

DD Waiver Providers – Transportation Reimbursement Policy

For DD waiver providers only, client trips 20 miles or under do not have to be prior authorized with Mountain Pacific Qualify Health Foundation (MPQHF) to be reimbursed for State Medicaid travel. This will be effective with trips taken on or after 2/1/07. Trips under 20 miles (one way) can be logged daily and faxed to MPQHF at month end for reimbursement. By logging a trip the DD waiver provider signifies the trip was medically necessary and the transport was to a Medicaid covered service. Trips for other outings such as social events and shopping are not medically necessary and will not be covered.

Trips Under 20 Miles – Use DD Waiver Transportation Log

In order to be reimbursed, month end trip information must be reported on the DD Waiver Provider Transportation Log and faxed to MPQHF **within 10 days after the end of the month**. Trips not sent in within 10 days will not be reimbursed. The provider will receive a check for each individual client. Current mileage reimbursement is \$.22 per mile. Checks are not cut for amounts under \$5.00 for a calendar month. Please call MPQHF for more information.

MPQHF	800-292-7114 In and Out of State
PO Box 6488	406-443-6100 Helena
Helena, MT 59604-6488	800-291-7791 Fax

Trips Over 20 Miles, Meals, and Lodging – Contact MPOHF

In order to be reimbursed, trips over 20 miles must be prior authorized by calling the MPQHF **before** the trip. Meals and lodging (receipt required) are covered when a client must stay overnight and must be prior authorized by calling MPQHF. More information can be found in the Personal Transportation, Commercial and Specialized Non-Emergency Transportation, and Ambulance Services Transportation provider manuals available at the Medicaid provider website at <http://medicaidprovider.hhs.mt.gov/index.shtml>.

Covered Transportation

Travel assistance benefits are funds that help Medicaid clients with transportation costs to and from medical appointments including mileage, meals, and lodging. Financial assistance can be provided for one attendant to accompany a client for whom age or disability requires attendant services. The Department provides financial assistance for a Medicaid client (and an attendant when required) when all of the following requirements are met:

- the Medicaid client obtains Medicaid-covered services,
- the medical services are determined medically necessary,
- the client selects the least expensive means of transportation suitable to his or her medical needs
- no other financial resources are available,
- other methods of transportation (such as city bus) are not available, or circumstances or disability prevent the use of such transportation,
- applicable prior authorization and PASSPORT To Health requirements are met. (See the PASSPORT and Prior Authorization Requirements chapter in this manual), and
- mileage allowed per trip is based on the nearest facility, regardless of where the client chooses to receive health care.