

**Spanish** — Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (V/TTY).

**Russian** — Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (V/TTY).

**Hmong** — Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-362-3002 (V/TTY).

**Laotian** — ຜົ່ງຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈບັນດາບັນຍັດ, ກະລຸນາໂທລະສັບຫາ 1-800-362-3002 (V/TTY).

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Members

## Your Non-emergency Medical Transportation Is Now Available Only Through LogistiCare

As of July 1, 2011, you will need to call LogistiCare for all non-emergency medical transportation (rides) to covered appointments if you have no other way to get a ride. Non-emergency rides are rides to a covered service by common carrier, such as public transportation or specialized medical vehicles.

As of June 17, 2011, you must call LogistiCare to schedule rides to appointments on and after July 1, 2011. You will no longer be able to schedule rides through your current transportation provider.

This change in transportation services does NOT affect your eligibility, enrollment or benefits for Wisconsin Medicaid or BadgerCare Plus.

This does not affect emergency ambulance services. You should call 911 if you have an emergency.

If you have no other way to get a ride, members can get a ride through LogistiCare to services covered for the program you are enrolled in such as Wisconsin Medicaid or BadgerCare Plus. If neighbors, friends, relatives, or voluntary

organizations can give you a ride to your appointment, you are not eligible for a ride through LogistiCare.

### Do I Need to Work with LogistiCare to Arrange My Ride?

The information in this *ForwardHealth Member Update* applies to most members enrolled in any of the following:

- Wisconsin Medicaid.
- The BadgerCare Plus Standard Plan.
- The BadgerCare Plus Benchmark Plan.
- Family Planning Only Services.
- Tuberculosis-Related Services-Only Benefit.
- BadgerCare Plus Express Enrollment for Pregnant Women.

This notice does not apply to the following members and you can receive rides as you do now:

- Wisconsin Medicaid or BadgerCare Plus members who are enrolled in an HMO and live in one of the following counties:
  - ✓ Milwaukee.
  - ✓ Waukesha.
  - ✓ Washington.
  - ✓ Ozaukee.

- ✓ Kenosha.
- ✓ Racine.
- Members who live in a nursing home.
- Members enrolled in Family Care.

If you are enrolled in one of the following programs, non-emergency rides are not covered:

- The BadgerCare Plus Core Plan.
- The BadgerCare Plus Basic Plan.
- SeniorCare.

If you are enrolled in the Core Plan or the Basic Plan *and* Family Planning Only Services, you can get a ride only to services covered under Family Planning Only Services.

### How Do I Schedule a Ride?

Call LogistiCare at 1-866-907-1493 (or TTY 1-866-907-1497). LogistiCare is open between 7:00 a.m. and 6:00 p.m. Monday through Friday.

You will need to call at least two days before a routine appointment to schedule a ride. If you do not call two days before an appointment, you may have to reschedule your appointment.

If you have an urgent appointment and cannot wait two days to go to an appointment, a ride may be scheduled within three hours.

If you have regularly scheduled appointments three or more times a week, talk with your doctor. Your doctor can work with LogistiCare to schedule your regularly reoccurring rides.

### What Information Do I Need to Have When I Call for a Ride?

You should have the following information when you call LogistiCare to request a ride:

- Your name, street address, and telephone number.
- Your ForwardHealth member identification number. (This is the 10-digit number listed on your ForwardHealth Card.)

- The street address and the telephone number where you want to be picked up.
- The name, telephone number, address, and ZIP code of the doctor or other health care provider with whom you have the appointment.
- The date and time of your appointment.
- Any special transportation needs.
- General reason for the appointment (doctor's visit, check-up, eye appointment, etc.)

If you do not have all of this information when you call, you may not be able to schedule your ride and will have to call LogistiCare back.

At the end of the call, LogistiCare will give you a confirmation number for your ride and tell you when your ride will pick you up.

The Attachment of this *Uplat* has the telephone numbers for LogistiCare.

### What Do I Need to Know About My Ride to My Appointment?

On the day of your appointment, you should be ready for your ride at the time LogistiCare told you the ride was coming. If you are more than 10 minutes late, you may miss your ride. If you have been waiting for your ride for more than 15 minutes, you should call LogistiCare's "Where's My Ride" number at 1-866-907-1494 to ask about your ride. You should also call your doctor to let them know you are running late.

You will be asked by the driver to sign a driver log for the trip. Do not sign the driver log for the trip home at this time.

### What Do I Need to Know About My Ride from My Appointment?

After your appointment, your ride should arrive within 15 minutes. If you are not sure when your appointment will be over, you can call LogistiCare after the appointment is over and a ride will come to pick you up within one hour.

If you have been waiting for longer than one hour, you should call LogistiCare's "Where's My Ride" number at 1-866-907-1494 to ask about your ride.

You will be asked by the driver to sign a driver log for your trip home.

### **Do I Have a Copayment for Rides?**

If your ride is by special medical vehicle, you will have a \$1.00 copayment, unless you are exempt from copayments. You should not pay for anything else for the ride, such as a tip or gas money.

### **Can I, or My Relative, Get Paid to Drive to an Appointment?**

In the past, members may have been paid for driving themselves to a covered medical appointment. In other cases, friends or family may have been paid for giving rides to members going to a covered medical appointment.

On July 1, 2011, the Department of Health Services will require LogistiCare to follow federal and state law and only pay members for rides after all other options for free transportation such as family and friends have been exhausted.

### **What if I Have a Complaint?**

Complaints can be made by you to LogistiCare at any time. Complaints may be about such things as having a difficulty getting a ride, long waiting times, or rude drivers. You can call LogistiCare at 1-866-907-1493 or

write to LogistiCare at the following address with your complaints:

LogistiCare Solutions, LLC  
2335 City View Dr  
Ste 200  
Madison WI 53718

LogistiCare will get back to you with an initial response in 10 business days. A final response will be sent to you in writing within 30 business days of receiving a complaint.

### **What if I Was Denied a Ride?**

You have the right to appeal denials of rides by LogistiCare. Following the completion of LogistiCare's complaint process, all members have a right to appeal any decision made by LogistiCare directly to ForwardHealth. ForwardHealth will review the complaint and grievance information and send you a decision in writing. This decision will be final and will end the appeals process.

## WISCONSIN CALL SCRIPT

**Hours of Operation:** Mon - Fri 07:00AM CST - 06:00 PM CST

**Reservation Line:** (866) 907-1493

**“Where’s My Ride”:** (866) 907-1494

### Opening:

1. “Thank you for calling LogistiCare. My name is \_\_\_\_\_. Are you calling to schedule a reservation?” (Reservation Queue Greeting)

2. If person is calling:

- To schedule a reservation ask, “**May I please have your name or Forward Health ID number from your card?**”
- (**May I please have the Member’s Forward Health Number?**) – If they have already told you they are calling for \_\_\_\_\_
- Confirm eligibility and then drop down to Client Information.
- **For Ride Assistance/Where’s My Ride** take the call as long as there are no Reservation calls in queue. If there are Reservation calls in queue then transfer the caller to Ride Assistance/Where’s My Ride

### Client Information:

3. Enter the Forward Health number

4. Read Rider Notes

5. “Please verify the name and date of birth of the Member.”

6. “With whom am I speaking please?”

- If not the Member ask “**What is your relationship to the Member?**”
- Enter that relationship

7. “May I have your telephone number please?”

### Level of Service Information:

8. “May I have the date of the appointment?”

- Please see Urgent Care Verification policy if you got this call with less than 48 hours notice.

9. “Are you (is the Member) able to walk or do you (do they) require the use of a wheelchair or stretcher?” (awaiting stretcher clarification, additional questions may be needed)

10. If they are in a wheelchair or stretcher:

- Wheelchair – “Is the wheelchair manual or electric?”

MANUAL – “Are you (Is the Member) able to transfer without assistance?”

➡ YES – Book as Ambulatory – enter “manual can transfer” in TP Comments

➡ NO – Book as Wheelchair – “May I have your (the Members) approximate weight?”

➡ “Is there a ramp at the residence?”



NO  
“Are there any steps?  
back?”

YES  
Comments)



“How many” (enter in TP Comments)

YES  
“Is it in the front or

(enter in TP

ELECTRIC – Book as Wheelchair -“May I have your (the Members) approximate weight?

NO  
Are there any steps?

“Is there a ramp at the residence?”

YES  
“Is it in the front or back?  
(enter in TP Comments)

YES – “How many” (enter in TP Comments)

11. If they can walk to the vehicle, ask “Do you have a vehicle?”

→ YES - then ask these 4 questions

1) “Are you physically able to drive the vehicle?” → NO – Go to #12

2) “Is the vehicle drivable?” → NO – Go to #12

3) “Do you use the car for non-medical trips, for example, to go to the store, laundry, church or to visits friends or family?” ↓

4) “Can you drive yourself to your medical appointment, or can a family member, friend or neighbor drive you without any financial assistance such as mileage reimbursement?” → NO – Offer mileage reimbursement by asking:

↓  
“Will you drive yourself or have someone else drive you if we provide mileage reimbursement at 24 cents per mile?”

Continue by giving mileage reimbursement details and send Member (or Driver) the Mileage Reimbursement Form.


YES


YES TO ANY QUESTION

Continue with the reservation and deny trip code CAR (has access to vehicle)

If Member answers NO to any of these questions we are required to arrange transportation.

12. “Can you walk to the nearest bus stop that can transport you to your appointment?”

**Member**      **YES**            If there is enough time for the mail to reach them, tell the  
“We will send you a bus pass” and book as Mass Transit.

      **NO** – Book as Ambulatory

**Pick Up Information**

13. “May I have the address where you (the Member) would like to be picked up?”

14. “Is there a building name, apartment number, or lot number?” (Document in the correct field, NOT the street field)

15. “Is there a gate code/access code?” (Enter if there is)

16. “May I have the telephone number where you can be reached please?”

- If there’s no home phone there ask if there’s a “message” number.
- If the Member has no phone at all ask the Member to “**Please call us the day before the trip. Tell us the trip date and reference number that we’ll give you at the end of this call, and we will confirm your trip.**”

17. “Do you (Does the Member) have any special needs, requests, or directions that our driver should be aware of?” (Example: Member carries oxygen, or landmarks to get to the residence)

**Drop Off Information**

18. “What is the name of the facility where you will be going?” (Use the Facility Rolodex)

19. “May I have the physical street address there, please?”

20. “Is there a specific building or suite you will be going to at the facility?” (Document in the directions field)

21. “May I have the telephone number there, please?” (This is mandatory. If the Member does not have it, then deny the trip request using denial code “incomplete information”. Then ask the Member to call us back once that number is located.

22. “What is the name and telephone number of the doctor or health care provider that you will be seeing?” (Document in the directions field)

23. “What nature of your appointment?” (Select from the “Treatment” drop-down menu, e.g., doctor visit, chemotherapy, etc.)

      **IF THE NATURE OF THE APPOINTMENT IS NOT A COVERED SERVICE**

**The CSR will deny the request saying:**

“I apologize (Member’s name) that is not a covered transportation service. “Is there anything else I may help you with today?”

**Trip Details**

24. "What time is your appointment please?"

25. "Your pick up time is scheduled for \_\_\_\_."

26. "Do you know what time you would like to be picked up after your appointment?"

YES



Enter the answer in the P/U field on the return "B" leg.

we

NO



Tell the Member – "We have left your

time open; please call us at 866-907-1494 when your appointment is complete and

**will have a driver back within one hour."**

27. "Will anyone be going with you to the appointment?" (No one should accompany the Member unless there is a medical reason for the escort, or if the Member is under 16 years old. See the Minors Travelling Alone Policy.)

YES



"How will they be assisting you?"

If it **is not for a medical reason** advise the Member

the escort is not covered. If the escort is covered enter it in the additional charges field.

NO



Proceed with reservation

**Review Information**

28 "Please allow me to review the information I have to ensure it is correct. I have your reservation scheduled on <day/date>. I show you are able to walk, OR use a wheelchair. You will be picked up at \_\_\_\_ (review pick up information, including city) and will be going to \_\_\_\_ (review delivery information including city). Your pick-up time is \_\_\_\_ (pick-up time)

**Please be prepared for your pick up fifteen minutes before or after this time.** Your appointment time is \_\_\_\_ (appointment time); and your return time is (set time OR open). You will have (number of escorts) going with you. (If applicable) Is all this information correct?"

**Call Closing**

29. "The reference number for your trip on (date) is (reference number)."

"If you need to cancel this appointment, a 24-hour notice is required."

If the request for the transport is less than 2 business days in advance, you should say:

➤ "In the future, we need to receive your request two days in advance to accommodate your needs."

"Is there anything else I can assist you with?"

"Thank you for calling LogistiCare, my name is \_\_\_\_\_ have a good day."

**Note:** Any Notes on provider preference or special issues related to mobility or needs or requests should be documented under "TP Comments."