients who are physically unable to use a bus.

Advise clients that the driver is not allowed to ask for or accept tips from passengers.

## **Wheelchair transport**

Wheelchair transport is:

- Provided by vans equipped with a wheelchair lift.
- For clients who use a wheelchair.
- Generally a "door to door" service. At times, the driver must pick up the client inside their residence and escort them into their destination.

## **Ambulance**

Ambulance services provide non-emergent transport when a medical facility or provider states the client's medical condition requires the presence of a health care professional during the ride.

In some areas the CCO may approve and arrange non-emergent rides for their members.

Emergency transportation does not require prior authorization. This is not a brokerage responsibility. Clients should contact 911 for emergency transportation.



## Stretcher car

Stretcher cars are vehicles that can transport a client in a prone or supine position. The client does not require any medical care or observation, but cannot sit upright during the ride. The client may have medical equipment that must travel with them.

## Secure transport

Secure transport is for clients who cannot safely use 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.
- Restrain clients 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.

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's condition, history, specific needs, etc. Note this information in the detail section of the ride record.

## Volunteer transport

Volunteer programs may transport clients. Some programs offer van transport, including wheelchair-equipped vehicles. Others have volunteer drivers using their own vehicles for transport. Volunteer agencies often require advance notice. This ensures 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 approved because of distance or to facilitate arriving at

the appropriate time for an extraordinary appointment. Out-of-state travel must be approved by OHA for fee-for-service (“open card”) clients, or by the member’s CCO.

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 can use the bus.
4. **Rental vehicle:** Renting a specialized vehicle which can accommodate a client with special needs may be less costly than paying a transportation provider for the same transport. Example: If a person in wheelchair needs to go a long distance, renting a wheelchair van for a family member to drive may be less costly than using a 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 ODHS office and the brokerage.

## **Selection of transportation provider**

Determine the type of transport most appropriate for the client's needs. Taken into consideration:

- 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 approving 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 with a transportation provider's service quality, 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, review bills outside the acceptable limits to determine if the charge is legitimate or if there are other factors affecting the cost that were not included in the original estimate. Resolve questionable billings with the transportation provider prior to payment. Refer to current matrix to assist with cost estimates.

### **Provider preference**

A client may prefer 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 approval for unknown date**

On occasion the brokerage may want to approve a ride 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, but not how or when). The brokerage can approve more than one type of transport or more than one provider of the same type of transportation. Then the brokerage can arrange for the appropriate type of transport and available provider at the time of the ride.

## Children in the care of the ODHS

Children in the care and custody of ODHS do not 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 funds 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 OHA is sensitive to this need, we want to avoid denial of transportation to covered Medicaid services. This could jeopardize the child's placement. Paying for travel costs is typically the least expensive mode of medical transportation.

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

- If the foster parent requests mileage reimbursement, the brokerage should provide funds 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. Do not encourage the foster parent to request reimbursement.

## Hospital patient transport

Certain hospitals may admit a client but not have equipment for certain services, testing, or X-rays ordered by the client's attending physician. The client may have to travel to another hospital that can provide these services. In these instances, and where the client returns to the admitting hospital within 24 hours, the provider must bill the admitting hospital for the transports.

The brokerage does not approve or arrange 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. The brokerage or transportation provider must determine if the client has Medicaid coverage and get transportation approval from the brokerage. In

most areas the brokerage is responsible for these non-emergency ambulance transports. There may be exceptions where the CCO arranges and approves them.

When a client is at discharge and needs transport, the hospital discharge planner must:

- Contact the brokerage, or
- Ask the transportation provider to contact the brokerage.

See OAR 410-125-0120 in the Hospital Services rules. If the brokerage determines ambulance transport is necessary and the brokerage is not responsible for ambulance transport, the brokerage will refer the hospital/provider to the appropriate CCO. If the hospital chooses to pay the transport provider without getting approval from the brokerage, OHA will not reimburse the hospital or provider.

## Same day request

Many ride requests will be for same-day service. The brokerage must:

- Make every reasonable effort to arrange rides on short (one hour or less) or same day notice.
- Approve rides if the client scheduled an immediate medical appointment due to the urgency of their medical condition.

Brokerages may tell clients who request same-day transport on short notice that they will be transported as soon as transport can be arranged. The brokerage can call the medical provider to explain that the client may be late because timely transport is not available.

Brokerages may ask clients who request same-day transport for routine or non-urgent medical care (e.g., routine physical examinations; immunizations) to reschedule their appointments so that appropriate transport may be arranged. When doing this:

- Consider the caller's ability to arrange transportation in advance and whether the client will follow through with a future appointment.
- Determine possible further assistance.

## Documentation and data

Document all rides and client reimbursement for medical transportation expenses on the computer data base.

Maintain individual documentation for a variety of circumstances including when:

1. Clients have complaints about the service;
2. Clients are denied service for any reason;
3. Clients are in conflict with the program or program staff members such as demands for unapproved transportation modes or threats to call the governor;
4. Errors are made in transportation approval 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. Note 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. 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 approving transport. Brokerages may approve transport for existing clients it is reasonable to presume eligibility has not changed (for instance, if the client is permanently disabled). However, the brokerage assumes risk of financial loss if approving a ride without verification of eligibility.

Complete the Ride Request Form. Call the 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 must follow the same procedures. It is important that all documentation be consistent so that the data and reports are accurate and billing procedures correctly match ride approvals against billed rides.

## **Trip verification**

All brokerages must verify at least five percent of all ride requests prior to approval. Verification means that the brokerage confirms with the medical provider that the client actually has an appointment for an OHP-covered medical service.

The brokerage does not need to verify each medical trip requested by a client. Document all verifications in the computer data. Note 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 contact 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 them a HIPAA letter stating that they may share protected health information for the purpose of determining if the service is covered.

If medical providers still do 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 approving transportation. Verify attendance after the transportation is provided.

## **Contingency plans to ensure life-sustaining rides**

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

## **Extraordinary transports**

Occasionally a person may have to travel with special equipment or need special handling, such as the help of multiple attendants. In the case of an extraordinary requirement, you may negotiate any costs that differ from the contracted rate. Negotiate

very costly transports to try to obtain a reduced rate for the trip. Discuss the situation and the client's needs with the supervisor or brokerage manager before starting negotiations.

## **Approval for non-emergency ambulance transports**

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

The brokerage shall approve cost-effective, non-emergent ground or air ambulance when appropriate for an eligible client. Transport 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 transport.

To approve 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 OHP Fee-for-Service Fee Schedule.
- In unusual circumstances, an ambulance provider may require approval of costs that go above and beyond normal ambulance fees. This may occur when a client is bariatric and requires additional staff to assist moving the client, or other unique circumstances.
- Discuss all circumstances with the ambulance provider. If no provider is able to accommodate the OHP Fee Schedule rates, arrange transport 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 approve 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 OHP 405T, Medical Transportation Order, for the provider.
- The form must include the authorized payment amount.
- Under the block “Dollar Amount Authorized,” if the provider will bill according to the OHP Fee Schedule, write “Fee Schedule.” Otherwise, write in the total dollar amount authorized for the lowest bidder.
- Send a copy of the form to OHP Provider Services with subject line “405T” by:
  - Email: [DMAP.providerservices@oha.oregon.gov](mailto:DMAP.providerservices@oha.oregon.gov)
  - Fax: 503-945-6873; or
  - Mail: 500 Summer St NE, E44, 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 OHP Provider Services Unit, 800-336-6016.

For services provided to clients with both Medicare and Medicaid coverage, the ambulance company will bill Medicare first, prior to billing OHA or the member’s CCO, except when the services are not covered by Medicare.

## **Out-of-area trips**

Negotiate trips provided to clients to counties that are outside the brokerage service area. Obtain bids from three providers, if possible. Assign the lowest bidder the ride. Note all bids in the trip record.

## **Special considerations**

Approve stretcher car transport for clients who need transport in a prone or supine position.

## Local ordinances

Local ordinances regulate certain types of transports. The brokerage must follow these ordinances. This may create a need for rides in a mode other than requested.

## Out-of-area stretcher car rides

Negotiate out-of-area supine transports with a minimum of three companies. Assign the ride to the lowest cost provider. Note all bids in the trip record.

Use an ambulance transport with a medical technician 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 help with personal care during the ride.

## Transport not available

When an appropriate level of transport is not available to provide a necessary or urgent trip, approve the next higher level of transport. For example, if a taxi is not available, contact a wheelchair provider to see if they could provide the trip. Notify the client if approving a higher level of transport. The client may not want to use a different level of transport or be upset by the change.

## Denial of service

Brokerages may deny clients 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.

Before denying a transport, discuss the reason for denial with a supervisor or brokerage manager as an immediate second level of review. The supervisor or brokerage manager must approve denying the transport. If they approve the denial, send a Denial Letter to the client within 72 hours. In the letter, state the specific reason for denial and provide

information about how to request a review or fair hearing. Send a copy of the letter to the client's local ODHS office. Retain a copy of the letters 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 transport 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).
  - b. The client had other transportation available to them.
  - c. The transport was not to an OHP-covered medical service.

See the example Denial Letter in the appendix.

## **Complaints/ride denials**

When a brokerage staff member cannot 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 supervisor or brokerage manager reviews the complaints. 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 call OHP Client Service Unit at 800-273-0557 to talk to a customer service representative about a complaint. The client may submit a complaint in writing by using the online form at [OHP.Oregon.gov/CSU](http://OHP.Oregon.gov/CSU).

If a brokerage denies transportation, the client may complete an Administrative Hearing Request form (MSC 443) provided by the brokerage or available through local ODHS offices.

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. If the client needs help with other arrangements such as child care, the client should 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. Provide transportation for an attendant to travel with a client when:

- The client is under the age of 12,
- The attending physician has signed a statement that an attendant must travel with the client, or
- The client is mentally or physically unable to travel to or from the medical appointment 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.

A person who accompanies a client but who is not needed to provide personal assistance is a companion. Companions 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 transport.

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 who cannot drive may be eligible for mileage reimbursement for rides 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, the brokerage may approve the extra attendant(s). Additional charges may apply.

Example: An extremely obese client 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 so that they may provide the safest transport possible for the client.

### **No-show**

Clients who are not at the pickup point are considered “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 ODHS 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-shows may result in requiring the client to:

- 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, clients may need transportation to medical services on an "urgent" basis when the brokerage is not available to approve 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 ordered directly by clients 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 who 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 approval the following business day.

Some clients may use urgent rides to avoid going through the brokerage for necessary review and approval. 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 can 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 they did not receive them, do not replace the tickets or passes until you investigate and determine that is the appropriate course of action.
- A client may have the tickets or passes mailed to an alternate address or their local ODHS office if they have no permanent address or want to ensure receipt.
- Unless the client asks for an alternate mailing address, tickets for clients without a permanent address must always be mailed to the client's local ODHS office.

If a client calls to ask for more 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 they used the tickets so that you can enter the information into the database after the fact.



If a client using the bus requests tickets too late to receive them 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 ask for tickets 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 so that the brokerage can approve the most appropriate ride. Clients should also be encouraged to cancel or change ride arrangements as soon as the need for change is known.

Clients who do not use fixed route because they cannot climb the steps of a bus can ask the bus operator to use the lift to help them board. Inability to climb the steps is not in and of itself sufficient reason to approve alternate, more costly transport.

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

Approve bus transportation for clients who can use public transit, even if they use a mobility device or wheelchair 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.

Brokerages may approve clients 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 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 cannot or will not 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 a mail order pharmacy. 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 OHA's fee-for-service program (<http://www.oregon.gov/OHA/HSD/OHP/Pages/mailrx.aspx>).

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.

Approve NEMT for trips to the pharmacy only if:

- It is medically-necessary for a new prescription to be filled immediately,
- The 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 approve 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 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 local ODHS office for each no-show. The letter should outline 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
- Which modifications address the client's needs as well as the brokerage's health and safety concerns.

The brokerage or the client may also include the ODHS case worker or the client's CCO 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 anyone 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 also be approved for routine medical transportation.
- A healthy 24-year-old may be able to transfer twice to get to a medical appointment, but not a frail but otherwise healthy 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 approve a higher level of transport for the current trip. To approve future trips:

- Advise the client that you will ask their medical provider for a written explanation of why the client needs a higher level of transport.
- Ask the medical provider fax you the information.
- Document all information received. 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. Approve the the higher level of transportation if you determine it is necessary for the client.

(See Appendix for example of letter.)

## Communication with local ODHS offices

### General

Whenever you communicate in writing to a client, provide a copy to the client's local ODHS office, including but not limited to:

- Denial letters
- No-show letters

For the following, call the local ODHS 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 local ODHS office. If they have not, direct them to do so.

It is not a breach of confidentiality to share information with the local ODHS or the case manager about clients who use brokerage services.

## **Services for children**

Case managers may submit the initial trip order. The child's foster parent or therapist should request changes to trips and request to continue ongoing rides. The case manager should note the foster parent or therapist's names and phone numbers on the initial ride request. Brokerages must assess children age 13 and older and all children with attendants 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 attendant-reimbursed travel**

### **Guidelines**

The brokerage may approve payments for the client (or guardian, etc.) for travel expenditures to OHP-covered services. Brokerage personnel should check periodically to ensure that the payments are in fact for trips to and from OHP-covered medical services.

The brokerage must approve all NEMT in advance of the transportation. The actual transportation should occur prior to reimbursement unless the client cannot 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 reimburse clients for trips the brokerage did not approve.

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 accrue 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 more than two 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. Foster parents 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 approving 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 \$0.44 per mile. The mileage rate is all-inclusive. Do not approve additional reimbursement for gas, oil or other expenses related to mileage.

To calculate 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 the brokerage may approve additional miles.

After a medical appointment a client may need to make a pharmacy stop; it is acceptable to retroactively approve 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 approve 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
- The course of that travel spans the recognized “normal meal time.”

For reimbursement purposes meal allowance will be made for:

- Breakfast when travel begins before 6 a.m.
- Lunch -when travel spans the entire period from 11:30 a.m. through 1:30 p.m.
- Dinner when travel ends after 6:30 p.m.

When approving allowance for a full day of meals, reimburse the full amount of \$27 per day. Otherwise meal reimbursement is calculated using the following fee schedule:

- Breakfast: \$8.00
- Lunch: \$8.50
- Dinner: \$10.50

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



Do not approve meal allowances 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 a 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.

If the client must remain out of area to receive OHP-covered medical services for a lengthy period of time, the brokerage may want to arrange to send increments of money to the client by debit card or checks made payable to the client. The hospital social worker may be able to help arrange this.

## Lodging

Occasionally a client's medical appointment may require an overnight stay. The brokerage may reimburse for lodging is reimbursable when travel must begin before 5 a.m. to reach a scheduled appointment or when travel from a scheduled appointment would end after 9 p.m.

The brokerage should determine the actual lodging costs. If lodging is available below OHA'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 require an additional taxi ride to the facility. The brokerage needs to look at these options closely.

For out-of-state treatment, confirm that OHA or the client's CCO has approved the treatment.

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 with a legitimate medical need for multiple out-of-town appointments on different consecutive days. If it is cost-effective, the client may make one round trip and use 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 a 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. For longer stays it is sometimes less expensive for the client to rent an apartment near the facility than to pay \$98 a day for lodging.

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) for your brokerage to pay for meals and lodging. In some cases, the client will need ongoing appointments.

Rather than paying for mileage/food/lodging piecemeal after initial brokerage approval, the brokerage may ask the client to request submit reimbursement on a monthly basis. When this situation occurs, the client must provide the following documentation:

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

Retain all documentation in the brokerage record.

### **Extended duration stays**

Clients may sometimes require extended duration stays out of their local area due to extensive recovery time from surgeries, such as transplants. Because the client may be eligible for up to \$98 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 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

For alternate lodging, only reimburse up to the lesser of actual cost and aggregated \$98 per night.

- For example, if the client stays in a rented apartment for 30 days for \$800, reimburse \$800, not \$1,200.
- Pay the lodging facility directly if appropriate. Do not duplicate reimbursement to the client.

If the client requests meals or lodging but does not qualify, then do not approve. Issue a written denial.

State and federal regulations limit the amount of driving time to 10 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 approved for mileage reimbursement, do not expect clients to drive more than 10 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, the brokerage may pay for meals or lodging for one attendant when :

- The client is a minor child and cannot travel without an attendant;
- The client's attending physician has sent the brokerage a signed statement indicating the reason an attendant must travel with the client;
- The client is mentally or physically unable to reach their medical appointment without assistance; or
- The client is or would be unable to return home without assistance after the treatment or service.

The brokerage may approve reimbursement for only one attendant.

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

An attendant is not considered medically necessary during a client's stay in an inpatient facility. This is because the facility, not the attendant, provides all necessary services for the client. However, the brokerage may approve 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, approve 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 listed above, the brokerage may approve transportation for the attendant to the return to the inpatient facility to accompany the client on the return trip home . If the client is released from the hospital, but must remain in the area for further treatment, the brokerage may also approve food and lodging for a medically necessary attendant.

NEMT is covered only to help clients access medically-necessary services. NEMT does not cover transportation, meals and lodging for visiting aclient during their inpatient stay. This includes parents of minors, breastfeeding parents, spouses, etc. The brokerage may make an exception if a physician states that it is medically necessary for the attendant to be present.

The brokerage must also pre-approve meal reimbursement for the attendant. Do not approve a meal allowance when the motel provides one, such as breakfast. Do not approve meal allowances 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 allowance is available for an attendant only when the client and the attendant cannot stay in the same room. If the client and attendant share the same room, \$98.00 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 \$98 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 cash to pay for gasoline and hotel stays prior to receiving reimbursement.

- Only the brokerage manager may approve 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 the Office of Payment Accuracy and Recovery (OPAR) Overpayment Recovery Unit at 503-373-7772 (Salem area) or 800-273-0548 (toll free). When referring multiple overpayments to the same client, aggregate the total in the referral.

Note: OPAR can only recover overpayments that are at or above a minimum recovery amount. Most travel advances will not meet the minimum threshold, so OPAR cannot recover them. Brokerages must carefully evaluate any advance 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 where it can receive and respond to transportation requests approved by the brokerage at all hours stated in the transportation provider application. The provider must report changes in hours of service 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 of a change in the status of any local, state, or federal licenses or certifications.
3. If any information changes in the Agency Profile Section of the transportation provider's contract, the transportation provider shall provide the brokerage with updated information within 30 days of the changes.
4. The transportation provider or brokerage may propose changes in rates established by provider contract. They may do this at times other than the regular intervals agreed to under the contract.

## **Transportation provider documentation**

The transportation provider must retain ride authorization information the brokerage provides for at least three years.

Transportation providers shall provide transportation from Medicaid-reimbursable services only as approved by the brokerage. The transportation provider should retain records for examination during audits and site visits.

## **Transportation provider billing procedures**

### ***No-show policy***

The brokerage shall not reimburse a transportation provider if:

- A client is not at the appointed pick up location, date, and time, or
- 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.

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 brokerage shall reimburse the transportation provider for that transport.

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

### ***Donations for rides***

Medicaid payment for transportation services is considered payment in full. Medicaid clients are not required or expected to donate to the cost of the transportation when using transportation services. Make both clients and providers aware that any solicitation for reimbursement (including tips) by the transportation provider is not allowed.

## ***Shared rides***

If Medicaid clients share rides with non-Medicaid riders, the cost of the ride shall be shared among riders. Medicaid shall not supplant or supplement other funding sources (such as the share that non-Medicaid riders owe on a shared ride).

# **Appendix**

## **A. Client reports (CSI) - The brokerage procedures**

The purpose of this procedure is to ensure that complaints and compliments are documented, and the appropriate action is taken 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 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 reported incident is serious nature and could endanger either a client or staff member, putting them at risk of being harmed, or has injured or victimized someone, immediately forward the report 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 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 OHP 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. 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 problem solving such as, "Let's 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 are problems that really can't be resolved or something that you think should change, tell the supervisor or brokerage manager. They can take action 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 fairly certain a caller will have ongoing complaints or issues with the program, document the substance (actual conversations) of each call. If you think or know the client will request a fair hearing, 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.

Keep separate files on each client who has a complaint that may be taken to a higher level. Documentation is also helpful to demonstrate a history or pattern of client behavior. It can also 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, OHP 3030

\*OAR stands for Oregon Administrative Rules and can be found online at  
[OHP.Oregon.gov/Rules](http://OHP.Oregon.gov/Rules).

### ***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. The transportation company reported that when they arrived, you:

- Were not home or
- Turned the ride down.

Did you have an unusual situation that made you unable to take the ride? If you had a situation such as a medical emergency or problem with the ride provider, please call us. 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. Our call center is open from \_\_\_\_ to \_\_\_\_ Monday to Friday (excluding holidays). You may also leave a message after hours to cancel a ride.

Please understand that when you do not take a trip you asked for, this may make the driver late. When this happens, other clients will get to their medical appointments late. Transportation companies get paid only for trips that are taken. They do not get paid 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*

Date

Dear Oregon Health Plan Provider,

Thank you for asking about medical transportation and protected client information. The Oregon Health Plan covers medical transportation resources for clients with OHP Plus or OHP Bridge benefits. This helps members attend Oregon Health Plan covered medical services. [Brokerage name] serves clients in your area. Their provider number is [enter provider number].

Brokerages may request and use client protected health information to determine eligibility for services. This means the brokerage may ask:

- Whether the client has a scheduled appointment,
- Whether the client has attended an appointment,
- Specific information about the service the client will get at the appointment. This is to verify that the appointment is for a covered service.
- If the appointment is outside the client's local area, whether the client can get the service locally.
- Whether the client is physically and mentally able to use certain types of transportation.

The brokerage must protect this information and ensure client privacy and safety. This is required by their agreement with the Oregon Health Authority and applicable Health Information Portability and Accountability Act (HIPAA) regulations.

Please let me know if you require any additional information.

Sincerely,

(Medical Transportation analyst name)

(Email address)

(Phone number)

## D. Covered transports

### *Covered transports*

OHA will reimburse for medical transportation, for OHP clients eligible through Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program). For exceptions see Not Covered Transports in this guide. OHA will also reimburse for TANF eligible clients unless non-emergent transportation is excluded from the client's benefit package. Reimbursement for medical transportation is only 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 primary care provider (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/OHA whether client is going to an OHP-covered service. For adults, 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). OHA and CCOs must review services for clients under age 21 for medical appropriateness and medical necessity if they are below the funding line.

- Administrative Medical Exam (the member must have the Admin benefit package and the local ODHS office must complete the OHP 729 form in order for the claim to be paid).
- Adjustments or special fittings of durable medical equipment (DME, such as adjustment of prosthetics/orthotics or fitting for a seating system) that can be done only at 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 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 CCOs to provide mental health and/or alcohol and drug services.)
- Moving a client 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. It does not include moving between the same setting type (e.g. adult foster home to adult foster home). The change in the level of care must be due to a change in the client's condition that is noted in their care plan.
- Naturopathic service
- Nurse practitioner service
- Nursing facility service
- Pharmaceutical service only if it is medically-necessary for a new prescription to be filled immediately, the eligible client is already traveling for an OHP-related medical appointment and the pharmacy is located on the way or is the closest

available pharmacy, or there are no other methods of obtaining the prescription.<sup>1</sup>

- Physical and occupational therapy
- Transports to swimming pool therapy 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 OHA.
- Speech/hearing/audiology service
- Transplant. Must be authorized by OHA’s Transplant Coordinator or the client’s CCO.
- Vision service (including ophthalmic services)
- Transports to Title XIX (Medicaid) psychiatric hospitals for inpatient or outpatient services (covered for clients of all ages)

### ***Not covered transports and related services***

Following are examples of services/situations where OHA will **not** reimburse for medical transportation:

- Transportation for a client whose benefit package excludes non-emergency transportation (e.g., Qualified Medicare Beneficiary).
- Transportation for a client whose ride was not reviewed or approved by the local brokerage (this does not include ambulance transport).

---

<sup>1</sup>Remember: Most pharmacies now provide free delivery of prescriptions. Also, OHP home delivery pharmacy services are available for clients on maintenance medications who can reasonably use 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.

Additional information is available on the OHA Website at [www.oregon.gov/oha/hsd/ohp/pages/mailrx.aspx](http://www.oregon.gov/oha/hsd/ohp/pages/mailrx.aspx).

- Secured transports to non-Title XIX (Medicaid) facilities. Local ODHS offices must research before completing a 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. See OAR 410-136-3120(4). This written documentation must be retained in the brokerage record for OHA review.
- Returning a client from any foreign country to any location within the United States for medical care because that care is not available in the foreign country. See OAR 410-136-3080(3)(a).
- Returning a client to Oregon from another state when the client was not in the other state to get OHP-approved services and/or treatment. See OAR 410-136-3080(3)(b).
- Transportation for QMB-only clients: These clients have the “MED” benefit plan in MMIS. . OHA pays only 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.)
- Special Low-Income Medicare Beneficiaries: These are not OHP clients. They have the “SMB” benefit plan in MMIS. These clients do not get a Medical ID card and OHA does not pay for any medical services.)
- 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 PCP services outside of the client’s local area when a PCP 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 (Medicaid) dollars cannot be used to reimburse the facility for treatment or services, unless prior approved by OHA 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 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 brokerage may have approved transport.
- 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 Office of Developmental Disabilities? caseworker for group or individual counseling or other sessions. (Transports for mental health and substance use disorder counseling are allowed).
- Transportation to pick up purchased or repaired DME. Administrative rules for DME state that pickup or delivery of purchased/repared equipment is included in the purchase or repair price of the item.



- Additional paid transports 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 transported in the same vehicle at no cost.
- Transports provided to ineligible clients. Always verify client eligibility before approving transports.
- Transportation to obtain an exam ordered by Social Security, ODHS Office of Vocational Rehabilitation, etc. For Title XIX (Medicaid) purposes, these exams are not considered medically necessary. ODHS has funding to pay for transports to exams required by Vocational Rehabilitation.
- Transports for the sole purpose of nursing facility “shopping” (i.e., the client is already in the nursing facility, looking for another facility), 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. (ODHS may have non-medical funds to assist with these costs.)
- Transports to move client’s personal possessions (e.g., TV or furniture) from home or facility to another facility, or pick up a deceased client’s medical equipment purchased by OHA. (This equipment becomes a part of the estate of the deceased.)
- Transports to obtain prescriptions that are 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 all inclusive; it is for illustrative purposes only.

#### **E. Fee schedule – client/attendant reimbursed travel**

Private car mileage: \$0.44 per mile

Client or attendant meals: \$27.00 per day (Breakfast \$8.00, Lunch \$8.50, Dinner \$10.50)

Client lodging: \$98.00 per night

Attendant lodging: \$98.00 per night (if staying in separate room)

## **F. Resources**

### ***OHA resources***

#### **Joan Lofamia**

Medical Transportation Policy Analyst, OHP

[Joan-Stephanie.T.Lofamia@oha.oregon.gov](mailto:Joan-Stephanie.T.Lofamia@oha.oregon.gov)

(971) 209-6348

#### **Michelle Meuwissen**

Medical Transportation Policy Analyst, OHP

[MICHELLE.M.MEUWISSEN@oha.oregon.gov](mailto:MICHELLE.M.MEUWISSEN@oha.oregon.gov)

(503) 551-4973

#### **Nathan Roberts**

Medicaid Program FFS Operations Manager, OHA

[nathan.w.roberts@oha.oregon.gov](mailto:nathan.w.roberts@oha.oregon.gov)

(503) 752-6540

### ***Other resources***

Transportation brokerages and service area map

<https://www.oregon.gov/OHA/HSD/OHP/Tools/Transportation-Brokerage-Map.pdf>

Oregon Administrative Rules (OARs) for Medical Transportation

[www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Medical-Transportation.aspx](http://www.oregon.gov/OHA/HSD/OHP/Pages/Policy-Medical-Transportation.aspx)

Ronald McDonald House

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

### ***Air ambulance companies enrolled with OHA***

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.

<b>Company</b>	<b>Telephone</b>	<b>Website</b>
<b>Access Air Ambulance</b> <b>Boise, ID</b>	208-389-9906	NA
<b>Air Life of Oregon</b> <b>Bend, OR</b>	541-385-6305	<a href="http://www.airlife.org">www.airlife.org</a>
<b>Air St. Lukes Boise RMC</b> <b>Boise, ID</b>	877-785-8537	<a href="http://www.stlukesonline.org">www.stlukesonline.org</a>
<b>Airlift Northwest</b> <b>Seattle, WA</b>	800-426-2430	<a href="http://www.airliftnw.org">www.airliftnw.org</a>
<b>AirLink Critical Care</b> <b>Bend, OR</b>	800-353-0497	<a href="http://www.stcharleshealthcare.org">www.stcharleshealthcare.org</a>
<b>American Medflight</b> <b>Reno, NV</b>	800-799-0400	<a href="http://www.americanmedflight.com">www.americanmedflight.com</a>
<b>Cal-Ore Life Flight</b> <b>(Westlog)</b> <b>Brookings, OR</b>	541-469-7911	<a href="http://www.cal-ore.com">www.cal-ore.com</a>
<b>Bay Cities Air Ambulance</b> <b>Coos Bay, OR</b>	541-266-4300	N/A
<b>Emergency Airlift</b> <b>(Reno Flight Services)</b> <b>Reno, OR</b>	541-756-6802	<a href="http://www.emergencyairlift.com">www.emergencyairlift.com</a>
<b>Life Flight Network</b>	503-678-0206	<a href="http://www.lifeflight.org">www.lifeflight.org</a>
<b>Medic 1</b> <b>Irvindale, CA</b>	800-347-3262	<a href="http://www.medic1.net">www.medic1.net</a>
<b>Mercy Flights</b>	800-903-9000	<a href="http://www.mercyflights.com">www.mercyflights.com</a>
<b>Northwest Medstar</b> <b>Inland NW Health</b> <b>Services</b> <b>Spokane, WA</b>	800-572-3210	<a href="http://www.nwmedstar.org">www.nwmedstar.org</a>
<b>PHI Air Medical</b>	800-421-6111	<a href="http://www.phiairmedical.com">www.phiairmedical.com</a>

Company	Telephone	Website
<b>Premier Jets</b>	503-640-2927	<a href="http://www.premierjets.com">www.premierjets.com</a>
<b>REACH Air Medical (Mediplane, Inc.) Santa Rosa, CA</b>	541-257-2600	<a href="http://www.mediplane.com">www.mediplane.com</a>
<b>St. Alphonsus RMC Boise, ID</b>	208-367-2121	<a href="http://www.saintalphonsus.org">www.saintalphonsus.org</a>

## G. Forms

### *OHP 405T Medical Transportation Order*

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he0405t.pdf>

---

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Medicaid Programs at [medicaid.programs@oha.oregon.gov](mailto:medicaid.programs@oha.oregon.gov) or 503-945-5772. We accept all relay calls.

Health Systems Division  
Medicaid Programs  
500 Summer St NE  
Salem, OR 97301  
503-945-5772  
[Oregon.gov/OHP](http://Oregon.gov/OHP)

