

Operations Bulletin



Date: May 15, 2014

To: Participating Provider Discharge/Non-Emergent Ambulance Transportation Coordinators

Re: **Termination of partnership between Medical Transportation Management, Inc. (MTM) and GHP;
Transition to new non-emergent transportation management process**

Geisinger Health Plan¹ (GHP) would like to inform you that our partnership with Medical Transportation Management, Inc. (MTM) as the administrator of ambulance transport services for GHP Members will terminate effective June 30, 2014. Please continue to request medical transportation authorization from MTM for scheduled dates of service prior to and including June 30, 2014.

Beginning **July 1, 2014**, GHP will coordinate prior authorization for all non-emergent ambulance transportation requests for GHP Members. GHP will also reimburse ambulance providers for all approved ambulance claims. This will affect ambulance transportation requests for all GHP Members.

Requesting a Non-Emergent Ambulance

To request non-emergency ambulance transportation for your GHP patients:

- **Complete the Non-Emergent Ambulance Transport Request form** (page 3 of this bulletin).
 - The form is available to all providers online through the GHP plan central page at NaviNet.net (click on the *Resource Center* tab on the left navigation bar and look for *Ambulance Precertification* under the *Medical Management* section). You can also call GHP Medical Management at (844) 749-5860 or (570) 214-2459 for a copy of the form.
- **Fax the completed Non-Emergent Ambulance Transport Request form to GHP at: (844) 545-0102 or (570) 214-2430.**
- **GHP Medical Management will process the request to substantiate medical necessity:**
 - **If the request is approved**, an authorization number is assigned and GHP's ambulance dispatch service, Alliance Logistic Solutions, LLC (Alliance), will then notify you of the authorization approval and which ambulance provider accepted the transport for the scheduled times.
 - **If the request is denied**, the GHP Medical Management department will contact you with the reason prior-authorization was denied. As a GHP participating provider, you reserve the right to speak to an appropriate practitioner to discuss any denial made on the basis of medical necessity. Call GHP Medical Management at (844) 749-5860 or (570) 214-2459 to initiate discussion regarding non-emergent medical transport denials.

Notes on Non-Emergent Ambulance Process

- Be sure to complete the Non-Emergent Ambulance Transport Request form in its entirety and include any supporting clinical documentation to expedite authorization. Patient information required on the form will be relayed to the rendering ambulance provider to ensure the appropriate level of service.
- When applicable, planned non-emergent ambulance transport authorization can be requested at the same time that an authorization for a planned admission is requested.
- To request an upgrade to a previously agreed upon level of service (e.g., basic life support to advanced life support, additional staff or assist units needed for bariatric transfers, etc.) or to discuss authorization for recurring trips, please contact GHP Medical Management at (844) 749-5860 or (570) 214-2459.
- For issues with ambulance dispatch, late ambulances and/or no-shows, after authorization has been granted, please contact Alliance at (844) 558-2356 or (570) 558-2356.
- In the case of a patient dropped-off at your facility by a non-participating ambulance provider, please note that a request for non-emergent ambulance transport from a participating ambulance provider is required for the return trip.

¹ GHP, Geisinger Indemnity Insurance Company, and Geisinger Quality Options, Inc. shall be collectively referred to herein as "Geisinger Health Plan."

Trips Originating from the Emergency Department

Although prior-authorization is not required at this time for trips originating in the emergency department setting, we strongly encourage emergency department personnel to obtain authorization from GHP before arranging transportation for your GHP patients. Obtaining prior-authorization will maximize benefits and minimize out of pocket expenses for your GHP patients.

Alliance Dispatch & Ambulance Time Performance Expectations

- **Scheduled Requests**

For prior-authorized, scheduled trip requests, ambulances coordinated through Alliance are expected to arrive at the pickup location within a thirty (30) minute window from fifteen (15) minutes before to fifteen (15) minutes after the agreed upon pickup time. Any changes to scheduled pickup times should be reported to Alliance at (844) 558-2356 or (570) 558-2356.

- **Unscheduled/Same-Day Requests**

For unscheduled or same-day authorized trip requests, GHP Medical Management will respond with an authorization decision as quickly as possible and ambulance providers coordinated through Alliance will make every reasonable effort to meet the requested pickup time. We understand the exigency of patient transport in these situations and will do our best to minimize delays that could affect your operations. Please contact Alliance at (844) 558-2356 or (570) 558-2356 if the provider assigned to the request is not at the pick-up location within the expected timeframe.

Additional resources and information about the GHP non-emergent medical transportation process are available online through the GHP plan page at NaviNet.net. Click the *Resource Center* tab, then select *Medical Management* and look for *Ambulance Precertification*. Should you have any questions regarding this Operations Bulletin, please contact your GHP Provider Relations Representative at (800) 876-5357. Information contained in this Operations Bulletin is effective July 1, 2014 for all GHP product lines and amends the Participating Provider Guide.



NON-EMERGENT AMBULANCE TRANSPORT REQUEST

FAX TO GHP: (844) 545-0102 or (570) 214-2430

PHONE GHP: (844) 749-5860 or (570) 214-2459

GENERAL INFORMATION (fill all fields and check all boxes that apply)

Authorization #:

(GHP internal use only)

Requestor Name:		Request Date:
Request Time:	Requestor Phone:	Requestor Fax:
Patient Name:		Patient DOB:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Patient Weight:	Patient Insurance ID #:

TRIP INFORMATION (fill all fields and check all boxes that apply)

Pickup Location Name:		Destination Name:	
Street Address (include unit/floor/room/apt #):		Street Address (include unit/floor/room/apt #):	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
Mode of Transportation Requested: <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> AMBULANCE <input type="checkbox"/> OTHER - describe:			
Transport Date:		Pickup Time:	Appointment Time:
<input type="checkbox"/> Round Trip	Time of Return (Will Call or Pickup Time):	<input type="checkbox"/> Recurring Transports	<input type="checkbox"/> Discharge <input type="checkbox"/> MD Office Visit
<input type="checkbox"/> Patient needs procedures or tests that cannot be performed at point of origin (e.g., hospital, SNF, residence, etc.)			
<input type="checkbox"/> Facility to Facility Transfer (e.g, hospital to hospital, hospital to ASC)		<input type="checkbox"/> Specialized services or care not available at first facility	
List services:			
<input type="checkbox"/> Destination is the closest appropriate facility; If not, describe:		<input type="checkbox"/> RT, RN, or MD flight crew required	
Describe why patient needs an ambulance and cannot be transported by other means:			

PATIENT INFORMATION (fill all fields and check all boxes that apply)

Current Diagnosis:		Attending Physician:
Special Circumstances:		
<input type="checkbox"/> Patient ambulates <input type="checkbox"/> Gets up from bed w/o assistance <input type="checkbox"/> Sits in chair/wheelchair <input type="checkbox"/> Immobile/hip precautions <input type="checkbox"/> SNF Part A patient <input type="checkbox"/> Required services are covered under patient's plan of care <input type="checkbox"/> Oxygen; Via: <input type="checkbox"/> Administers own oxygen; If so, what is medical reason:	<input type="checkbox"/> Meds infusing; If so, list meds: <input type="checkbox"/> IV running; If so, list type of IV and meds: <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Tracheostomy care <input type="checkbox"/> Ventilator <input type="checkbox"/> Sedated for ventilation <input type="checkbox"/> Tracheal suctioning needed <input type="checkbox"/> Sedated; If so, how:	<input type="checkbox"/> Psychological/behavioral transport <input type="checkbox"/> Involuntary; If so, committed by: Precipitating behavior: <input type="checkbox"/> Restrained; If so, type: <input type="checkbox"/> Patient suicidal <input type="checkbox"/> Patient homicidal <input type="checkbox"/> Additional attendant; who/why: <input type="checkbox"/> Lift Assist Needed