

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT201847    AUGUST 30, 2018

## IHCP revises family member transportation policy

*Indiana Administrative Code 405 IAC 5-4-3* permits a family member or close associate of a Medicaid member to be enrolled as a transportation provider for the purposes of reimbursement if the member has to make frequent trips for medical services and those trips would cause an undue financial burden.

Effective immediately, the Indiana Health Coverage Programs (IHCP) is revising its policy to require family members or close associates enrolled as drivers for Traditional Medicaid members to contract with Southeastrans for mileage reimbursement of nonemergency medical transportation. Although transports by IHCP-enrolled family members and close associates were originally excluded from the brokered services provided through Southeastrans, that is no longer the case.



To contract with Southeastrans, a family member or associate driver is required to officially enroll with the IHCP as a transportation provider. Family members or associate drivers already enrolled with IHCP will be contacted directly by the IHCP and Southeastrans to guide them through the contracting and reimbursement processes. Newly enrolling family members or associate drivers must follow the enrollment process described in this bulletin.

### Enrollment process for family member and associate drivers

A Traditional Medicaid member wishing to have a family member or associate enrolled as a provider for the member's transportation should complete the *Medicaid Family Member or Associate Transportation Services Form*. This form is available on both the Indiana Medicaid [provider](#) and [member](#) websites at [in.gov/medicaid](http://in.gov/medicaid) and on the [Southeastrans](http://Southeastrans.com) website at [southeastrans.com](http://southeastrans.com).

The individual enrolling with the IHCP as the Medicaid member's driver will need to submit the following documents to IHCP Provider Enrollment:

- *IHCP Family Member or Associate Transportation Provider Enrollment and Profile Maintenance Packet*
- Copy of the member's completed *Medicaid Family Member or Associate Transportation Services Form*
- Copy of the driver's current driver license
- Copy of the driver's current auto insurance
- Copy of the driver's current auto registration

Enrollment documents must be mailed to the following address:

**IHCP Provider Enrollment Unit  
PO Box 7263  
Indianapolis, IN 46207-7263**

Enrolling individuals can find information about the enrollment process, including enrollment forms, on the [Family Member/Associate Transportation Provider](#) web page at indianamedicaid.com. For assistance with enrollment, individuals can contact IHCP Customer Assistance by calling 1-800-457-4584. Select the option for “Provider Enrollment” when prompted by the automated call messaging system.

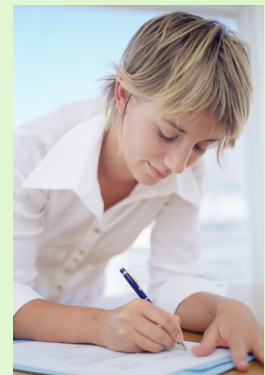
Enrollment paperwork will be reviewed by the IHCP for completeness and accuracy. The family member or associate driver will receive notification of successful enrollment directly from the IHCP Provider Enrollment Unit. Following enrollment, Southeastrans will contact the enrolled family member or associate driver to finalize the contracting process for reimbursement purposes. The driver will then be able to begin arranging trips and submitting claims through Southeastrans. The enrolled family member or associate driver is restricted to reimbursement for transporting only the specific Medicaid member associated with his or her enrollment.

### **Authorization and reimbursement process through Southeastrans**

Before transporting the Medicaid member to a medical appointment, the member must contact Southeastrans at 1-855-325-7586 to get authorization for the trip. After the member has made arrangements with Southeastrans and has been approved, Southeastrans will send a prepopulated *Indiana Gas Reimbursement Form* to the member, along with instructions on how to have the ride reimbursed to the driver. The member must take the *Indiana Gas Reimbursement Form* to his or her medical appointment and have the medical provider enter his or her name, telephone number, and signature on the form to document the initial leg of the trip (going to the appointment). The Medicaid member must enter his or her name and signature on the form for the return leg of the trip (coming back from the appointment).

To receive reimbursement, the driver must complete ALL fields in the top portion of the *Indiana Gas Reimbursement Form*:

- Name of the Medicaid member being transported
- Member’s Medicaid ID
- Name of the enrolled driver
- Mailing address of the enrolled driver
- Relationship of the driver to the member
- Driver’s Social Security number
- Driver’s telephone number



Both the driver and the Medicaid member must sign at the bottom of the *Indiana Gas Reimbursement Form*. The completed form can then be faxed to Southeastrans at (678) 510-1352 or mailed to the following address for payment:

**Southeastrans**  
**Attn: Claims**  
**4750 Best Rd. Suite 300**  
**Atlanta, GA 30337**

Enrolling family members or associate drivers and Medicaid members can contact Southeastrans for assistance by calling 1-855-325-7586 or emailing [INGR@southeastrans.com](mailto:INGR@southeastrans.com). Managed care members should contact their managed care entity (MCE) to learn about potential family member or associate transportation provider enrollment opportunities.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

**COPIES OF THIS PUBLICATION**

If you need additional copies of this publication, please [download them](#) from indianamedicaid.com.

**SIGN UP FOR IHCP EMAIL NOTIFICATIONS**



To receive email notices of IHCP publications, subscribe by clicking the blue subscription envelope here or on the pages of indianamedicaid.com.

**TO PRINT**

A [printer-friendly version](#) of this publication, in black and white and without graphics, is available for your convenience.