



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

September 1, 2010

Dear Iowa Medicaid Member:

Earlier this year, the Iowa Department of Human Services, Iowa Medicaid Enterprise (IME) contracted with TMS Management Group to help us satisfy your non-emergency medical transportation needs. **Beginning October 1, 2010**, TMS will be responsible for all parts of the non-emergency medical transportation (NEMT) program. TMS is who you will call when you have a need for non-emergency medical transportation, such as transportation to doctor appointments or therapy treatments.

HOW DOES THIS CHANGE IMPACT YOU?

- You must schedule **ALL** your non-emergency medical transportation trips and travel expenses with TMS Management Group prior to your trip.
- TMS will determine who provides your trip.
- Your trip may be provided by a public transit system, a private transportation company, a non-profit organization, a volunteer, or some other person who has a contract with TMS. In some cases, mileage reimbursement may be available to Members who drive themselves, but this must be approved by TMS prior to your trip.
- You may be picked up at your door or in some cases you may have to walk to the nearest public transit bus stop to be picked up.

HOW DO YOU OBTAIN TRANSPORTATION?

Beginning September 20, 2010, TMS will begin receiving telephone requests for medical trips taken **on or after October 1, 2010**. Here is what you need to do:

Call TMS at 1-866-572-7662

- Be prepared to tell the TMS operator your name and Medicaid identification number.
- Be prepared to tell the TMS operator why you need to travel, where you need to travel, and when you need to travel.

Once you have provided all necessary information, the TMS operator will tell you how your request will be met.

WHAT IF YOU HAVE QUESTIONS?

If you have questions, please visit <http://www.ime.state.ia.us/Members/index.html> or call Member Services at 1-800-338-8366 or Des Moines local 515-256-4606. You may visit www.tmsmanagementgroup.com/iowa.

Sincerely,

Tim Weltzin
IME Policy

Cc: IME Member Services
TMS Management Group, Inc.

IOWA MEDICAID MEMBER: IMPORTANT INFORMATION ABOUT THE MEDICAID NON-EMERGENCY TRANSPORTATION PROGRAM

The Iowa Department of Human Services/Iowa Medicaid Enterprise has contracted with **TMS Management Group, Inc. ("TMS")** to help satisfy your non-emergency medical transportation needs. Beginning October 1, 2010, TMS will be responsible for all parts of the non-emergency medical transportation service. TMS is who you call when you have a need for non-emergency medical transportation. Once you have provided all necessary information, the TMS operator will tell you how your trip request will be met.

Beginning on September 20, 2010 call for a ride: **1-866-572-7662**. This is for October 1, 2010 or later rides for medical or therapy appointments.

To Make a Reservation Call 1-866-572-7662

Rides Available Can Include: Car, Van, Taxi, Public Transit, Stretcher Vehicle, Wheelchair Vehicle, Mileage Reimbursement, etc.

For a Medical Emergency: Please call **911**.

Hours of Operation.

Reservations need to be made

Monday-Friday, from **8:00** am to **5:00** pm (CST)

Urgent Situations. The TMS Reservation Line is available 24 hours a day/7 days a week. If a ride is late or you have an urgent situation, please call TMS at the number above (1-866-572-7662).

Si usted necesita esta informacion en espanol, por favor llame a 1-866-572-7662.



Program Rules

You must schedule all transportation through TMS. DO NOT call your DHS Case Worker.

Escorts. Allowed, if due to age, disability, or a medical necessity.

Wheelchairs. Must be supplied by the member.

Car Seats. Must be supplied by the member.

Door to Door Service. Drivers **cannot** enter a member's home or a medical facility.

Wait Time. Drivers are only required to wait 10 minutes past the scheduled pick up window. Please be ready.

When To Call. Please call at least **72 hours before an** appointment.

Please Have the Following Available When Calling:

- Your Medicaid ID #
- Name and complete address of your medical provider
- Appointment day and time
- Appointment location

Questions?

What if My Appointment Is Canceled or Rescheduled? Please call immediately if there is a change in your schedule. Ideally, call **24 hours** before a scheduled ride. Your courtesy allows us to better serve other members.

What if I have a Complaint? Please contact TMS immediately. Call **1-866-572-7662**. Excellent service is our goal.

What If I'm Unsure of the Time of My Return Trip? If you are unsure when your appointment will end, please call **TMS at 1-866-572-7662**, and have the pickup address available and your Medicaid ID #.

Who Can Call for Transportation? You, a relative, caregiver, or medical facility staff member.

**If you have any additional questions, please visit IME Member Services or
www.tmsmanagementgroup.com/iowa**



Iowa Volunteer Mileage Reimbursement Policy

TMS Management Group, Inc. offers eligible Iowa Medicaid beneficiaries the option of using volunteer mileage reimbursement for medical appointments where a Medicaid compensable service is delivered. Effective October 1, 2010, Iowa Medicaid beneficiaries will be required to coordinate all non-emergency transportation trips through TMS Management Group, Inc. ("TMS") in order to have those trips reimbursed. TMS will reimburse these transports at the existing rate of \$0.30 per loaded mile. The purpose of the Iowa Volunteer Mileage Reimbursement Policy is to reimburse friends, family members, or volunteers for their mileage and fuel expenses in transporting Iowa Medicaid beneficiaries to their medical appointments.

Advance Scheduling: If an Iowa Medicaid beneficiary wants to take advantage of this Mileage Reimbursement Policy, the beneficiary must call **1-866-572-7662 at least 2 business days** before your appointment to schedule a trip reservation. You must supply all the details of your scheduled transportation including:

1. Your Full Name, Home Address, Telephone, and Medicaid ID Number
2. The Name of Your Driver and the Relationship of the Driver to You
3. The Driver's Mailing Address and Telephone Number
4. The Trip Date
5. The Medical Provider's Name, Address, and Telephone Number

Once your trip has been scheduled, the TMS Operator will give you a unique Trip Confirmation ID Number.

Claims Processing: To process your claim for payment, you have the option of submitting your Mileage Reimbursement Trip Log & Claim Form manually in writing or electronically.

Manual Process: If you indicate that you want to complete your claim manually, TMS will mail to you this Mileage Reimbursement Policy and the attached Mileage Reimbursement Trip Log and Claim Form prior to your medical appointment.

1. Fill in all of the blanks on the Mileage Reimbursement Trip Log & Claim Form **except** the physician/clinician signature space.
2. Take the Mileage Reimbursement Trip Log and Claim Form with you to the medical appointment. A member of the medical staff (Physician, Clinician, Counselor) must print their name legibly and sign the form in order to verify that the medical appointment occurred.
3. If you go more than once a month, you can put several trips on one form.
4. You must also supply proof of automobile insurance coverage in the driver's name that is fully and active and in force on the date that the trip occurred. You may photocopy or use the driver's automobile liability insurance card available on most insurance policies for private citizens. A copy of the policy itself will also suffice. Driving in an uninsured vehicle is serious risk, and TMS will not consider cancelled or inactive insurance policies to be effective.
5. Mail the **original signed form, along with proof of automobile insurance, and all supporting documents to: TMS Management Group, Inc. 5800 Fleur Drive, Room 231 Des Moines, IA 50321-2854**



Electronic Process: If you indicate that you want to complete your claim electronically, TMS will mail to you the Mileage Reimbursement Trip Log & Claim Form prior to your appointment.

1. You must check the box indicating that you want to complete your claim electronically and that you accept all conditions of TMS's Mileage Reimbursement Policy.
2. You and Your Driver must print your names and sign the form. You must supply proof of automobile insurance as documented in item 4 above. You must fax these documents to 1-866-584-7601 or mail them to TMS Management Group, Inc. 5800 Fleur Drive, Room 231 Des Moines, IA 50321-2854. You only need to complete this step once for all trips that you schedule for 1 calendar year.
3. Your medical provider will be given secure electronic access to TMS's website, the Reimbursement Portal, and the medical provider must verify the medical appointment electronically.

Additional Claims Processing Requirements:

1. Mileage Reimbursement Trip Log & Claim Forms must be received within 30 days of your appointment or they may be denied. Mileage Reimbursement Trip Log & Claim Forms that have been returned to you for additional or incomplete information must be resubmitted within 30 days. Any requests for review regarding mileage reimbursement or trips denied reimbursement must be submitted within 30 days of the check disbursement date.
2. For the manual process, TMS will process payments within 10-20 days of TMS's receipt of a fully complete and valid Mileage Reimbursement Trip Log & Claim Form via U.S. Mail. For the electronic process, TMS will process payment within 10-20 days of the electronic verification of the appointment by the medical provider and TMS's receipt of written documents.
3. Payment will be issued by check in the driver or volunteer's name and sent via U.S. Mail to the beneficiary to give to the driver.
4. TMS may deny a claim for Mileage Reimbursement if no proof of active automobile insurance coverage on the trip date has been provided or if the destination of the medical appointment is not a facility that delivers Medicaid compensable services as determined by Iowa Medicaid Enterprise.

If the date of your medical appointment changes, you must call the Reservation Line at **1-866-572-7662** to change the date of your appointment or your payment could be denied.

We have enclosed a blank mileage reimbursement trip log and invoice form with this letter. You can make as many copies as you need. **Your physician/clinician must sign the mileage reimbursement trip log and invoice form to show you were at your appointment in order to get paid.** Additionally, the driver **must** sign the form on the bottom. Unsigned forms will be returned.

Mileage discrepancies: On the Mileage Reimbursement Trip Log and Claim Form, you must enter the Total Mileage for each round trip. TMS will verify this mileage against the 2006 version of Microsoft's MapPoint software program, a leading mapping software in the industry. The software will be set to filter each trip for shortest trip distance. Additional stops or destinations are not included in the reimbursed amount. If you feel the mileage is incorrect, you may use www.mappoint.com to verify mileage. Print out the route and send it in with your Mileage Reimbursement Trip Log and Claim Form to TMS for verification purposes.

Please call the Reservation Line at **1-866-572-7662** if you have any questions.

MILEAGE REIMBURSEMENT TRIP LOG AND CLAIM FORM

**Must be sent to: TMS Management Group, Inc.
5800 Fleur Drive, Room 231
Des Moines, IA 50321-2584**

DRIVER NAME: _____ RELATIONSHIP TO MEMBER: _____

DRIVER MAILING ADDRESS: _____ DRIVER PHONE #: _____

CITY/STATE/ZIP: _____ DRIVER SIGNATURE: _____

MEMBER NAME (If different from Driver): _____ MEDICAID ID #: _____

IS TRIP A STANDING ORDER? Y N IF YES, CIRCLE THE DAYS TRAVELED WEEKLY: S M T W T F S

Trip Date	Medical Provider Name, Address & Phone #	Physician/Clinician Signature*	Total Miles
	Name: Address: Phone #:		
	Name: Address: Phone #:		
	Name: Address: Phone #:		
	Name: Address: Phone #:		

***Each date of service must have a clinical signature in order for reimbursement to be approved.**

NOTE: Each trip will be confirmed with the physician's office before payments will be made. This form must be received within 30 days of your appointment.

Do not write in this space.

Total mileage to be paid: _____ Total amount for this invoice: _____ Batch #: _____ Batch date: _____

****PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON TRANSPORTED****

Mileage Reimbursement Rate: \$0.30 per mile.

___ I choose to use TMS's mileage reimbursement procedure, and I have read and understand the Mileage Reimbursement Policy. I am submitting my signature and my driver's signature as proof that all elements of the policy will be adhered to for all Mileage Reimbursement Trips scheduled.

Iowa Form 470-0386

I hereby certify the information contained herein is true, correct and accurate. Beneficiary Signature _____