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Chapter 1

LogistiCare Role and Responsibilities

- Serve as Gatekeeper for the service area
- Verify beneficiary’s Medicaid eligibility
- Verify the trip purpose is to receive a Medicaid compensable service
- Utilize the most appropriate and cost-effective mode of transportation
- Provide reports to AHCA
Chapter 2

Service Delivery

Gatekeeping

Is the verification that a caller is actually an eligible Medicaid beneficiary, that Medicaid transportation is needed and that the appropriate type of transportation is authorized. Gatekeeping is the process that:

- determines beneficiary eligibility
- assesses beneficiary need for NET services
- determines the most appropriate transportation method to meet the beneficiary’s need, including the special requirements for beneficiaries who are medically fragile or who have physical or mental impairments; and
- identifies those activities that are limited or excluded from consideration

Service Area

LogistiCare contracts with AHCA in regions 1, 2, 9, 10 and 11, which covers the following counties;
Chapter 2

Service Delivery (continued)

Service Area (continued)

Region 1 - Escambia, Okaloosa, Santa Rosa, Walton
Region 2 - Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington
Region 9 - Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
Region 10 - Broward
Region 11 - Miami Dade and Monroe

Requests for Services

- Transportation requests are allowed directly from the beneficiary; adult family member on behalf of a minor beneficiary; guardian responsible for beneficiary, and licensed healthcare professionals on behalf of the beneficiary.
Requests for Services (continued)

- Requests for transportation must be made at least 3 workdays prior to the appointment date. Routine reservations can be made Monday-Friday 8am-5pm by calling 1-866-726-1457. Three workdays or more advance scheduling includes the day of the call but not the day of the appointment.

- Requests for transportation within 3 workdays are considered to be urgent. "Urgent" requests will be confirmed with the treating healthcare provider. Example of “Urgent” requests are Hospital Discharges, pre- and post-op visits, etc.

- Transportation services are available 24 hours a day, seven days a week, 365 days a year.

- If you are in need of emergency transportation, please call 911

Who is Eligible for Medicaid NET Services

Recipients in any of the following programs or eligibility categories are eligible to receive transportation services, if they are not enrolled in a managed care plan:
Chapter 2

Service Delivery (continued)

Who is Eligible for Medicaid NET Services (continued)

- Low income families and children;
- Temporary Assistance to Needy Families;
- Foster Care Children;
- Sixth Omnibus Budget Reconciliation Act (SOBRA);
- Supplemental Security Income (Aged, Blind, Disabled);
- MEDS Aged/Disabled (AD);
- Hospice;
- Full Dual;
- Institutional Care;
- Presumptively Eligible Pregnant Women, and
- Medically Needy.

Who is Ineligible for Medicaid NET Services

Recipients in any of the following programs or eligibility categories are not eligible to receive non-emergency transportation services.
Who is Ineligible for Medicaid NET Services (continued)

- Medicaid recipients who are enrolled in an MMA plan for their medical services;
- Medicaid recipients who are enrolled in an LTC plan for their long-term care services;
- Medicaid recipients who have their own means of transportation;
- Medicaid recipients who, at the time of application for enrollment and/or at the time of enrollment, reside in an institution with the exception of nursing facilities;
- Qualified Medicare Recipients (“QMBs”), Special Low Income Medicare Recipients (“SLMBs”), Qualified Medicare Recipients Renal Dialysis (“QMBRs”), or Qualified Individuals at Level 1 (“QI-1s”);
- Medicaid recipients who reside in residential commitment programs/facilities operated through the Department of Juvenile Justice (DJJ);
- Undocumented non-citizens, and
- Medicaid recipients who are enrolled in the Family Planning Waiver.
Levels of Transportation

- **Ambulatory Vehicle** - appropriate for ambulatory persons who can enter and exit a vehicle with minimal to no assistance. Ambulatory vehicles may include buses (public transit), vans, sedans, mini-vans, and taxis.

- **Wheelchair Vehicle** - The beneficiary has a disabling physical condition which requires the use of a wheelchair, walker, cane, crutches or brace and is unable to use a multiload vehicle, commercial taxi or public transportation.

- **Stretcher Vehicle** - Stretcher service is required for beneficiaries who are non-ambulatory and need assistance to be transported to and from the vehicle and the health care provider in a reclining position. No flashing lights, sirens, or emergency equipment are required.

- **Non emergent BLS/ALS** - Non-emergency ambulance services are appropriate when the recipient requires basic or advanced life support services during transport in order to be safely transported.
Chapter 2

Service Delivery (continued)

Non emergent BLS/ALS— (continued)

- The following are examples of conditions that may warrant the use of an ALS or BLS non-emergency ambulance service. The recipient is:
  - continuously dependent on oxygen that must be administered by trained personnel;
  - classified as an American Heart Association Class IV patient with disease of the heart and is unable to carry on any physical activity without discomfort, has symptoms of cardiac insufficiency or anginal syndrome even at rest;
  - is receiving intravenous treatment;
  - is heavily sedated;
  - is comatose, or
  - is being transported after pneumo-encephalogram, myelogramm, spinal tap, or post cardiac catheterization.
Pick Up and Drop off Times

- Beneficiaries must be dropped off at the medical service provider’s location on or before the appointment time.
- The transportation provider is allowed a 30 minute window to pick up the beneficiary from their residence or on the return trip from the doctor.
- For will call returns, the beneficiary must allow 60 minutes from the time LogistiCare is notified for transportation to arrive.

Trip Cancellation and No-Shows

- Beneficiaries should notify LogistiCare to cancel a trip with at least 24 hours notice prior to the appointment date.
- If a beneficiary is a habitual no-show, LogistiCare will report to AHCA for counseling and proper use of NET services, possibly resulting in a suspension of service.
Chapter 2
Service Delivery (continued)

Escorts

- An escort is an individual whose presence is required to assist a beneficiary during transport and at the place of treatment. The escort leaves the vehicle at its destination and remains with the beneficiary. An escort must be of an age of legal majority recognized under Florida law.

- **Availability of Alternative formats**

  If you need to translate this manual or you need to get the information in another format like Braille or Larger print, for FREE, call 1(866) 726-1457
Chapter 3

Service Denial

LogistiCare may deny a trip request in certain circumstances. If a trip request is denied, the beneficiary has the right to appeal the decision. The beneficiary may appeal the decision through the Department of Children and Family. LogistiCare may deny a request when the beneficiary:

- Refuses to cooperate in determining the status of Medicaid NET eligibility;
- Refuses to provide the documentation requested to determine need for Medicaid NET services;
- Is found to be ineligible for Medicaid NET services on the basis that the information provided cannot be otherwise confirmed;
- Exhibits uncooperative behavior or misuses/abuses Medicaid NET services;
- Is not ready to board Medicaid NET transport five (5) minutes after the vehicle has arrived, or
- Fails to request a reservation three (3) workdays or more in advance of the medical appointment.
Chapter 3

Service Denial (continued)

Complaints and Fair Hearing

- **Filing a complaint** - A beneficiary or authorized representative may call 1-866-726-1458 to file a complaint or email flserviceconserns@logisticare.com.

- **Fair Hearing Policy**

The Medicaid fair hearing policy and process is detailed in Rule 65-2.042, F.A.C. The beneficiary has the right to request a Medicaid fair hearing in addition to pursuing LogistiCare’s grievance process. Parties to the Medicaid fair hearing include LogistiCare, as well as the beneficiary and his or her representative. The beneficiary may request a Medicaid fair hearing within 90 calendar days of the date of the notice of action. The beneficiary or provider may request a Medicaid fair hearing by contacting Department of Children and Families at the Office of Public Assistance Appeals Hearings, 1317 Winewood Boulevard, Building 1, Room 309, and Tallahassee, Florida 32399-0700.
Chapter 3
Service Denial (continued)

Complaints and Fair Hearing (continued)

➤ You may also file a Grievance if you are unhappy with our service or if your complaint is not answered to your satisfaction within fifteen (15) business days by contacting Jennifer Cuesta at 1-800-698-8457 ext. 2457, Monday-Friday 8:00am-4:30pm or flserviceconsersns@logisticare.com.

➤ Your grievance must be answered within ninety (90) calendar days from the date filed. Our decision to not give you a ride, or only approving a part of the ride(s) you asked for is called an action. If an Action is made about your request for a ride, you have the right to file an Appeal (a request to review the action). You can file an Appeal within thirty (30) calendar days of the receipt to the Action. Be sure to identify who made the Action about your ride. To file an Appeal, call Jennifer Cuesta at 1-800-698-8457 ext. 2457, Monday-Friday 8:00am-4:30pm or flserviceconsersns@logisticare.com.
Chapter 3
Service Denial (continued)

Complaints and Fair Hearing (continued)

- Our decision to not give you a ride, or only approving a part of the ride(s) you asked for is called an **Action**. If an **Action** is made about your request for a ride, you have the right to file an Appeal (a request to review the action). You can file an Appeal within thirty (30) calendar days of the receipt to the Action. Be sure to identify who made the Action about your ride. To file an Appeal, call **Jennifer Cuesta at 1-800-698-8457 ext. 2457**, Monday-Friday 8:00am-4:30pm or **flserviceconsersns@logisticare.com**.

- If you call to request an Appeal, you must also give a written request for an Appeal within thirty (30) calendar days. Send your written request for an Appeal to **Jennifer Cuesta at 8600 N.W 36 Street- Suite 600-Doral, Fl. 33166** or **flserviceconsersns@logisticare.com**.

- You may request an Expedited Appeal (this means fast) if taking the time for a regular Appeal could put your health or life at serious risk. Your health condition will be verified with your doctor. To request an Expedited Appeal, contact **Jennifer Cuesta at 1-800-698-8457 ext. 2457**, Monday-Friday 8:00am-4:30pm or **flserviceconsersns@logisticare.com**.
Service Denial (continued)

Complaints and Fair Hearing (continued)

- In addition, at any point, during any of the above, you may ask for a Fair Hearing. The Fair Hearing allows you to ask the State of Florida to reconsider a decision made by a transportation provider or us. To request a Fair Hearing contact: Florida Department of Children and Families The Office of Appeals Hearings, Building 5, Room 255, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700 and by email at appeal.hearings@myflfamilies.com

- **What happens to my rides if I appeal or ask for a fair hearing?**
  You have the right to ask for your rides to continue during the review of your appeal or fair hearing. If the final decision agrees with our Action, you will have to pay for those rides.
Complaints and Fair Hearing (continued)

LogistiCare must:

1. Continue the beneficiary's benefits while Medicaid fair hearing is pending if:
   a. The Medicaid fair hearing is filed within 10 workdays of the date on the notice of action (add 5 workdays if the notice is sent via U.S. mail) or the intended effective date of the plan’s proposed action.
   b. The Medicaid fair hearing involves the termination, suspension, or reduction of previously authorized course of treatment;
   c. The services were ordered by an authorized provider;
   d. The authorization period has not expired, and
   e. The beneficiary requests extension of benefits.

2. Ensure that punitive action is not taken against a provider who requests a Medicaid fair hearing on the beneficiary’s behalf or supports a beneficiary’s request for a Medicaid fair hearing. If LogistiCare continues or reinstates beneficiary benefits while the Medicaid fair hearing is pending, the benefits must be continued until one of the following occurs:
Chapter 3

Service Denial (continued)

Fair Hearing (continued)

a. The beneficiary withdraws the request for a Medicaid fair hearing.
b. Ten (10) workdays pass from the date of the adverse decision and the beneficiary has not requested a Medicaid fair hearing with continuation of benefits until a Medicaid fair hearing decision is reached. (Add 5 workdays if the notice is sent via U.S. mail.)
c. A Medicaid fair hearing decision adverse to the beneficiary is made.
d. The authorization expires or authorized service limits are met.
Riders Have the Right to:

1. Be treated with common courtesy, respect and dignity;
2. Use your rights without punishment;
3. Privacy about your health;
4. Know who is providing transportation services;
5. Trips in cooled, heated, safe, clean and smoke-free vehicles;
6. Vehicles with working safety features;
7. Expect drivers to wait at least 5 minutes after arrival;
8. Be delivered to an appointment on time;
9. A pick-up/drop-off place that is sheltered, secure and safe;
10. A trained and friendly driver who wears a name-tag where you can see it;
11. Room for service animals;
12. The driver's help to get on/off vehicle and/or to the seat, without lifting the rider;
13. Ask the driver to explain what to do in an emergency;
Riders Have the Right to:
14. Get information about trips for emergency or urgent care;
15. File complaints, grievances, or appeals without fear that you will lose your ride;
16. Know that your complaint, grievance, and appeal will be heard and answered in a timely manner;

Riders Must:
1. Be ready and waiting for your ride in a location that is safe for being picked up
2. Cancel your ride at least 24-hours before a planned trip;
3. Be responsible for your actions if you refuse to follow the provider's instructions;
4. Provide all the information LogistiCare asks for when you request a trip;
5. Keep seat belts on until vehicle stops;
6. Stay in your seat until vehicle comes to a complete stop;
Chapter 4

Beneficiary Responsibility (continued)

7. Report any safety problems;
8. Keep wheelchairs or other equipment in good condition;
9. Not tamper with or use vehicle equipment;
10. Provide your own child seat, but you may get help from a driver to make sure the child seat is properly in place;
11. Tell LogistiCare about any disability needs; physical or mental problems; or other special needs you have;
12. Not behave badly. For example; foul language; not following driver instructions; or any threat to the safety and welfare of the driver, other passengers or motorists is not allowed.
13. Be clean.
14. When you call for a ride, tell LogistiCare about any special customs or needs you have;
15. Treat other riders; order takers, and drivers with common courtesy and respect.
Chapter 4

Beneficiary Responsibility (continued)

16. Give the driver the correct money- $1 to appointment; $1 return home unless;
   • Recipients under 21 years of age;
   • Pregnant women when the services relate to the pregnancy or to any other medical condition that may complicate the pregnancy or conditions or complications of the pregnancy extending through the end of the month in which the 60-day period following termination of pregnancy ends;
   • Recipients who require emergency services after the sudden onset of a medical condition which if left untreated would place the recipient’s health in serious jeopardy;
   • Recipients receiving services or supplies related to family planning;
   • Recipients who are enrolled in Medicaid health maintenance organizations (HMOs) or capitated Provider Service Networks (PSNs);
Chapter 4

Beneficiary Responsibility (continued)

• Recipients who are eligible under the Medicaid Institutional Care Program (ICP). To be exempt, ICP recipients must meet the Medicaid income and asset requirements, and be inpatients in long-term care facilities, hospitals, or other medical institutions where, as a condition of receiving services, they are required to spend all of their income for medical care costs, except for a minimum amount that is exempted for personal needs;
• Recipients enrolled in a Medicaid Prepaid Mental Health Plan when receiving a mental health service; and
• Recipients participating in a hospice program.

The driver will ask you for payment before you ride the vehicle. We will not deny you service just because you don’t have your payment at the time of your trip.
Chapter 4
(continued)

- **Reporting Fraud and Abuse**
  To report fraud, misuse, abuse or overpayment of Medicaid transportation, contact Ileana Ceberio at 1-800-698-8457 ext. 2472 or ileana.ceberio@logisticare.com.

- **Misuse of Medicaid Non-emergency Services**
  In situations where it appears that a beneficiary may be misusing Medicaid NET services, either by over utilization or for purposes other than to receive medical care, LogistiCare will inform AHCA. An investigation may be warranted by the appropriate authorities to determine if misuse is actually taking place. In addition, the beneficiary will be warned that no Medicaid transportation will be authorized unless the medical necessity for it is documented.
Privacy

We will not use or share your private health information in any way that is not allowed by law. The law is called the Health Insurance Portability and Accountability Act. There are steps in place that stop the illegal use of your private Information. We protect your private information when it is sent through a phone, fax, computer or other systems. We will only send this information for your benefit.