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16.1 TRANSPORTATION, MEALS AND LODGING

16.1.1 Transportation Description

Emergency and non-emergency transportation to and from providers of medical services is available to Medicaid recipients requiring assistance in obtaining medical care. The attendant or escort's transportation will be covered when a recipient is unable to travel alone.

16.1.2 Amount, Duration and Scope

- 1) Non-emergency transportation services, both inter-island and out-of-state, are available only when prior authorization is received from a Medical Standards Branch (MSB) consultant or its designated representative. Emergency transportation does not require prior authorization or approval, payment will be denied for any emergency travel, which is not clearly documented showing medical necessity.
- 2) Transportation services shall be authorized to the nearest appropriate medical facility capable of meeting the recipient's medical needs; and the mode of transportation used shall be the most economical.
- 3) Pick-up and return locations shall be at the recipient's residence, airport (if flying in for medical care) or medical facility.
- 4) An attendant's or escort's transportation shall be covered or authorized if the attendant or escort:
 - Is an adult accompanying a minor child,
 - Is a trained personnel needed to assist the recipient with his/her special needs and
 - The recipient is unable to travel alone in both directions.
- 5) The following types of ground transportation providers are considered Medicaid providers: Ambulance services, Door through Door services (i.e., HandiCab), Curb to Curb services and Taxi services.

Prior approval or authorization is required for all non-emergency transportation services, including the services of an attendant or an escort.

16.1.3 Exclusions

The following are not covered or will not be approved or authorized:

- 1) Transportation between two acute facilities solely for the benefit of the attending physician (i.e., no privileges at the first hospital).
- 2) Ambulance transportation to the Hawaii State Hospital. (The Department of Health, Adult Mental Health Division should be billed for such transfers.)
- 3) Transportation in order to access experimental or non-medically necessary services.
- 4) Payment to travel agencies or recipients for air fares.
- 5) Taxi charges for no-show or cancellation and/or taxi waiting time.
- 6) Side trips.
- 7) Tips and gratuities.
- 8) Mileage and/or time when the recipient is not in the vehicle.
- 9) Assistance of recipients entering or leaving the vehicle.
- 10) Assistance of recipients who use a wheelchair or portable medical equipment.
- 11) An attendant or escort for companionship, and children accompanying an adult recipient.
- 12) More than one attendant or escort.
- 13) Cleaning the interior of the vehicle.

16.1.4 Limitations

The following services may be permitted or authorized:

- 1) Ambulance services in emergency situations in which delay of more than 24 hours could result in very severe pain; loss of life; limb, eyesight, or hearing, injury to self or bodily harm to others.

- 2) Door through door services when a licensed physician certifies and clearly documents that a recipient is bed bound and/or non-ambulatory; and unable to transfer or receive assistance that will make her/him eligible for curbside pickup.
- 3) Ground transportation services for the purpose of obtaining medical care
- 4) One round trip when transfers are necessary between two acute hospitals for services not available at the acute hospital in which the recipient has been admitted. In the event repeated trips will be required, the recipient should be permanently transferred.
- 5) If a change is needed after transportation arrangements have been finalized, it must be coordinated with MQD/MSB. Return dates will be changed only when there is a medical reason for an extended stay. An updated request noting in large print that the request contains updated information to a previously approved request must be submitted.

16.1.5 Authorization

16.1.5.1 General

- a) Emergency ground and air medical transportation does not require prior authorization, but must be medically justified and documented.
- b) The authorization of non-emergency transportation may be contracted to individuals or organizations or designated to an individual such as the recipient's Eligibility Worker (EW) or the State's fiscal agent.
- c) The Department of Human Services through its Medicaid medical consultants will have the final determination on all authorizations.
- d) Ground transportation authorization is not required when a one way trip is necessary to transfer recipients between long-term care (LTC) facilities or nursing homes; between LTC and acute facilities; between acute hospital and nursing home; between two acute hospital facilities and from acute hospital to care home.
- e) When authorization is sought for services that were already rendered, an appropriate written explanation must be submitted. The report must include the reason for the late submittal.

16.1.5.2 Inter-island Medical Transportation

- a) Inter-island medical transportation services are authorized to recipients when necessary medical care is not available on the island of their residence; or, if available, is not readily accessible in emergency situations or when medical care performed on another island is cost

effective. Appointments should be scheduled during the weekday (Monday through Thursday) to minimize the need for an overnight or weekend stay.

- b) To request authorization, the recipient's attending physician must complete Form 208 "Air Transportation Request For Prior Authorization and Transportation Provider Claim Form." Form 208 must be approved prior to the date of travel because it serves as the recipient's authorization for travel. A sample form is located in Appendix 3. Completed authorization forms must be forwarded to the Medicaid Fiscal Agent by mail. If the travel is of an urgent nature (same day travel), the Form 208 must be faxed to the Medicaid Fiscal Agent and the Med-QUEST Division will contact the requesting provider by phone and/or fax. Refer to Appendix 1 for the fax number and mailing address. Incomplete 208 forms will be denied and returned to the requestor. Please note that the Form 208 will serve only as the authorization for travel. Airline carriers will no longer accept the Form 208 as an airline ticket. All travel must be ticketed through the Med-QUEST Division.
- c) The following information must be indicated on the form: complete medical and related needs of the recipient; attendant or escort; ground transportation; oxygen, if needed (flow rate per minute and the maximum usage per hour); lodging and meals for overnight stay or longer; attending physician's provider number and phone number, date and time of the scheduled appointment.
- d) Authorization is determined by an MSB consultant or staff. A copy of the completed 208 form will be returned back to the requesting provider via fax or mail.
- e) When the recipients' medical treatment requires meals, lodging, and/or ground transportation, providers must instruct recipients to work with their Eligibility worker (EW) to make necessary arrangements. Recipients shall be responsible for their flight arrangements.
- f) The EW shall authorize ground transportation when Form 208 (yellow copy) indicates that the following have been approved: travel; lodging and meals for recipients; and for no more than one attendant for overnight stay or longer.
- g) Additional services other than for meals and lodging should be referred to the MQD/MSB medical consultant for approval.
- h) During emergency situations if the EW is unable to authorize lodging, meals or ground transportation for recipients; authorization can be requested from MQD/MSB.
- i) Submit form(s) to the Medicaid Fiscal Agent. Refer to Appendix 1 for the mailing address.

16.1.5.3 Out-of-state Medical Transportation Services

- a) Out-of-state medical transportation services are authorized when appropriate medical treatment is unavailable in the State of Hawaii. The MQD/MSB medical consultant is responsible for the authorization and the consultant's decision is final. The Medicaid program will not be financially responsible for any non-emergency out-of-state medical service(s) that failed to receive prior approval.
- b) To request authorization, the attending physician must complete Medicaid Form 1144, "Request For Medical Authorization"; and the following information must be provided: recipient's full name; date of birth; Medicaid number; recommended medical treatment to be performed, with justifications supporting the need for going out-of-state; recipient diagnosis; oxygen, if needed (flow rate per minute and the maximum usage per hour); duration of stay; and if attendant or escort is needed.
- c) Request for airfare, lodging and meals and ground transportation should be done on a Form 1144 that is separate from the medical authorization request.
- d) In addition, each referral shall contain at a minimum the following: comprehensive clinical summary of recipient's condition, and letter of acceptance from the out-of-state provider that Hawaii's Medicaid payments will be accepted as payment in full.
- e) When out-of-state medical services and transportation are approved, the recipient will make all travel arrangements with the State contracted travel agent. Refer to Appendix 1 for contact information. The transportation and services are subject to department approval.
- f) Recipients will be responsible for claiming meals and ground transportation reimbursements through MQD/MSB.
- g) Submit form(s) to the Medicaid Fiscal Agent (See Appendix 1)

16.1.5.4 Ambulance Services

Ambulance services may be covered when the recipient's medical condition contraindicates the use of other forms of medical transportation.

Emergency ambulance is covered without prior authorization to the nearest medical facility capable of meeting the medical needs of the recipient.

Air ambulance is covered when life support services are needed during transport or in emergencies when no scheduled carrier is available to accommodate the recipient; and the transportation request must specify the need for an air ambulance and must be prior approved.

Providers must submit a completed Request for Medical Authorization Form 1144 to the Medicaid Fiscal Agent (See Appendix 1)

For emergency inter-island air ambulance authorization after office hours, Prior Authorization and Transportation Provider Claim Form 208 must be submitted within three (3) working days after the date of emergency with appropriate medical justification. If not submitted within the timeframe given, the request shall be denied.

16.1.5.5 Door Through Door Services (Handicab)

- a) Door through door type service is authorized when the driver is required to assist the recipient from inside their residence and into the doctor's office or medical facility to seek medically necessary treatment.
- b) To request this service, a licensed physician must complete the DHS Form 1160 and forward this to the recipient's EW.
- c) The EW shall authorize the service when the recipient meets the criteria for door through door services. The authorization period must reflect the licensed physician's response to Section III of the DHS Form 1160.
- d) The DHS Form 1160 is not required for recipients being transported between medical institutions (hospitals and LTC facilities) for necessary medical work-ups not available in a long term care facility; such as x-rays and lab work-ups or discharges.
- e) A CMS (formerly HCFA) 1500 form is then submitted to Medicaid for payment of services.
- f) Door through door type service is available on Oahu, Maui, and Hawaii and is a more expensive mode of transportation than curb to curb service.

16.1.5.6 Taxi Services

- a) Taxi services shall be authorized when a recipient is unable to utilize public transportation or curb-to-curb services (Handivan) and only between the home of a recipient and to the nearest appropriate medical facility and back. Side trips are not allowed and will not be paid. In addition, payment will not be made for waiting time.
- b) To be authorized, only licensed physicians are allowed to assess and justify the need for taxi services.

- c) The physician must certify on the DHS Form 1160 “Request for Individualized Transportation Services” that a recipient is unable to utilize public transportation to obtain necessary medical treatment.

DHS Form 1160 is:

- To be appropriately completed; otherwise authorization will not be given and the form will be returned to the referring physician.
 - Required when the need for taxi services is on going or for a specific period of time and must be updated at least annually.
 - Not required when taxi services are for an emergency or “one time” episode due to an illness; and, when a recipient is being transported between medical institutions (hospital and LTC facility, LTC facility to hospital, hospital to hospital) for necessary medical work-ups which are not available in a medical institution.
- d) The recipient’s EW shall review and authorize the request for taxi services. The EW will use available case information and consult with the requesting physician to determine the recipient’s physical and/or mental conditions that prevents him/her from using public transportation or curb-to-curb services.

The criteria for authorizing taxi services for recipients are the following:

- Mentally alert and aware of their surroundings;
 - Able to understand and respond to verbal commands;
 - Able to ambulate independently without assistance, including an individual with any type of walking device:
 - If wheelchair-bound, able to self propel for curbside pick-up and able to transfer into and out of the taxi with a minimum of assistance;
 - Exceptions are made to the above criteria when an escort is present to assist the recipient.
- e) When taxi services are approved, the EW will fax or mail DHS Form 1135 “Taxi Authorization/Invoice” to the taxi provider that was selected by the recipient. This form shall serve as the authorization to the taxi provider to perform the services listed on the form.

- f) For after hours emergency trips, which the Medicaid taxi provider is seeking reimbursement, the taxi provider will have to contact the MQD/MSB the next working day. If the MSB verifies the medical necessity for the emergency visit, it will instruct the recipient's EW to issue a DHS Form 1135 to the taxi provider.
- g) If a recipient paid for taxi services to a Medicaid taxi provider and the MSB or the recipient's EW can verify either the need for emergency services, the EW will reimburse the recipient by way of a purchase order.
- h) In the event that a hospital, medical facility or anyone other than the recipient paid for the taxi services, the participant involved will be reimbursed by P.O after the MQD/MSB or the recipient's EW confirms the need for emergency services.
- i) The authorized agent for the taxi provider shall verify that all the information on each DHS Form 1136 "Taxi Trip Record" is complete and accurate. Verified information documented on the DHS Form 1136 is to be transposed onto the DHS Form 1135 ("Other Charges and Reason for Other Charges" – to be completed only if applicable).
- j) DHS Form 1135 (and DHS Form 1136 which is attached to the upper left back corner of DHS Form 1135) shall be forwarded to Fiscal Management Office/Benefit Payment for reimbursements. (See Appendix 1 for contact information)

16.1.5.7 Curb-to-Curb Services

- a) This service is authorized when recipients have the physical and mental ability to get to their designated pick-up location independently. Exceptions are made if an attendant will assist the recipient to and from the pick-up and drop-off locations.
- b) Drivers are only required to pick up and drop off recipients at curbside. Recipients independently must be able to access medical facilities.
- c) Wheelchair-bound recipients, as well as recipients with walking devices, must be able to be at a designated curbside pick-up location at the requested time.
- d) Recipients on Oahu will be given coupons for all authorized trips.
- e) For recipients not on Oahu, providers should submit all claims for services rendered on CMS (formerly HCFA) 1500 form to the Medicaid Fiscal Agent.

16.1.6 Claims Submittal

Claims for emergency ground and air medical transportation must be billed with ambulance destination modifiers.

16.2 MEALS AND LODGING

16.2.1 Description

Medicaid covers meals and lodging for recipients who have a medical need to stay overnight or longer. If an attendant or escort is approved, the attendants or escort's meals and lodging are also covered.

16.2.2 Amount, Duration, and Scope

When the request for transportation is made, a request for meals and lodging should also be submitted for the recipient; and, if applicable, for an attendant or escort. For an attendant or escort for an adult, written justification must be submitted if one is requested.

16.2.3 Coverage, Exclusions, and Limitations

a) The following will not be approved or authorized:

- An attendant or escort for companionship or social reasons
- Children accompanying an adult recipient
- More than one attendant or escort
- Personal care items for recipients and for attendants.

b) An attendant's or escort's meals and lodging will be covered if the attendant or escort:

- is an adult accompanying a minor child;
- is an adult needed to assist the recipient with his/her special needs and travels with the recipient in both directions?

16.2.4 Authorization

16.2.4.1 Inter-island

a) To request authorization for medical treatment required off-island, the recipient's attending physician must complete Form 208 and must indicate the complete medical and related needs

of the recipient; such as an attendant or escort, ground transportation, overnight stay or longer, lodging, and meals.

(For complete details on filling out Form 208, please refer to the transportation section in this Chapter and Appendix 3.)

- b) Prior to the travel, the recipient is to work with his/her EW for authorization for meals and lodging.
- c) During emergency situations when an EW is unable to authorize lodging, meals or transportation, the MQD/MSB will assist in the authorization process.

16.2.4.2 Out-of-state

- a) To request authorization for medical treatment required out-of-state, the recipient's attending physician must complete DHS Form 1144 requesting for meals and lodging. If authorization for airfare and ground transportation is also being requested, the attending physician must complete another DHS Form 1144.

(For complete details on filling out the 1144 form, please refer to the "Transportation" section in this Chapter and Appendix 4.)

- b) Air fare and lodging is arranged through the State contracted travel agent. See Appendix 1 for address information.
- c) Recipients are responsible for meals, which may be purchased anywhere.
- d) To be reimbursed, meal receipts and ground transportation receipts must be submitted to the Medical Standards Branch. Refer to Appendix 1 for the mailing address.

16.3 Guidelines for Requesting Foreign Language Translation

DHS has contracts for statewide foreign language translation and sign language interpretation services. A list of languages is provided in Appendix 6. (Note: There are about 30 languages on the list, and languages requested the most are Cantonese, Vietnamese, Ilocano, Korean, and Laotian.) For sign language interpretive services, refer to Appendix 4.

To request a translator for services in a setting other than a provider's office, please follow the directions in the manual regarding prior authorization. Services to be provided in an office

setting do not require prior authorization and the provider can call one of the contractors directly to make arrangements. Refer to Appendix 1 for a list of the contractors and their contact information. It is best to call approximately 2 weeks ahead of time if possible. In case of emergency, please call the contractor's 24-hour hotline and inform the operator about the urgency of the message.

When requesting a translator please provide the following:

- a. The physician's name
- b. The physician's telephone number(s)
- c. Language
- d. Client's/patient's full name
- e. Date and time of appointment
- f. Location

An appointment that was previously arranged can be canceled, however, if the translator is on his/her way to the appointment when the cancellation notice gets to the contractor providing the translation services, then he/she will get one hour pay. If your patient does not show up, so long as the translator shows up at a pre-arranged appointment, he/she will get paid.

The translator will ask you to sign off on an Encounter Form. It will have the date of service, recipient name, service provider and the end time. This form is used to calculate the translator's payment.

As much as possible, translation services must be done by telephone. The translator can contact the client to help set up appointments with patients, change dates, etc. Translation services are paid based on a 15-minute unit. Written reports for translation services exceeding 1 ½ hours (6 units) need to be submitted with the claim.