



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 20 No. 27

December 2010

TO: Long Term Care Providers, Assisted Living Providers, Transportation Providers, Hospitals and Independent Clinics

SUBJECT: Transportation Procedural Updates for Retroactive Eligibility

EFFECTIVE: Immediately

PURPOSE: To advise transportation providers of procedural changes involved in requesting payment for any non-emergent transportation claims for clients who become retroactively eligible for Medicaid covered transportation services.

BACKGROUND: Prior to July 1, 2009 when the Division of Medical Assistance and Health Services (DMAHS) began using a transportation broker for non-emergent medical transportation, transportation providers could bill DMAHS for services provided during a client's application period once eligibility was approved and entered back to the date of application. The service had to have been provided during this approved eligibility segment. Since July 1, 2009, DMAHS does not maintain authorized transportation providers for non-emergent medical transportation. Therefore, those transportation providers who provided services for a client with pending Medicaid eligibility were unable to bill DMAHS once eligibility was determined and approved.

ACTION: Effective immediately, any Medicaid provider who provided non-emergency medical transportation between July 1, 2009 and December 31, 2010, for a client who eventually became retroactively eligible for Medicaid transportation services, may submit a bill for payment as follows:

In-network Transportation Providers

Transportation providers that have active Non-Emergency Medical Transportation (NEMT) service contracts with LogistiCare must submit to their Edison, NJ office the following documentation, together referred to as an "Invoice Package:"

- An invoice cover sheet summarizing all claims being submitted for each retro-active member (see attached form), and including the applicable Medicaid payment rate(s).
- A DMAHS Eligibility System (EMEV) print screen for each member showing the first date of retro-active eligibility. The first date of retro-active eligibility must be equal to, or earlier than, the first date of NEMT service being invoiced by the transportation provider.
- An MC-12 Medicaid Claim Form, or 1500 Health Insurance Claim Form, for each invoiced NEMT service claim.

- A Trip Log including the trip date, pick-up and drop-off addresses, name of the medical provider or facility, total mileage, and the signature of the retro-active member, or the signature of a medical provider or facility representative if the retro-active member is unable to sign.
- The level of service provided, and the type of vehicle utilized, must be included on either the Claim Form or Trip Log.

Upon receipt, LogistiCare will review all Invoice Packages to confirm all documentation is included. Incomplete Invoice Packages will be returned to the transportation provider with an indication of the missing documentation. LogistiCare shall process payments for all complete Invoice Packages in the following manner:

- LogistiCare's staff will input all required details for each trip claim into a provider specific Excel spreadsheet.
- The spreadsheet will be submitted to LogistiCare's corporate Accounts Payable Department in Atlanta, GA.
- The Accounts Payable Department will generate a separate check, or EFT, to each transportation provider, together with an explanation of payment (EOP).
- Payments to transportation providers will be made within thirty (30) days of receipt of a complete Invoice Package. Note that the payments will be wholly outside of LogistiCare's NEMT brokerage program and payment cycle.

The foregoing process will apply for all retro-active eligibility claims with a date of NEMT service between July 1, 2009 and December 31, 2010. Retro-active eligibility claims for NEMT services performed after December 31, 2010 must be submitted for payment to LogistiCare within one year of the date of service.

Out-of-Network Transportation Providers

Transportation providers that **do not** have active NEMT service contracts with LogistiCare must first complete a LogistiCare Account Setup Agreement and provide a signed W-9. Then they may submit Invoice Packages to LogistiCare as defined above. LogistiCare will accept, process, and pay out-of-network transportation providers for NEMT services provided to retro-active members with dates of service between July 1, 2009 and December 31, 2010. LogistiCare shall not process or pay retro-active eligibility claims for out-of-network transportation providers for NEMT services performed after December 31, 2010.

Retro Eligibility packets should be mailed to:

Ms. Yolanda Lawson
 Billing Coordinator
 LogistiCare Solutions, LLC
 200 Metroplex Drive
 2nd floor
 Edison, New Jersey 08817

If you have any questions concerning this newsletter, please contact the Division of Medical Assistance, Office of Customer Service at 609-588-4534.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



200 Metroplex Drive Edison NJ 08817 Suite 200

[Your Company Name] <i>[Your Company Slogan]</i>	<h1 style="margin: 0;">INVOICE</h1>
[Street Address] [City, ST ZIP Code] Phone [(509) 555-0190] Fax [(509) 555-0191]	DATE: NOVEMBER 5, 2010

TO: LOGISTICARE SOLUTIONS LLC 200 METROPLEX DRIVE SUITE 200 EDISON, NJ 08817 ATTN: CLAIMS DEPARTMENT	FOR: CLIENT NAME: CLIENT MEDICAID #:
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CLAIM #	DESCRIPTION	MILEAGE RATE	BASE RATE	TOTAL
TOTAL				

INVOICE WILL BE PAID 30 DAYS FROM DATE RECEIVED.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

or

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,