



Update

April 2011

No. 2011-24

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

New Non-emergency Medical Transportation Management System for Wisconsin Medicaid and BadgerCare Plus Members

Effective July 1, 2011, the Wisconsin Department of Health Services will implement a new transportation management system that will coordinate non-emergency medical transportation (NEMT) services statewide. This *ForwardHealth Update* includes:

- An introduction to the new NEMT services management system.
- Information relevant to all providers regarding NEMT services.
- Information specific to specialized medical vehicle providers.

Introduction to Non-emergency Medical Transportation Management System

Effective July 1, 2011, the Department of Health Services (DHS) will implement a new transportation management system that will coordinate non-emergency medical transportation (NEMT) services statewide. The DHS has contracted with LogistiCare Solutions, LLC, (LogistiCare) to provide NEMT management services for Medicaid and BadgerCare Plus members.

Non-emergency medical transportation is defined as transportation provided by a specialized medical vehicle (SMV) or common carrier to a covered service.

LogistiCare is under contract with the DHS and has a Health Insurance Portability and Accountability Act of 1996 business associate agreement in place.

This policy change is a result of the ongoing Medicaid Rate Reform project and was included as a budget item for the 2009-2011 fiscal years. The new NEMT services management system will accomplish the following:

- Improve the access and quality of NEMT services for all members statewide.
- Implement a uniform application of policy across the state.
- Reduce costs for Wisconsin Medicaid and NEMT service providers by ensuring travel is arranged with the most economical mode of transportation.

Members will be notified of the implementation of LogistiCare through a *ForwardHealth Member Update* that is scheduled to be mailed to all affected members in June 2011. Refer to Attachment 1 of this *Update* for a copy of the *Member Update*.

Note: This change will not affect emergency transportation services under Medicaid or BadgerCare Plus.

Members Affected by Implementation

The new non-emergency medical transportation management system will affect most of the members enrolled in the following programs:

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

Members Not Affected by Implementation

The new NEMT management system will not affect the following members:

- Wisconsin Medicaid or BadgerCare Plus members who are enrolled in an HMO in Milwaukee, Waukesha, Washington, Ozaukee, Kenosha, and Racine counties. Members who are enrolled in an HMO in these counties will continue to receive NEMT services from their respective HMO. All other Medicaid and BadgerCare Plus members in these six counties who are not enrolled in an HMO will participate in the NEMT management system.
- Members residing in a nursing home. Members residing in a nursing home will continue to receive their SMV services on a fee-for-service basis and ForwardHealth will be responsible for reimbursing claims. If members residing in a nursing home require common carrier transportation, that is the responsibility of the nursing home.
- Members who are enrolled in Family Care. Members enrolled in Family Care will continue to receive NEMT services from the Family Care care management organization.

Members Not Eligible for Non-emergency Medical Transportation

Non-emergency transportation services are not covered for members enrolled in the following programs:

- The BadgerCare Plus Core Plan or the BadgerCare Plus Basic Plan. Core Plan and Basic Plan members may also

be enrolled in Family Planning Only Services and may receive transportation to covered family planning services.

- The Wisconsin Well Woman Program.
- Wisconsin Chronic Disease Program.
- Qualified Medicare Beneficiary Only.
- Qualifying Individual 1.
- Qualified disabled working individuals.
- SeniorCare.
- Alien emergency services.
- Specified Low-Income Medicare Beneficiary.

Modes of Non-emergency Medical Transportation

Members are eligible for NEMT services if they have no other way to get a ride to a covered service. If neighbors, friends, relatives, or voluntary organizations have routinely provided transportation at no cost, the member is not eligible for transportation through LogistiCare. Providers should note that a “ride” can also mean public transportation.

Three types of NEMT services are covered for members who do not have any other means of transportation going to and from services that are covered by the program in which they are enrolled. Modes of non-emergency medical transportation include:

- Common carrier transportation.
- Specialized medical vehicle transportation.
- Stretcher/non-emergency ambulance transportation.

Common Carrier Transportation

Common carrier transportation is any transportation service other than ambulance and SMV. Common carrier vehicles or providers are *not* required to be certified with Wisconsin Medicaid but must be under contract with LogistiCare. These vehicles are not required to have permanently installed ramps or lifts and are not certified for cot or stretcher transportation. This may include vehicles such as public transportation, volunteer vehicles, and human service vehicles (HSVs). Human service vehicles must maintain a current State Patrol HSV inspection.

Specialized Medical Vehicle Transportation

Specialized medical vehicles are vehicles that are equipped with permanently installed ramps or lifts and are required to be certified by Wisconsin Medicaid. Specialized medical vehicles that are also used for cot or stretcher transportation must meet the additional requirements of DHS 107.23(3)(b), Wis. Admin. Code.

Policies and procedures for SMVs and SMV services will remain the same under LogistiCare's management as stated in the SMV service area of the Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

To be eligible for SMV services, a member must have a documented physical or mental disability that prevents him or her from traveling safely in a common carrier or private motor vehicle to a covered service.

Certificate of Need

Members receiving NEMT services through LogistiCare are no longer required to have a Certificate of Need for Specialized Medical Vehicle Transportation form, F-1197 (06/09), signed by a physician, nurse practitioner, or physician assistant on file prior to receiving SMV services. However, LogistiCare may verify in other ways whether or not an SMV is the appropriate mode of travel for a member.

The Certificate of Need for Specialized Medical Vehicle Transportation form continues to be required for SMV services provided to ForwardHealth members not affected by the new NEMT management.

Stretcher/Non-emergency Ambulance Transportation

LogistiCare will reimburse Medicaid-certified ambulance providers for transporting eligible members if the member suffers from an illness or injury that prevents him or her from traveling safely by any other means. Stretcher/non-emergency ambulance providers should submit claims to LogistiCare for transportation services.

LogistiCare will reimburse claims for limited medical services provided on a stretcher/non-emergency ambulance trip.

Providers should continue to submit claims to ForwardHealth for most medical services provided on a stretcher/non-emergency ambulance trip. Refer to Attachment 2 for a complete list of basic life support and advanced life support procedure codes that should be submitted to ForwardHealth in all circumstances (whether transporting under emergency or non-emergency cases).

Types of Non-emergency Medical Transportation Trips

Three types of transportation trips are covered for members who have no other means of transportation going to and from covered services provided by a Medicaid-certified provider:

- Standing order trips.
- Urgent trips.
- Routine trips.

Standing Order Trips

A standing order trip is defined as regularly reoccurring transportation for members who have no other way to get a ride to a covered service, who need transport three or more days a week for three or more month's duration. A standing order trip has the same pick-up point, pick-up time, destination, and return. To eliminate the need to call the reservation line to schedule every trip, a standing order process allows for a provider to arrange trips for three months at a time. Providers may refer to the LogistiCare Web site at facilityinfo.logisticare.com/wifacility for information on scheduling standing order trips.

At the end of the three months, LogistiCare will contact the health care provider. If the transportation continues to be necessary, the provider will not have to submit a new standing order request at that time unless the member's mobility has changed.

Urgent Trips

Urgent care transportation is defined as an unscheduled episodic situation, in which there is no immediate threat to

life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day. A hospital discharge is considered urgent care. LogistiCare may verify with the provider of service that the need for urgent care transportation exists.

Valid requests for urgent care transport will be responded to within three hours of the time the request is made. Urgent care transportation may also include transportation to appointments established by providers allowing insufficient time for routine two day scheduling.

Routine Trips (Must Schedule 48 Hours in Advance)

Routine trips are non-urgent trips that must be scheduled at least 48 hours in advance. Excluding hospital discharges and urgent trips, most trips are considered routine. Members must contact LogistiCare to request NEMT services at least two business days prior to a non-urgent, scheduled appointment. The two business day advance scheduling includes the day of the call but not the day of the appointment. Advance scheduling is mandatory for all NEMT services except urgent care and follow-up appointments when the timeframe does not allow advance scheduling.

Requesting Non-emergency Medical Transportation Services

Members or providers should have the following information available when calling LogistiCare to request NEMT services:

- Member's full name.
- ForwardHealth identification number.
- The pick-up address with ZIP code and the telephone number at which the member may be reached.
- Name, telephone number, address, and ZIP code of the Medicaid-certified provider.
- Appointment time and date.
- Any special transportation needs.
- General reason for the appointment (doctor's visit, check-up, eye appointment, etc.).

Members will be notified by LogistiCare of the time and place of the ride transportation pick-up at the end of the reservation telephone call. Members will also receive a job number for reference purposes.

LogistiCare may contact the medical provider to verify that the member's appointment is for a covered service rendered by a Medicaid-certified provider. For example, a member enrolled in Family Planning Only Services will only be eligible to receive NEMT services to a Family Planning Only Service covered service.

Once a member has been confirmed eligible for non-emergency transportation, LogistiCare will determine the most appropriate mode of transportation for the member. LogistiCare will consider the member's current level of mobility and functional independence, and the least expensive means of transportation when arranging for transportation. LogistiCare will then contact the appropriate transportation provider and arrange the ride for the member to the covered service. Members may receive a confirmation telephone call from the assigned transportation provider prior to the member's appointment.

Members and medical providers are encouraged to contact LogistiCare if the member's appointment has been changed or cancelled with 24 hours notice, if possible.

Refer to Attachment 3 for a complete list of contact information for LogistiCare.

Pick-Up Details and Requirements

On the day of the appointment, members should be ready to board the vehicle at the appointed time. Transportation providers are not required to wait more than 10 minutes after the scheduled pick-up time. Also, members are ensured timely service, and any member waiting more than 15 minutes after the scheduled pick-up time should contact LogistiCare and report the late arrival. If a member has been waiting for longer than 15 minutes, the member should call

the dedicated “Where’s My Ride” telephone line at (866) 907-1494 to inquire about the status of the ride. LogistiCare will notify the medical provider of the late arrival to the scheduled appointment, if necessary.

Drop Off Details and Requirements

For the return pick-up from an appointment, the transportation provider is required to arrive within 15 minutes of the scheduled pick-up time. If a return pick-up cannot be arranged ahead of time, the pick-up will be referred to as “will call” pickups. Transportation providers are required to arrive within one hour of receiving a request for a “will call” pickup. LogistiCare will monitor trips to ensure that members are returned to their homes in a timely manner from appointments. If a member has been waiting for longer than one hour, the member should call the dedicated “Where’s My Ride” telephone line at (866) 907-1494 to inquire about the status of the ride.

Signed Driver Log

Members or their representatives will be required to sign a driver log for each leg of the trip to verify that a ride has been provided. Members or their representatives should not sign for a leg of the trip until that leg has been completed.

Service Complaints and Grievances

Complaints and grievances may be made by members, their families, attendants, escorts, transportation providers, and health care facility staff, at any time. A complaint is defined as a general term used to describe a member’s oral expression of dissatisfaction. A grievance is defined as a written expression by a member or authorized representative of dissatisfaction or a complaint about any matter.

Possible complaints or grievance items can include problems such as difficulty getting a ride or receiving inappropriate customer service. It could be an issue of quality of service, such as long waiting times, rude providers or provider staff, or denial/reduction of a service. A complaint may become a grievance or appeal if it is subsequently submitted in writing. All complaints, whether received verbally or in writing

(including e-mail), will be immediately recorded and tracked to its conclusion by LogistiCare.

How to Make Complaints, Grievances, and Appeals to LogistiCare

Members and providers should take the following steps when making complaints and grievances to LogistiCare:

1. Call or contact LogistiCare via e-mail to make a formal complaint or grievance. Transportation providers are required to submit any complaints received by members to LogistiCare within 24 hours.
2. LogistiCare will provide an initial response within 10 business days and a final response within 30 business days of receiving a complaint or grievance. If LogistiCare is unable to resolve the complaint or grievance during this time period, the process may be extended by 14 business days from receipt of the complaint or grievance.
3. If the member or provider is not satisfied with the decision, providers and members have the right to appeal to LogistiCare.
4. LogistiCare will respond to all appeals in writing within 10 business days of receipt, except in cases of emergency or urgent situations where the process must be expedited. LogistiCare will resolve emergency or urgent appeals no later than two business days of receipt.
5. The formal appeal process will not exceed 45 days from the date of receipt. LogistiCare will include the resolution and date of appeal resolution in the written notification to the member or his or her authorized representative.
6. If a provider or member is not satisfied with the decision by LogistiCare, members and providers will have the right to appeal any decision made by LogistiCare directly to the Wisconsin DHS.
7. The DHS’s Medicaid transportation analyst will review the complaint or grievance information and render a decision. This decision will be final and will conclude the complaint and grievance process.

LogistiCare has an ombudsmen staff to act as a member advocate and help members resolve any complaints received by LogistiCare. The ombuds staff may assist in the resolution of any problem, from any source from which the complaint was received. A member or provider may make any complaint or grievance to a transportation provider, to a health care provider, to LogistiCare, or directly to LogistiCare's ombuds staff.

LogistiCare's ombuds staff is available through LogistiCare's toll-free telephone line and LogistiCare has translation and TTY services available to receive and process any complaint.

Submitting Claims for Services Provided for Dates of Service on or Before June 30, 2011

Specialized medical vehicle providers may submit claims to ForwardHealth for dates of service (DOS) through June 30, 2011. Effective for DOS on and after July 1, 2011, all claims for covered members must be submitted to LogistiCare. Common carrier providers may continue to submit claims in the usual manner for DOS on or before June 30, 2011.

Provider Training Information

In April and May 2011, LogistiCare and ForwardHealth will be conducting orientation training sessions for providers and other interested parties on the non-emergency medical transportation system. There will be both in-person training and Webinar trainings. Refer to Attachment 4 for specific dates and times for in-person training. There is not a fee to attend in-person trainings.

Providers and other interested parties who are interested in Webinar trainings should e-mail Robert Harrison at roberth@logisticare.com for a list of dates and times for Webinar trainings.

Providers and other interested parties may also contact Robert Harrison to schedule individual, on-site trainings with LogistiCare.

Information for Specialized Medical Vehicles

Specialized Medical Vehicle Requirements

In order to be reimbursed for NEMT services through LogistiCare, SMVs must maintain the following requirements:

- Currently certified by Wisconsin Medicaid, in addition to being contracted with LogistiCare.
- Maintain the minimum insurance as noted in DHS 105.39(1) and (2), Wis. Admin. Code.
- Vehicles and all components must comply with or exceed the manufacturers, state and federal, safety and mechanical operating and maintenance standards for the particular vehicle used under the contract.
- Maintain a current Motor Bus/Human Service Vehicle Inspection (SP4162), completed by the State Patrol, at all times, for each vehicle.

Copayments for Specialized Medical Vehicle Trips

Specialized medical vehicle providers are required to request a \$1 copayment from the member each time a member is transported and a base rate is billed, unless the member is exempt from making copayments. Members are reminded they should not tip the transportation provider.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1
***ForwardHealth Member Update* for**
Non-emergency Medical Transportation Services

(A copy of the “*ForwardHealth Member Update* for Non-emergency Medical Transportation Services” is located on the following pages.)

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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 ntauv no kom koj totaub, hu rau 1-800-362-3002 (V/TTY).

Laotian — ພ້ອມຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທຮະສັບຫາ 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 *Update* 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.

Contact Information for LogistiCare

Name of Telephone Line	Telephone Number	Purpose of Telephone Line
Reservation line for scheduled trips	(866) 907-1493 (866) 907-1497 (TTY)	<ul style="list-style-type: none"> • The reservation number that members, their families or care givers, or medical providers call to schedule a ride. • Hours are Monday-Friday 7:00 a.m. to 6:00 p.m. • All rides, except for hospital discharges and urgent trips, must be scheduled two business days in advance.
"Where's My Ride" telephone number	(866) 907-1494	Call this number if your ride is late picking you up or dropping you off.

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ATTACHMENT 2

Advanced Life Support and Basic Life Support Procedure Codes Covered by ForwardHealth

Providers should submit claims with the following basic life support and advanced life support procedure codes to ForwardHealth in all circumstances, whether transporting under emergency or non-emergency cases.

Procedure Code	Description
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way
A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)
A0394	ALS specialized service disposable supplies; IV drug therapy
A0396	ALS specialized service disposable supplies, esophageal intubation
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0427	Ambulance service, advanced life support, emergency transport, Level 1 (ALS1 - Emergency)
A0429	Ambulance service, basic life support, emergency transport (BLS-Emergency)
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company, which is prohibited by state law from billing third party payers
A0433	Advanced life support, Level 2 (ALS2)
A0434	Specialty care transport (SCT)
A0435	Fixed wing air mileage, per statute mile
A0436	Rotary wing air mileage, per statute mile
A0888	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)
A0998	Ambulance response and treatment, no transport
A0999	Unlisted ambulance service

ATTACHMENT 3

Contact Information for LogistiCare

Name of Telephone Line	Telephone Number	Purpose of Telephone Line
Reservation line for routine and urgent trips	(866) 907-1493	The reservation number that members, their families/care givers, or medical providers call Monday-Friday 7:00 a.m. to 6:00 p.m. to reserve a routine trip for the member. All trips, except for hospital discharges and urgent trips, must be pre-arranged at least two business days in advance.
Reservation line for deaf and hearing impaired (TTY)	(866) 907-1497	The reservation number that members, their families/care givers, and medical providers call if they are deaf or hearing impaired.
Standing order telephone line (exclusively for medical providers)	(866) 907-1497	The number reserved exclusively for medical providers to use to call regarding a standing order or to request an urgent trip for the member.
"Where's My Ride" telephone number	(866) 907-1494	The number reserved for members, family members/care givers, or providers to call regarding a transportation service issue. For example, if transportation is late dropping off or picking up a member.
Fax number for LogistiCare	(877) 352-5629	Fax number for case managers, social workers, or medical providers to fax a standing order request and/or a Certificate of Need for Specialized Medical Vehicle Transportation form, F-1197 (06/09).
Operations Center	(866) 907-5194	The main telephone number for the operations center located in Madison, Wisconsin.

ATTACHMENT 4

Provider Training Information

LogistiCare and ForwardHealth will be conducting orientation training sessions for providers and other interested parties on the non-emergency medical transportation system on the following dates listed in the table below.

Location	Date and Time
Memorial Medical Center 1615 Maple Ln Ashland WI 54806 (715) 685-5500	April 26, 2011 2:00 p.m. to 4:00 p.m.
Crowne Plaza Hotel 4402 E Washington Ave Madison WI 53704 (608) 243-1814	April 28, 2011 2:00 p.m. to 4:00 p.m.
Hotel Sierra 333 Main St Green Bay WI 54301 (920) 432-4555	May 3, 2011 2:00 p.m. to 4:00 p.m.
Sacred Heart Hospital 900 W Clairemont Ave Eau Claire WI 54701 (715) 717-4166	May 4, 2011 2:00 p.m. to 4:00 p.m.
Best Western Hotel 5105 S Howell Ave Milwaukee WI 53207 (414) 769-2100	May 5, 2011 2:00 p.m. to 4:00 p.m.