



Webinar:

CountyCare Non-Emergency Transportation

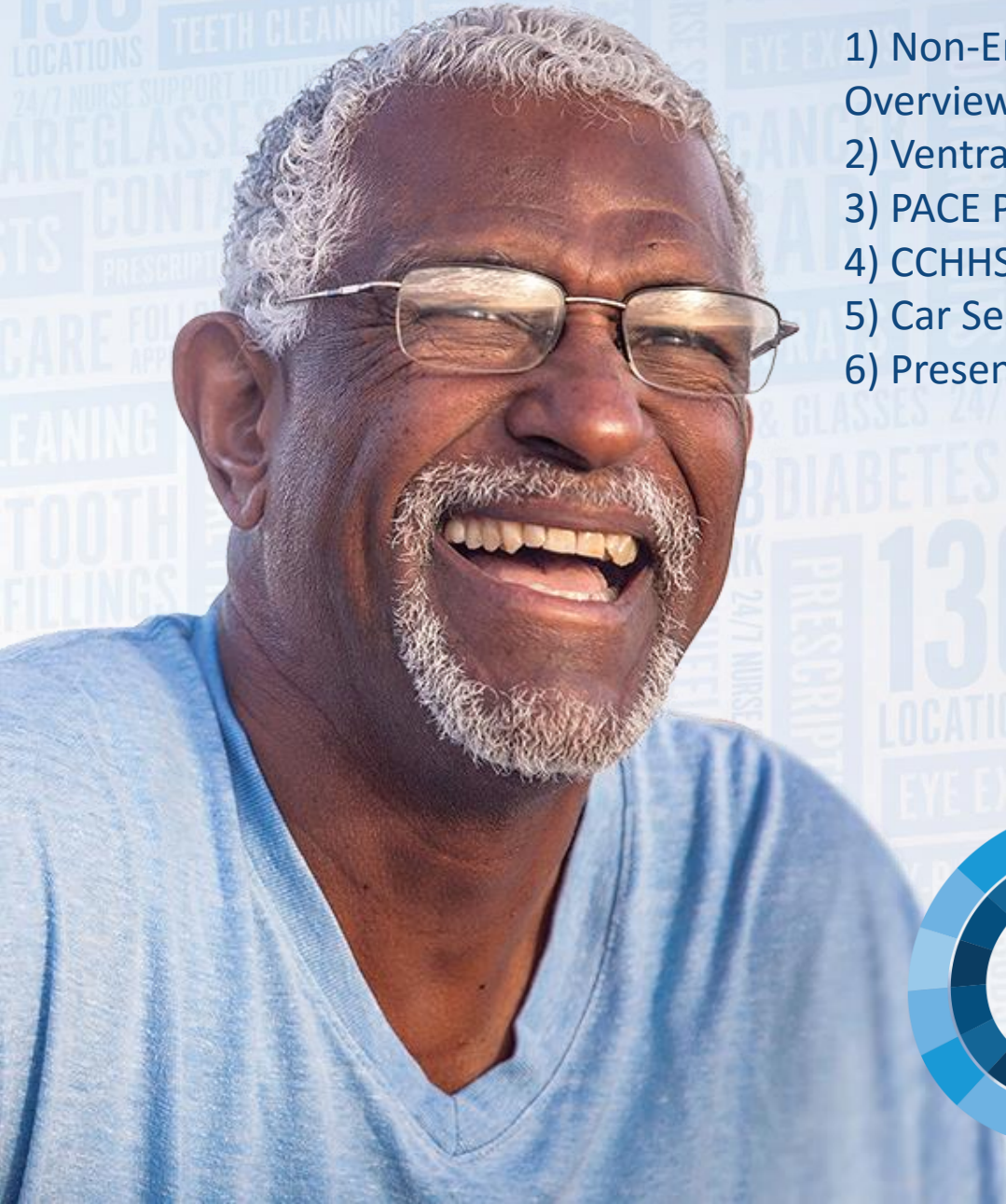
March 28, 2018



CountyCare
HEALTH PLAN
AN ILLINOIS MEDICAID HEALTH PLAN

Webinar Agenda:

- 1) Non-Emergency Medical Transportation Overview
- 2) Ventra Cards and Public Transportation
- 3) PACE Para Transit
- 4) CCHHS Fleet
- 5) Car Seat Program
- 6) Presentation by First Transit



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Non-Emergency Medical Transportation Program

- CountyCare recognizes that there is a limited network of transportation providers in Cook County
- To meet the needs of our Members, we offer the following options to be discussed in more detail in the next slides:
 - Ventra/Pace Single Trip Tickets
 - Pace Paratransit
 - CCHHS Transportation Fleet
 - First Transit – separate presentation.

[illegible][illegible]

Public Transportation/Ventra Cards

- Promote public transportation as a healthy dependable option!
- CountyCare assists members with other modes of transportation such as Pace paratransit (ADA eligible) and Ventra bus cards in an effort to free up Medicaid capacity.
- Transit training is available, here is the brochure under Rider Resources: <http://www.rtachicago.org/index.php/rider-resources.html>
- Benefits include: walking activity, economical, schedule planning, real time alerts with CTA online trip planner, etc.

Public Transportation/Ventra Cards

- Members should reach out to their Medical Home or PCP to obtain Ventra CTA bus cards.
- Each CountyCare Care Management Entity has their own policies and procedures for obtaining or distributing Ventra CTA cards to members.
- Keeps members connected to the source of the cards: PCP or CME – when they call for more: update screenings, note care gaps, follow-up on goals, and provide health education (walking!)
- Members attending Family Guidance are able to select weekly CTA cards or service car rides. ***They cannot do both.*** *If the member selects CTA cards, their name is placed on a list and they are not allowed to schedule rides with First Transit or the CCHHS fleet.*



Public Transportation/Ventra Cards

Single trip Ventra Cards provided by CountyCare:

- Can only be used on the CTA
- Cards have a \$3.00 value and up to 2 hours to receive 1 ride and up to 2 transfers with the same card. Once the 2 hours are up the card is no longer usable.

Blue VENTRA Plastic Cards (referred to as PACE cards):

- Have a \$10 value
- Can be used for multiple rides

Members can receive VentraCards to correspond with the number of health care appointments that they have scheduled. Care Managers should verify their appointments.

[illegible][illegible]

PACE ADA Paratransit Service

- Paratransit service is required by the federal Americans with Disabilities Act (ADA) and is provided for customers whose disability or health condition prevents them from using CTA and/or Pace fixed route services for some or all of their travel.
- Only persons who are certified by the Regional Transportation Authority are eligible to ride ADA Paratransit. Trips are only provided at the same times and within the same geographic areas as fixed route.
- To apply for ADA Paratransit, call the RTA ADA Paratransit Certification program at 312-663-HELP (4357) between 8:30 a.m. and 5 p.m., Monday through Friday, to request an application.
- <http://www.rtachicago.org/index.php/rider-resources.html>



CCHHS Transportation Fleet



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CCHHS Transportation Fleet

- Cook County Health & Hospitals System has their own fleet of CCHHS branded vehicles for patients needing rides to and from:
 - Stroger Campus - 1969 Ogden Ave, Chicago IL 60612
 - Provident Hospital – 500 E 51st St., Chicago IL 60615
 - All CCHHS Outpatient Clinics - <http://www.cookcountyhhs.org/locations/maps-directions/>
 - C4, Behavior Health Consortium, HRDI & Family Guidance

CCHHS Transportation Fleet

- Rides can be scheduled at **312-864-RIDE (7433)** between the hours of **7am - 7pm Monday through Friday.**
- Outpatient appointments should be scheduled **48 hours** in advance of the patient's appointment.

[illegible][illegible]

Car Seat Program

- CountyCare members are eligible to receive a free car safety seat. This includes adult members of a child (child does not need to be a member) or the child/newborn member.

Steps to receive car seat or booster:

1. Contact Member Services at 312-864-8200 for the nearest location
2. Attend a motor vehicle safety course, provided by the location
3. Upon completion, received the appropriate care seat or booster seat.

* Child does need not be present for safety course.

Car Seat Program Locations and Hours

1) Members can make an appointment and go to:

Rincon Family Services (By appointment 888-215-0513)

Traffic Safety Resource Center
5710 N. Kedzie Ave., Chicago, IL

2) Members can call Member Services at 312-864-8200 and receive a voucher to pick up the age appropriate car seat at:

Stroger Hospital/CCHHS

1969 W Ogden Ave., First Floor Information Desk
Mon, Tue, Thurs, Fri and Sat from 1pm to 4pm

- Members must present their CountyCare ID Card, and the cost of the car seat will be billed to CountyCare
- Members will receive the car seat at no cost to them



A close-up portrait of a smiling woman with short, dark, wavy hair. She is wearing a bright yellow scarf and a dark jacket. The background is a light blue gradient with faint, repeating text related to healthcare services.

**Thank you
for all that
you do!**



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WELCOME

Non-Emergency
Transportation

Call Center



Our Call Center, located in Glen Ellyn, operates 24 hours a day, 7 days a week, 365 days a year. The Call Center is staffed by over 80 dedicated employees in addition to an incredible team of support staff.

Call Center Roles

- **Customer Service - Reservations**
 - Staff Reservation Line
 - Schedule reservations
- **Customer Service - Ride Assist**
 - Staff Ride Assist Line
 - Assist members with pickup and drop off
 - Provide real-time transportation information to callers
- **Dispatch**
 - Assign and distribute trips to providers
 - Handle rerouted trips
 - Handle real-time transportation and provider issues
 - Staff Provider Line
- **Grievance & Appeals**
 - Researches and resolves all grievances
 - Works with all teams to develop solutions to basic transportation issues
- **Utilization Review**
 - Enter and recertify standing orders
 - Handles eligibility issues

2017 Call Center Statistics

Calls Received	204,636
CountyCare Members Assisted	35,809
CountyCare Trips Scheduled	386,838
CCHHS Members Assisted	1,443
CCHHS Trips Scheduled	6,555

Member Eligibility

- Eligibility is checked for all members **prior** to scheduling a reservation.
- We use the Illinois Department of Healthcare and Family Services MEDI website at <https://medi.hfs.illinois.gov> to check member eligibility.
- MEDI is our true source of record and we cannot override eligibility without approval from CountyCare.
- If CountyCare is not listed as the member's health plan in MEDI, we will deny the trip and direct the member to contact member services.

Call Center - Reservations

- Reservations can be scheduled by members and facilities by calling our Reservation Line Monday – Friday from 6 am – 6 pm.
- Routine reservations should be called in at least 48 hrs. in advance.
- Discharges and urgent appointments can be called in 24/7 and with less than 48 hrs. notice.
- First Transit uses a language line to assist non-English speaking members. We also have Reps that speak Spanish on site. Common languages are Spanish, Russian, and Farsi.
- Callers are asked a series of questions to get the information needed to schedule an appointment. Callers should have the following information whenever they are scheduling a reservation:
 - Member's RIN
 - Member's DOB
 - Member's pickup address and phone number
 - Member's drop off address, facility name, and phone number
 - Appointment times (drop off and pickup)

Call Center - Reservations

- Any special needs i.e. mobility equipment, disabilities relevant to transportation, attendant etc.
- Reason for Appointment – No diagnosis info is needed and should never be asked. We are simply asking for the type of appointment/medical facility. This information is needed to determine if the appointment is for a covered service.
- If CCHHS determines that this is **not** a covered service we will contact the member and deny the appointment.

Call Center - Reservations

- All members are given at least a 1 hour window prior to their appointment time to be ready. Providers may need to adjust this time to either earlier or later based on a multitude of factors such as:
 - Weather
 - Other scheduled trips
 - Construction
 - Traffic
 - Distance from member's pickup to their drop off
- Providers must call members in advance if they need to adjust the member's pickup time.

Call Center – Ride Assistance

- Callers can call Ride Assistance 24 hrs. a day, 7 days a week.
- Members should call Ride Assistance when their provider is more than 15 minutes late past their scheduled pickup time or if they need to make any last minute changes to their ride.
- First Transit will call the provider to get an ETA and relay the information to the member in real-time.
- If for any reason the provider's delay will cause the member to miss their appointment, we will attempt to find another provider to transport the member.

Certificate of Transportation Services (CTS) Form

- Required for **all** ambulance and medicar trips
- Must be completed by a licensed medical professional familiar with the member's care and condition
- Must be faxed **prior** to requesting transportation
- Must be fully completed
- Expires 6 months from the date received

Certificate of Transportation Services (CTS)

This CTS must be completed and returned by a Licensed Medical Professional.
Non-Emergency Transportation (NET) are not allowed to complete this CTS.
PLEASE USE THE MCA FORM FOR HOSPITAL DISCHARGES BY AMBULANCE



799 Roosevelt Road,
Bldg 4, Suite 200
Glen Ellyn, IL 60137
Phone: (630) 403-3210
Fax: (630) 873-1440

The following Member has requested assistance with transportation to their non emergency medical appointments. Please complete and return the following form to fax number (630) 873-1440.

Member Name: _____

Member ID/ RIN: _____ Date of Birth: _____

Category of Service Options: Please select the most economical category of service that will meet the Member's needs.

- | | |
|--|--|
| <input type="checkbox"/> Fixed Route Transportation | Public transportation that has an advertised route and schedule. Some examples of Fixed Route transportation include: non-commercial buses, commuter trains, subway trains, and elevated trains. |
| <input type="checkbox"/> Private Auto, Service Car, Taxi | Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode. |
| <input type="checkbox"/> Medicar | Transportation of a patient whose medical condition requires the use of a hydraulic or electric lift or ramp, wheelchair lockdowns, or transportation by stretcher when the patient's condition does not require medical supervision, medical equipment, the administration of drugs or the administration of oxygen, etc. |
| <input type="checkbox"/> Non-Emergency Ambulance | Transportation of a patient whose medical condition requires transfer by stretcher and medical supervision. The patient's condition may also require medical equipment or the administration of drugs or oxygen, etc. during the transport. |

Please check all the medical conditions that apply to the participant.

- | | |
|---|---|
| <input type="checkbox"/> Ambulatory – can travel safely using fixed route transportation | <input type="checkbox"/> Ambulatory – does NOT use a walking device like walker, cane, etc. |
| <input type="checkbox"/> Ambulatory – unable to travel by fixed route transportation | <input type="checkbox"/> Ambulatory – uses walking device like walker, cane, crutches, etc |
| <input type="checkbox"/> Uses transfer wheelchair – able to step into regular car | <input type="checkbox"/> Unable to travel alone, needs (insert number) _____ attendant (s) |
| <input type="checkbox"/> Needs lift: _____ unable to step into regular car _____ wheelchair bound | <input type="checkbox"/> Morbidly obese – weight: _____ lbs |
| <input type="checkbox"/> Unable to be transported in sitting position | <input type="checkbox"/> Requires oxygen and is able to self administer |
| <input type="checkbox"/> Severe dementia – potentially combative | <input type="checkbox"/> Paralysis: _____ Hemi _____ Para _____ Quadra |
| <input type="checkbox"/> Has contractures: _____ Arms _____ Legs _____ Trunk | <input type="checkbox"/> Requires cardiac EKG/ECG monitoring |

Criteria for Non-Emergency Ambulance – Transportation of a patient whose medical condition meets the NON-EMERGENCY AMBULANCE TRANSPORTATION PATIENT CRITERIA 89 Illinois Adm. Code 140 Table A

- | | |
|--|---|
| <input type="checkbox"/> 1. Isolation precautions | <input type="checkbox"/> 8. One-on-one Supervision |
| <input type="checkbox"/> 2. Oxygen that is not self administered | <input type="checkbox"/> 9. Specialized Monitoring |
| <input type="checkbox"/> 3. Ventilation advanced airway management | <input type="checkbox"/> 10. Special Handling/Observation |
| <input type="checkbox"/> 4. Suctioning administration | <input type="checkbox"/> 11. Clinical Observation: Applies only to patients requiring clinical observation and treatment from one environment with 24-hour clinical observation or treatment provided by certified or licensed nursing personnel, to another environment with 24-hour clinical observation and treatment provided by certified or licensed nursing personnel. This criterion is not satisfied based solely on the type of hospital or other facility from which the patient is being transferred. |
| <input type="checkbox"/> 5. Intravenous fluids administration | |
| <input type="checkbox"/> 6. Chemical Restraints | |
| <input type="checkbox"/> 7. Physical Restraints | |

List the Member's primary and secondary diagnoses, and all other relevant medical conditions not noted above, then detail the MEDICAL NECESSITY for the requested category of service and/or need for attendants.

First Transit and HPS realize that under some circumstances a patient may require one category of service for certain medical services, like dialysis, and another category of service for other types of medical services. If special circumstances exist, please detail them below. NOTE: A different category of service for certain transports cannot be requested out of convenience, it must be medically necessary and supported below.

Certification: I certify that the information in this document supplied for the patient criteria certification constitutes true, accurate and complete information and is supported in the medical record of the patient. I understand that falsifying or misrepresenting information will be utilized to determine approval of services resulting in payment of state and federal funds. I understand that falsifying or misrepresenting information may be prosecuted under applicable federal and / or state law, which can result in fines, civil monetary penalties or imprisonment, in addition to recoupment of funds paid and administrative sanctions authorized by law.

Printed Name AND Title of Licensed Medical Professional _____

Most Direct Phone Number to Validate CTS _____

Signature of Licensed Medical Professional _____


Date Signed _____

Authorization Expiration Date (not to exceed 6 months) _____

CCC Certificate of Transportation Service – FT Internal (Revised 6-4-15)

Standing Prior Approval (SPA) Form

- Required for **all** standing orders
- Standing orders occur:
 - At least 2 day a week
 - Same days & times
 - For at least 3 months
- Must be completed by the treating facility
- Must be faxed at least 72 hrs. **prior** to the first day of transportation
- If the member requires a medicar or ambulance, a CTS must accompany the SPA.
- Recertified quarterly

Standing Prior Approval (SPA) Form		 799 Roosevelt Road, Bldg 4, Suite 200 Glen Ellyn, IL 60137 Phone: (630) 403-3210 Fax: (630) 873-1440															
All blanks must be accurately completed and legible. Incomplete forms may be returned																	
Member Name: _____		Date of Birth: _____															
Member ID/ RIN: _____		Date of Birth: _____															
Requestor's Name _____		Today's Date _____															
Requestor's Relationship/Title _____		Call Back Phone No. _____															
Requesting Organization _____		Fax Number _____															
Trip Information <input type="checkbox"/> New SPA <input type="checkbox"/> Renewal <input type="checkbox"/>																	
Beginning Date _____		Ending Date _____ <input type="checkbox"/> Round-Trip <input type="checkbox"/> One-Way <input type="checkbox"/> Other															
Appt. Time _____		Return Time: _____															
Appt. Days _____		Appt. Days <table border="1"><tr><td>Mon</td><td>Tue</td><td>Wed</td><td>Thu</td><td>Fri</td><td>Sat</td><td>Sun</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Mon	Tue	Wed	Thu	Fri	Sat	Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tue	Wed	Thu	Fri	Sat	Sun											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
No. of Trips Per Week _____																	
<input type="checkbox"/> Dialysis <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Behavioral Health Services <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy																	
<input type="checkbox"/> Other Trip Reason: _____																	
Detailed Reason for Trip: (Provide the Primary and Secondary Diagnosis, Current Treatment Plan and any other pertinent information) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																	
Origin		Destination															
Identifier/Name _____		Identifier/Name _____															
Phone No. _____		Phone No. _____															
Address _____		Address _____															
City _____ State _____		City _____ State _____															
Zip Code _____ County _____		Zip Code _____ County _____															
Referring Dr's Name _____		Medical Provider Name: _____															
Referring Dr's Phone No. _____		Most Direct Phone No. to Validate _____															
Category of Service Options (Select the most economical category of service that will meet the member's needs)																	
<input type="checkbox"/> Private Auto (055) <input type="checkbox"/> Service Car (054) OR Taxi (053) <input type="checkbox"/> Medicar (052) <input type="checkbox"/> Non-Emergency Ambulance (051)																	
<input type="checkbox"/> Fixed Route (Bus/Train) <input type="checkbox"/> Non-Employee Attendant <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> BLS																	
<input type="checkbox"/> Employee Attendant <input type="checkbox"/> Non-Employee Attendant <input type="checkbox"/> ALS																	
<input type="checkbox"/> Employee Attendant <input type="checkbox"/> Oxygen/Supplies																	
Agreement and Signature																	
I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, that the information provided on this form is accurate to the best of my knowledge. I understand for prior approval ambulance transports, a Certificate of Transportation Services (CTS) or an equivalent doctor's statement is required. If First Transit does not receive required documentation prior to the transport, the request will be denied.																	
Requesting Person's Signature _____		Date Signed _____															

Single Trip Form

- Used in lieu of scheduling a trip via phone
- Must be received at least 72 hrs. in advance
- Must be filled out completely
- Submitted via fax or email

Single Trip Form

All blanks must be accurately completed and legible. Incomplete forms may be returned



799 Roosevelt Road, Bldg 4, Suite 200
Glen Ellyn, IL 60137
Phone: (630) 403-3210
Fax: (630) 873-1440

Member Name: _____

Member ID/ RIN: _____ Date of Birth: _____

Requestor's Name _____ Today's Date _____

Requestor's Relationship/Title _____ Call Back Phone No. _____

Requesting Organization _____ Fax Number _____

Trip Information

Trip Date _____ Appt Time _____ Pick-up Time _____

Reason for Trip:

- ☐ Round-Trip
☐ One-Way
☐ Other _____

Origin

Identifier/Name _____

Phone No. _____

Address _____

City _____ State _____

Zip Code _____ County _____

Referring Dr's Name _____

Referring Dr's Phone No. _____

Destination

Identifier/Name _____

Phone No. _____

Address _____

City _____ State _____

Zip Code _____ County _____

Medical Provider Name: _____

Most Direct Phone No. to Validate _____

Category of Service Options (Select the most economical category of service that will meet the member's needs)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Private Auto (055) | <input type="checkbox"/> Service Car (054) OR Taxi (053) | <input type="checkbox"/> Medicar (052) | <input type="checkbox"/> Non-Emergency Ambulance (051) |
| <input type="checkbox"/> Fixed Route (Bus/Train) | ____ Non-Employee Attendant | ____ Wheelchair _____ Stretcher | ____ BLS |
| | ____ Employee Attendant | ____ Non-Employee Attendant | ____ ALS |
| | | ____ Employee Attendant | ____ Oxygen/Supplies |

Agreement and Signature

I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, that the information provided on this form is accurate to the best of my knowledge. I understand that prior approval ambulance transports, a Certificate of Transportation Services (CTS) or an equivalent doctor's statement is required. If First Transit does not receive required documentation prior to the transport, the request will be denied.

Requesting Person's Signature _____ Date Signed _____

CCC Single Trip Form – FT Internal (Revised 6-4-15)

Transporting Members

- We have an automated system (IVR) that calls members the night before their trip to confirm that they still need transportation. The member has the option to cancel or confirm.
- The provider is also responsible for contacting the member to inform them of arrival time.
- If a provider is running late or are unable to make a pickup they must call First Transit ASAP to report the delay and we will call the member.
- Drivers are expected to drive safely and to obey speed limits and driving laws.
- Drivers are expected to assist members in and out of the vehicle and to the door of their residence or facility whenever needed.
- Drivers are expected to provide **superior customer service and compassionate care** to every member.

Grievances

- Grievances can be submitted by a member, facility, plan representative, or provider to all Call Center staff.
- Grievances are submitted via Member Services at 312.864.8200
- Grievances are researched by our Grievance & Appeals team who will reach out to the member and all involved parties to gather pertinent information.
- Grievances are usually resolved within 5 business days.

What You Can Do to Help!

- Schedule trips with *at least* 48 hr. notice whenever possible and educate members to do the same.
- Use the Single Trip Form in lieu of calling. It saves time on the phone and reduces wait times!
- Fill out all forms completely. We need all of the information on the forms to process them.
- Call us as soon as you're aware of a transportation problem so we can address it as quickly as possible.
- Encourage members to use bus tickets! It frees up capacity and provides members with more freedom!
- Educate members to call First Transit's Ride Assistance Line when they need help. They should never call the provider directly.

Contact Information

Reservation Line	(630) 403-3210 Option #1	<ul style="list-style-type: none">✓ Schedule Rides✓ Modify a scheduled ride✓ Ask questions regarding covered services✓ Obtain information regarding member's rides
Ride Assistance	(630) 403-3210 Option #2	<ul style="list-style-type: none">✓ Obtain assistance with a ride in progress✓ Receive an ETA for late ride
Call Center Contacts	<p>Stacie Honore (630) 873-1331 stacie.honore@firstgroup.com</p> <p>Anna Lenk (630) 873-1364 anna.lenk@firstgroup.com</p> <p>Tierra Gross (630) 873-3312 tierra.gross@firstgroup.com</p>	<ul style="list-style-type: none">✓ Email Single Trip, SPA, or CTS forms✓ Receive assistance with a SPA or CTS✓ Book special trips
Fax Number	(630) 873-1440	<ul style="list-style-type: none">✓ CTS Form✓ SPA Form✓ Single Trip Form
CCHHS Member Services	(312) 864-8200	<ul style="list-style-type: none">✓ File a grievance

THANK YOU!!!!