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|  | GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES MEDICAID POLICY MANUAL | | | |
| | Chapter: | 2900 | Effective Date: | June 2020 |
| | Policy Title: | Exceptional Transportation Services | | |
| Policy Number: | 2936 | Previous Policy Update: | MT 54 | |

REQUIREMENTS

The Georgia Department of Community Health, Division of Medical Assistance (DCH/DMA) provides reimbursement for Exceptional Transportation Services for Medicaid members to obtain medically necessary treatment out-of-state when the member is financially unable to provide his/her own transportation.

BASIC CONSIDERATIONS

Definition

Exceptional Transportation Services (ETS) is defined as non-emergency medical transportation necessary under extraordinary medical circumstances that require **out-of-state** travel for treatment not normally provided through in-state medical providers.

NOTE: Medicaid members enrolled in a Care Management Organization (CMO) must request services covered under the ETS program through their CMO plan and not DFCS.

NOTE: Meals and lodging may be reimbursed for **in-state** travel if the treatment is not available through a provider in the member's region and over 50 miles from the member's residence. **In-state** transportation is coordinated by the NEMT broker responsible for the county in which the member resides.

ETS is **not** available for travel to certain medical providers within fifty (50) miles of the state's border who are utilized for routine care by individuals living in Georgia's border counties and to medical facilities that have been designated as exceptions to the fifty-mile limit. Refer to Chart 2936.1 in this Section for a list of these facility exceptions.

DFCS Responsibilities

The DCH/DMA contracts with the Department of Human Services, Division of Family and Children Services (DHS/DFCS) to arrange, coordinate, and provide exceptional transportation services for Medicaid members.

BASIC CONSIDERATIONS (cont.)

The DFCS state office Medicaid Policy Unit is responsible for:

- determining the need for ETS;
- submitting required DMA-322 Exceptional Transportation Prior Authorization Request form to DCH/DMA for approval;
- notifying the county DFCS office of the DCH/DMA determination, including the prior authorization number.

The DFCS Regional Accounting Office is responsible for:

- gathering the information necessary for an ETS eligibility determination;
- notifying the Medicaid member of the ETS decision;
- providing payment for approved transportation costs.

Eligibility Requirements

ETS is available to Medicaid members **only** if **all** the following conditions are met:

- the member's out-of-state medical care has been pre-certified by Georgia Health Partnership (GHP);
- the member is financially unable to pay for his/her transportation costs;
- the member has no other means of transportation, such as a household member, relative, or friend.

Covered Expenses

Expenses covered by ETS include:

- automobile mileage
- parking, tolls
- taxi service
- commercial transportation costs (airplane, bus, train)
- meals
- lodging

NOTE: Approval for ETS does not automatically entitle the member to all potentially covered services. The DCH/DMA approval will specify what expenses are approved.

BASIC CONSIDERATIONS (cont.)

Transportation expenses for an **escort** may be covered for members who are:

- under age 21
- blind
- deaf
- intellectually disabled
- other situations or conditions that preclude travel without an escort

PROCEDURES

Upon receipt of the request for ETS , follow the steps below:

- Step 1 Notify the DFCS state office Medicaid Policy Unit via telephone, (404) 657-7543, that ETS services have been requested.
- Step 2 Obtain the following information and provide to the DFCS state office Medicaid Policy Unit:
- pre-certification number for the out-of-state medical services (available from the member's local or out-of-state medical provider);
 - out-of-state medical provider's name, address, telephone number, and contact person;
 - member's name, address, telephone number, date of birth, and Medicaid number;
 - member's diagnosis and procedure to be performed;
 - member's explanation of his/her circumstances that justify the request for and approval of ETS.
 - W-9 Form completed by the member or member's representative.
- Step 3 Upon notification from the state office Medicaid Policy Unit, inform the member of the ETS decision.
- Step 4 Provide ETS payment(s) to the approved commercial carrier(s) and/or ETS advance to the member according to the DCH/DMA decision.

Reimbursement

To receive reimbursement from DCH for covered ETS expenses, DFCS must complete and submit a HCFA-1500 claim form through the DCH web portal as stated below::

- Step 1** Go to the GA MMIS website at www.mmis.georgia.gov/portal. Click on the Provider Information tab, and then click on Documents and Forms. Click on full list and click on CMS1500. Print as many copies as you need.

PROCEDURES (cont.)**Reimbursement (cont.)**

- Step 2** To obtain instructions on how to submit a claim, please reference the ETS Policies and Procedures Manual (Appendix F) which can be downloaded at www.mmis.georgia.gov. For information on how to navigate the web portal, you may download a copy of the Navigational Manual for Providers.
- Step 3** In order to request reimbursement through the web portal you must be registered. If the Regional Office is not registered, contact the Medicaid Policy Unit at (404) 657-7543 to obtain a copy of the Web Portal Registration form. This form needs to be completed and faxed to DXC at the number listed on the form. Any billing problems should be addressed with the counties' local DXC Provider Field Representative.

CHART 2936.1 – PARTICIPATING NON-GEORGIA HOSPITALS

| Alabama | |
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| Flowers General | Dothan |
| George H. Lanier | Langdale |
| Lakeview Community | Eufaula |
| Southeast Alabama Medical Center | Dothan |
| Phenix Regional | Phenix City |
| Stringfellow Memorial | Anniston |
| Florida | |
| Baptist Medical Center | Jacksonville |
| Baptist Medical Center-Nassau | Fernandina Beach |
| Ed Fraser Memorial | Macclenny |
| Saint Vincent's | Jacksonville |
| Shands - University of Florida | Gainesville |
| Tallahassee Community | Tallahassee |
| Tallahassee Memorial Regional Medical Center | Tallahassee |
| University Medical Center | |
| North Carolina | |
| Angel Community | Franklin |
| District Memorial | Andrews |
| Harris Regional | Sylva |
| Highland Cashiers | Highland |
| Murphy Medical Center | Murphy |
| South Carolina | |
| Abbeville County Memorial | Abbeville |
| Allen Bennett Memorial | Greenville |
| Anderson Area Medical Center | Anderson |
| Greenville Memorial | Greenville |
| Hillcrest | Greenville |
| Aiken Regional | Aiken |

| CHART 2936.1 – PARTICIPATING NON-GEORGIA HOSPITALS (cont.) | |
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| Tennessee | |
| Bradley Memorial | Cleveland |
| Chattanooga Rehabilitation | Chattanooga |
| Cleveland Community | Cleveland |
| Copper Basin | Copper Hill |
| East Ridge | Chattanooga |
| Erlanger Medical Center | Chattanooga |
| Grandview Medical Center | Jasper |
| Memorial | Chattanooga |
| Parkridge Medical Center | Chattanooga |
| T.C. Thompson Children's | Chattanooga |
| Siskin | Chattanooga |