Welcome to the LogistiCare (LGTC) Web Seminar:

Access Medicare
Affinity Health Plan
Amerigroup New York
Elderplan New York / Homefirst New York
Nassau County DSS
Senior Whole Health New York
United Healthcare Community Plan
WellCare of New York

Non-Emergency Transportation Program Protocols
What is changing?

- Access Medicare
- Affinity Health Plan
- Amerigroup New York
- Elderplan New York / Homefirst New York
- Nassau County DSS
- Senior Whole Health New York
- United Healthcare Community Plan
- WellCare of New York

Selected LogistiCare to manage Non-Emergency Transportation (NET) services for their Medicare and Medicaid members in certain counties in the State of New York.
What counties and what types of NET?

Types of NET

- Gas Reimbursement
- Livery
- Mass transit
- Ambulette

Note: Prior approval from the Health Plan is required for transports over 30 miles for United Healthcare Community Plan, Affinity, Amerigroup and Elderplan/Homefirst NY members. WellCare MLTC members must also obtain prior approval for trips over 30 miles.

Prior approval is not required for transports over 30 miles for WellCare Medicaid/Medicare/Liberty members.

Note: Stretcher Van for Senior Whole Health and Elderplan New York is ONLY for wheelchair members who must be moved up or down four or more stairs.

Please refer to next page for covered Counties.
# New York Health Plans Covered Counties (Chart 1)

## Counties (Chart 1)

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>Access Medicare</th>
<th>Affinity Health Plan</th>
<th>Amerigroup New York</th>
<th>Elderplan New York</th>
<th>Homefirst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Medicare</td>
<td>Medicaid Managed Care (MMC) and Medicare</td>
<td>Medicaid, FHP (19 &amp; 20), CHP, Managed Long term Care (MLTC) and Medicare</td>
<td>Medicaid Advantage and Medicaid Advantage Plus</td>
<td>Managed Long Term Care (MLTC)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Transportation</th>
<th>Livery, Ambulette</th>
<th>MMC: Mass Transit, Gas Reimbursement, Livery, Ambulette</th>
<th>Medicaid, FHP, CHP: Mass Transit, Ambulette, Stretcher</th>
<th>Livery, Ambulette, Gas Reimbursement, Stretcher Van</th>
<th>Livery, Ambulette, Gas Reimbursement, Stretcher Van</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographical Regions</td>
<td>Bronx, New York, Queens</td>
<td>MMC: Bronx, Kings, Nassau, New York, Queens, Richmond, Suffolk, Westchester</td>
<td>MLTC: Queens, Kings, Richmond, Medicaid: New York, Kings, Queens, Bronx, Richmond, Putnam, Nassau</td>
<td>Bronx, Kings, New York, Queens, Richmond, Westchester</td>
<td>Bronx, Kings, New York, Queens, Richmond, Westchester</td>
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<tr>
<td></td>
<td></td>
<td>Medicare: Bronx, Kings, Queens, New York, Richmond</td>
<td>Medicaid, FHP, CHP: Queens, Brooklyn (Kings), Bronx, Manhattan, Staten Island (Richmond) and Nassau</td>
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<td></td>
</tr>
</tbody>
</table>
New York Health Plans Covered Counties (Chart 2)

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>Nassau County DSS</th>
<th>Senior Whole Health New York</th>
<th>United Healthcare Community Plan</th>
<th>WellCare of New York, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
<td>Medicaid</td>
<td>Managed Long Term Care (MLTC), Medicaid Advantage, Medicaid Advantage Plus</td>
<td>Medicaid Managed Care (MMC) &amp; (FHP)</td>
<td>Medicaid Managed Care (MMC), Family Health Plus (FHP 19 &amp; 20 y/o), Managed Long Term Care (MLTC) – Advocate and Advocate Complete, and Medicare</td>
</tr>
<tr>
<td>Type of Transportation</td>
<td>Livery, Ambulette, Stretcher Van and Commercial Air trip with DSS approval.</td>
<td>Livery, Ambulette, Gas Reimbursement</td>
<td>MMC: Mass Transit, Gas Reimbursement, Livery, Ambulette</td>
<td>MMC, FHP: Mass Transit, Gas Reimbursement, Livery, Ambulette and Stretcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medicare: Livery, Ambulette</td>
<td>MLTC, Medicare: Livery, Ambulette</td>
</tr>
<tr>
<td>Geographical Regions</td>
<td>Nassau</td>
<td>Bronx, Kings, New York, Queens</td>
<td>MMC: Bronx, Kings, Nassau, New York, Onondaga, Queens, Richmond, Suffolk</td>
<td>MMC: Albany, Bronx, Kings, Queens, New York</td>
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<td>FHP (19 &amp; 20 y/o): Cayuga, Herkimer, Oneida, Oswego, Madison</td>
<td>FHP (19 &amp; 20 y/o): Albany, Dutchess, Orange, Ulster, Rensselaer, Rockland, Bronx, Kings, Queens and New York</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Medicare: Bronx, Kings, Queens, New York, Nassau, Richmond</td>
<td>MLTC: New York, Bronx, Kings, and Queens</td>
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<td>Medicare: Downstate: Bronx, Kings, Queens, New York, Nassau</td>
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<td>Upstate: Albany, Rensselaer, Schenectady, Dutchess, Ulster, Orange, Rockland, Monroe, Wayne, Westchester, Erie, Niagara, Suffolk, Onondaga and Schenectady</td>
</tr>
</tbody>
</table>
What number to call to schedule Non-emergency transportation? (Chart 1)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Access Medicare</th>
<th>Affinity Medicaid</th>
<th>Affinity Medicaid</th>
<th>Amerigroup Medicaid, FHP (19 and 20, CHP</th>
<th>Amerigroup MLTC</th>
<th>Amerigroup Medicare</th>
<th>Elderplan New York</th>
<th>Homefirst</th>
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</thead>
</table>

- **866-428-2351** is the **facility phone number**, set up for the exclusive use of health care facilities. Call to speak to one of our Facility Department Specialists about a standing order, medical necessity form, or to request a demand response/episodic trip for one of your patients. Hospital discharge planners can call this number to schedule a discharge.

- **877-457-3334** is the **fax number exclusively for facilities**.

- **877-272-3768** is the **fax number exclusively for Nassau County DSS facility**.

- For questions and concerns regarding the non-emergency program, calls can be directed to Eileen Fannon, Healthcare Manager, at **866-684-0409 x262**.
What number to call to schedule Non-emergency transportation? (Chart 2)

<table>
<thead>
<tr>
<th>Nassau County DSS</th>
<th>Senior Whole Health New York MLTC, Medicaid Advantage and Medicaid Advantage Plus</th>
<th>United Healthcare Community Plan</th>
<th>WellCare Medicaid/FHP</th>
<th>WellCare MLTC/Advocate and Advocate Complete</th>
<th>WellCare Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>WMR</td>
<td>877-813-5603</td>
<td>877-564-0574</td>
<td>866-913-2498</td>
<td>866-417-0294</td>
<td>866-430-0570</td>
</tr>
</tbody>
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When to call to schedule NET?

- **To schedule routine transport**, call Monday to Friday, 8:00 a.m. to 5:00 p.m., except on national holidays when offices are closed, to book routine transportation.

- **Call how far in advance?** Affinity, Elderplan/Homefirst New York, United Healthcare Community Plan and WellCare Medicaid—three business days (72 hours).

- Amerigroup Medicare, MLTC, Balance, Special Needs, Medicaid/FHP/CHP and WellCare MLTC—two business days (48 hours).

- How about **urgent transportation** that is not a 911 emergency? We take those calls 24 by 7.

- **Who can call?** Members (16 years or older), their families, care givers or medical providers. Amerigroup, Senior Whole Health and Elderplan/Homefirst New York members (18 years or older or emancipated minors), their families, care givers or medical providers.
Mass transit information

- Mass transit is the first mode of transportation, where available and suitable for the physical condition of the client. If available and suitable it will be the mode of transportation for ambulatory members who reside less than ¾ of a mile (or within 10 blocks within NYC) from a transit stop and can walk that distance unescorted.

  - There are no distance requirements for WellCare Medicaid/FHP.
  
    - WellCare MLTC, WellCare Medicare, Affinity Medicare United Healthcare Community Plan Medicare, Amerigroup Medicare and Elderplan/Homefirst New York members are not required to take mass transit.

- Mass transit riders will be asked to schedule 10 days in advance to accommodate mailing time of metro cards.

- Hospitals, Programs, and Facilities providing MetroCards will utilize the Authorization of MetroCard Log.
# Authorization of MetroCard Log

**Authorization for MetroCards Log**

**Hospital – Facility Program**

- **Month_________**  
- **Year______**

**Name of Health Care Facility:** ________________________________

<table>
<thead>
<tr>
<th>Date of Service/Metro Cards Distributed</th>
<th>No. of Metro cards Dist. For specialty visits</th>
<th>Medicaid ID #</th>
<th>DOB#</th>
<th>Name of member</th>
<th>Member signature</th>
<th>Check box (C=child, M=member, E=Escort)</th>
<th>Cash Benefit Paid</th>
<th>No. of cards distributed for the office visit</th>
<th>Total $Amount per cards</th>
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**Signature of Health Facility Personnel:** ________________________________  
**Date:** ________________

*(Print Name)*

Attach a separate Reimbursement Request Form for each health plan submission:
- Affinity Health Plan
- Amerigroup
- United HealthCare Community Plan
- WellCare Health Plan of NY, Inc.

Fax information in its entirety to the attention of Arturo Paniccia at 877-457-3334.
Physician’s Transportation Restriction Form

The purpose of this form is for physicians to communicate to LogistiCare specific transportation restrictions of patients due to a medical condition. The restrictions and requirements declared by physicians using this form will be used by LogistiCare to arrange the best means of transportation for the patient as defined by the health plan. THEREFORE THE STATEMENTS MADE BY PHYSICIANS REGARDING PATIENT TRANSPORTATION RESTRICTIONS ARE MADE UNDER PENALTY OF MEDICAID FRAUD.

Today’s date: ____________________________

Patient’s Name: ____________________________

Patient’s Medicaid ID Number: ____________________________

Patient’s D.O.B.: ____________________________

To be Completed By Physician (Please Print where applicable):

Transportation Needs: (Please check ALL that apply)

- Patient is medically unable to walk .70 mile or 10 blocks.
- Patient is medically unable to be driven by friend or family member.
- Patient is medically unable to use public transportation.
- Patient is medically able to use public transportation.
- Patient is medically able to use public transportation ONLY if accompanied by a companion.
  (In such case LogistiCare will pay for companion fare.)
- Patient needs wheelchair vehicle.
- Other needs (specify): ____________________________

Does this patient travel by public transportation for other purposes such as shopping, etc.?

Yes ______ No ______

Date(s) of medical appointments: __________________________________________________________

If patient is unable to use public transportation, please describe the medical condition that requires livery or wheelchair transportation:

________________________________________________________

Period of incapacity: 60 days ______ 90 days ______ 180 days ______

Explain:

________________________________________________________

Physician’s Name (print):

________________________________________________________

Physician’s phone no.: (______) _______ - __________

Medicaid Provider Number: ____________________________

Please make sure form is filled out accurately and completely before signing.

Physician’s Signature: X __________________ Date: ______________

Please return form by facsimile to 877-457-3334, to the attention of Laurie MacCalla, RN.

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Information Facts and Forms

- Enter the LogistiCare Website:  www.logisticare.com
- Choose the option Healthcare Facilities
- Select FAQs & Forms
Select State – New York
Select Downloads

LogistiCare New York Facility Network Home

Effective October 10, 2011, LogistiCare will provide NET services for Amerigroup Medicaid, FHP (19 and 20 year olds), CHIP, Managed Long Term Care, Medicare, and Medicaid Advantage plan members.

Effective January 1, 2011, LogistiCare will provide NET services for Access Medicare, WellCare NY Medicaid Advantage (Liberty), and AmeriChoice by United HealthCare Dual Advantage plan members.

Effective December 1, 2010 LogistiCare will provide NET services for WellCare of New York for the WellCare NY Medicaid (Healthy Choice), Family Health Plus (19 and 20 year olds), and Managed Long Term Care (Advocate and Advocate Complete) plan members.

Effective April 21, 2010 LogistiCare has been authorized by AmeriChoice Health plan to coordinate ALS/IBLS transportation request for members traveling from their home to a medical appointment. (Facility to Facility Transports are NOT coordinated by LogistiCare)

To request transportation for a member traveling from their home to a medical appointment please call the LogistiCare Facility Line at 1-866-428-2351. All other ALS/IBLS or SCT transportation request must be authorized by AmeriChoice by United Health NY. For authorization please contact the Prior Authorization Unit at 1-888-604-3267.

Welcome to the LogistiCare Facility web site for health care facilities serving Medicaid - Medicare members of the Affinity, Amerigroup, United Healthcare Community Plan, WellCare of New York, Inc., Access Medicare, Amerigroup and WellCare MLTC, Medicare and Medicaid plans. This site hosts information and forms that medical facilities in New York can use to schedule transportation for their Medicaid and Medicare members.
Select Single Trip Form/Download
Select – Single Trip Reservation Form

Single Trip Reservation Form
Facility Department
P.O. Box 464, North Haven, CT 06473
Facility Line: 866-428-2351
Facility Fax: 877-457-0334

"PLEASE COMPLETE ALL AREAS OF FORM OR TRIP WILL NOT BE SCHEDULED" (MUST BE SUBMITTED NO LATER THAN 72 HOURS PRIOR TO THE APPOINTMENT)

*Facility Name: ____________________________
*Person Requesting: ____________________________

***** Traveling with Aid/Comp: Yes or NO *****

*Patient/Client Name:
Last: ____________________ First: _______________ Social Security #: ________________

*Date of Birth: __/__/____  Medicaid ID #: ____________________________

DSS Worker Name & Phone Number (if pending T.19) ____________________________

*Phone: (____) _______ - _______  Fax #: (____) _______ - _______

TRANSPORT APPOINTMENT

*APPOINTMENT TYPE/REASON: ____________________  *DATE ____________________
*APPOINTMENT TIME: ________  ESTIMATED RETURN TIME: ________
CONFIRMATION #: _______  PICK-UP TIME: _______

"ALL BELOW INFORMATION IS REQUIRED. IF ANY FIELD IS LEFT BLANK NO RIDE WILL BE SCHEDULED."

Pick-up Location/Address: ____________________________ Suite/Room: # __________
City/Town: _______________ ZIP CODE: ___________ Phone: (____) _______ - _______

Drop-off Location/Address: ____________________________ Suite/Room: __________
City/Town: _______________ ZIP CODE: ___________

Dr.'s Name: _______________ Phone #: (____) _______ - _______

Type of transportation requested: (select one):
TRIP WILL BE SCHEDULED AS LIVERY IF LEVEL OF TRANSPORT NOT SELECTED

Livery (Car) ____ (Curb to curb service)
Ambulance _______ (Member has wheelchair). Medical reason: ______________________
Requested Provider: ______________________

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Questions - Discussion