

Operations Bulletin



Date: May 30, 2014

To: Participating Ambulance Providers

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

As you may be aware, Geisinger Health Plan's¹ (GHP) partnership with Medical Transportation Management, Inc. (MTM) as the administrator of ambulance transport services for GHP Members will terminate effective June 30, 2014. MTM will continue to manage authorization, dispatch, claims, and reimbursement for non-emergent medical transportation with 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 and reimburse ambulance providers for all approved ambulance claims. GHP has contracted Alliance Logistic Solutions, LLC (Alliance) to coordinate ambulance dispatch with participating ambulance providers. This will affect non-emergent ambulance transportation for all GHP Members.

If your organization has not already been contacted regarding this change, a GHP Network Development Associate will be reaching out to you shortly to discuss any questions you may have about your existing contract with GHP, or transitioning your current contract with MTM to GHP.

In order to further assist you with this transition, GHP Provider Relations Representatives will be conducting outreach and education sessions during the month of June. Additional resources and information regarding participating ambulance provider expectations, claims, reimbursement, and appeals will be made available online through the GHP plan page at www.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 Provider Relations Representative at (800) 876-5357.

Non-Emergent Ambulance Transportation Process Overview as of July 1, 2014

- The ordering provider completes the Non-Emergent Ambulance Transport Request form (page 4 of this bulletin) to request non-emergent ambulance transportation for a GHP Member.
- GHP Medical Management reviews the form and supporting documentation to substantiate medical necessity, determine the appropriate level of care, and assign an authorization number (or inform the ordering provider if the request is denied).
- GHP Medical Management sends the appropriate clinical information and authorization number to Alliance for coordination of ambulance dispatch.
- Alliance will contact the most appropriate participating ambulance provider based on the ability to best meet the scheduled pickup time and requested level of service.
- Alliance will relay authorization, location, and appropriate patient information to the ambulance provider through fax or secure email. This information will include, at a minimum, the following:
 - Prior authorization number
 - Pick-up address (room, office location if applicable)
 - Drop off location (room, office location if applicable)
 - Patient information
 - Primary diagnosis
 - Service level approval
 - Other pertinent information
- Alliance will then inform the ordering provider that authorization was granted and communicate the necessary rendering ambulance provider information.

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

- Upon completion of the trip, the rendering ambulance provider will return the Patient Care Report (PCR)/Run Report/Trip Ticket and any other pertinent trip-related documentation back to Alliance within forty-eight (48) hours. Ambulance providers can contact Alliance:
 - By phone at (844) 558-2356 or (570) 558-2356
 - By fax at (570) 558-2357
- Alliance will relay supporting documentation to GHP as part of a scheduled data feed for claim adjudication.

Claims Submission

Participating ambulance providers are encouraged to submit Claims to GHP electronically pursuant to the Administrative Simplification Compliance Act and the Health Insurance Portability and Accountability Act's (HIPAA) covered entity requirements. Electronic Claim submission via the American National Standards Institute (ANSI) 837 format keeps GHP and ambulance providers compliant with HIPAA's privacy and security rules and regulations.

Participating ambulance providers must be enrolled in GHP's Electronic Data Interchange (EDI) program in order to submit claims electronically. If you are not setup to submit claims to GHP electronically, call your Provider Relations Representative at (800) 876-5357; or visit the GHP plan page at www.NaviNet.net, click the *Resource Center* tab and look for the *Claims & E-Transactions* section to complete the EDI enrollment form. Participating ambulance providers may also use third party clearinghouses Emdeon and Relay Health to submit claims electronically to GHP.

Participating ambulance providers should submit paper claims, using the CMS-1500 claim form, to:

Geisinger Health Plan or Claims Administrator
P.O. Box 8200
Danville, PA 17821-8200

All applicable supporting documentation should be reported to Alliance upon completion of the trip. Documentation can be reported to Alliance by fax at (570) 558-2357. Documentation that supports the claim may include the following:

- PCR/Run Report/Trip Ticket (**this is required for each trip**);
- Signed Advanced Beneficiary Notice (ABN);
- Copy of signed PHI (privacy rights document); and/or,
- Any other documentation that supports the claim.

Notes on Non-Emergent Ambulance Process

- To report any trip variances, please contact Alliance. Alliance dispatchers are available twenty four (24) hours a day, seven (7) days a week at (844) 558-2356 or (570) 558-2356; or by fax at (570) 558-2357.
- To ensure quick and accurate claims payment, the Patient Care Report (PCR) must contain a description of the Member's condition at the time of transport sufficient enough to contraindicate other means of transportation.
- 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.), please contact GHP Medical Management at (844) 749-5860 or (570) 214-2459.
- If an ambulance provider receives a non-emergent transport request for a GHP Member directly from the ordering provider, please refer the ordering provider to GHP Medical Management to initiate the request for transport appropriately.

Non-Emergent Trips Originating from the Emergency Department

Although prior-authorization is not required at this time for non-emergent trips originating in the emergency department setting, GHP strongly encourages emergency department personnel to obtain authorization from GHP before arranging non-emergent transportation for GHP Members.

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 are expected to make every reasonable effort to meet the requested pickup time. Please contact Alliance at (844) 558-2356 or (570) 558-2356 if the ambulance provider is unable to arrive at the pick-up location within the expected timeframe.

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