

NEMT – Letter to Health Care Providers



Dear health care provider,

We're writing because you may provide services to Health Share of Oregon members who use Ride to Care – the non-emergent medical transportation (NEMT) program – for trips to their covered health care appointments.

We want to let you know about some changes happening to Ride to Care's services that may impact you as a Health Share of Oregon in-network provider. Here are three important things you need to know:

1. To make sure members receive the right type of transportation, we are updating our information.

The next time a member schedules a trip, we will ask about their resources and needs, including:

- ▶ Their medical needs during rides to covered appointments.
- ▶ Any mobility device needs and special vehicles.
- ▶ Any medical or mental health conditions preventing them from using public transportation or driving.
- ▶ Access to public transportation.
- ▶ Driving themselves to appointments, or having family or friends drive them.
- ▶ Any attendants or others traveling with them.
- ▶ Any special modifications to the trip based on your needs, history or circumstances.

As part of this process, we may ask medical providers to:

- ▶ Confirm appointments.
- ▶ Give more information about members' transportation needs.

These questions help us make sure members receive the best service for their needs.

2. Coming soon: Reimbursement process changes.

Right now, members are given a prepaid card that can be used at gas stations and other locations. Beginning in March 2020, members will be reimbursed for mileage and other expenses after their appointments. Health care providers will be asked to assist members in verifying reimbursement requests. Here is how the process will work:

1. Members will take an appointment verification form with them to their appointments. If a member needs a blank form, they can be found at ridetocare.com. Ride to Care can also fax the form to providers' offices if needed.

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2. Any staff member in the provider's office can sign the form for a member. If the form is not signed, members cannot be reimbursed.
3. After the form is signed, it must be mailed or faxed back to Ride to Care within 45 days from the appointment. If we don't receive the form within 45 days, members will not receive reimbursement funds. Members must mail the form back, or providers may fax the form for members. The fax should include a cover sheet that includes your facility letterhead and information.
 - ▶ **Mail:** PO Box 301339, Portland, OR 97294
 - ▶ **Fax:** 503-296-2681
4. Members will receive reimbursement via funds added to Focus cards, which are debit cards offered through U.S. Bank. Focus cards let members spend their money wherever Visa is accepted.

A detailed reimbursement guide will be available at ridetocare.com if you would like a copy. We realize this is a change to our previous process, so please feel free to contact us with questions.

3. The Oregon Health Authority (OHA) recently made changes related to denial notification (OAR 410-141-3920).

CCOs are required to send a notice of adverse benefit determination (NOABD) letter to members within 72 hours of each denial of NEMT services. The updated rule also requires CCOs to send a letter to the medical provider with whom the member was scheduled to have an appointment, if the provider is part of the CCO's network.

The updated rule went into effect January 1, 2020. Providers will soon receive letters about denied NEMT trip requests. You may request additional information by calling Ride to Care, but a response from providers is not required.

Questions?

There are other changes happening that will not affect you directly. Please have members call us if they have additional questions. Included with this letter is an information sheet that members will receive about Ride to Care. If you have questions, you can call us at 503-416-3955 (toll-free 855-321-4899, TTY 711), 8 a.m. to 5 p.m. Monday through Friday.

Thank you,
Ride to Care