TRANSPORTATION PROVIDER MANUAL

Overview

Part of Fidelis Care’s Mission is to remove the obstacles members face in accessing medical care. Many of our members struggle with transportation to their medical appointments. Fidelis Care covers non-emergent transportation in applicable counties for members active in the following health insurance products:

- New York Medicaid - Rockland County only
- Fidelis Care at Home / Medicaid Advantage Plus
- Fidelis Dual Advantage
- Fidelis Dual Advantage Flex
- Medicare Advantage Flex / Medicare Advantage without RX / Medicare Advantage $0 Premium/Medicare Advantage $0 Premium Segments 1 and 2
- Essential Plan 1, 2, 3, and 4
- Qualified Health Plans

The non-emergent transportation benefit covers round-trip transportation from the member’s home to medical appointments with in-network providers located within 30 miles. This may include public transportation or scheduled trips by livery, ambulette, or ambulance.

Members may not use their benefit to schedule transportation services for another person. If a member requires an attendant, or if a child is a member of the plan, transportation is covered for the escort. Discharges from hospitals or transfers to non-emergent facilities, skilled nursing homes, or rehabilitation centers are also included in this benefit.

The Fidelis Care Transportation Department can schedule trips for members as early as one month in advance, and no later than 4 PM the business day prior to the requested date of service.

Provider Expectations

- Providers are expected to retain assigned trips unless they must cancel for reasonable circumstances.
- Providers are not to service members without a prior authorization.
- Provider cancelations/re-routes must be made before 6 PM the business day prior to the date of service.
- Fidelis Care will make every effort to prevent same-day cancellations. However, when same-day cancellations occur, the member and provider affected will be notified as soon as possible.
- Fidelis Care will schedule pickup times 60 to 90 minutes prior to the member’s appointment, depending on the destination. This allows a 30 to 60 minute window for members to arrive to their appointments on time.
- If drivers arrive early for the pickup, they must wait until the scheduled pickup time, plus an additional 10 minutes. If a member cannot be located and is considered a “No Show,” the provider should report this by calling the Transportation Department at 1-888-FIDELIS (1-888-343-3547).
- Members must be taken to their appointments on time, regardless of the number of passengers combined into a single vehicle.
- Members must be picked up within 45 to 60 minutes of the requested return ride home.
- Providers shall provide same-day service for urgent, non-life-threatening appointments as requested by Fidelis Care or Fidelis Care’s after-hours service.
- Providers shall provide pharmacy stops for members when a prescription pickup is needed. The pharmacy stop is not considered an additional leg and can be added to a trip without additional paperwork. Members are advised to have prescriptions called in ahead of time or to just drop a prescription script off, as a transportation provider will only wait 15 minutes at the pharmacy...
Please note that the pharmacy stop should be on the way to the member’s home or next scheduled destination.

- Providers must comply with all applicable requirements of Article 19-A of the Vehicle and Traffic Law and Part 6 of the Commissioner’s Regulations issued by the New York State Department of Motor Vehicles.

**Manifest**

The Manifest will be sent via email or fax every day at 4 PM. If a provider must re-route trips, they must call the Transportation Department no later than 6 PM the day prior to the scheduled trip. There are two types of trips on the Manifest:

1. **New**: These are new scheduled trips. Trips can be scheduled as early as 1 month in advance.
2. **Cancelled**: Any cancelled trip for future dates.

**Personal Assistance, Escorts, and Carry-Downs (From the NYS Medicaid Program Transportation Manual Policy Guidelines)**

The Medicaid Program requires the transportation company staff to provide physical assistance to the ambulatory and non-ambulatory (wheelchair-bound) Medicaid enrollees in:

- Walking, climbing, or descending stairs, ramps, curbs, or other obstacles.
- Opening and closing doors.
- Accessing an ambulette vehicle.
- Removing obstacles to ensure Medicaid enrollees move safely.

There is no separate reimbursement for the escort of a Medicaid enrollee. Transport for necessary escorts is provided by the ambulette service at no additional or enhanced charge.

**The Medicaid Program DOES NOT limit the number of stairs or floors that a provider must climb in order to assist a Medicaid enrollee.** The staff must transport the enrollee from his/her front door (including apartment door, nursing home room, etc.), no matter where it is located, to the door of the medical practitioner from whom the enrollee is to receive Medicaid-covered medical services.
Non-Emergent Transportation Benefit for Each Health Insurance Product

New York Medicaid (NYM)

Non-emergent transportation for Fidelis Care members has transitioned from Fidelis Care to fee-for-service Medicaid in all counties, except for Rockland County. Prior authorization requests and claims for non-emergent transportation for members outside of Rockland County should be directed to LogistiCare Solutions or Medical Answering Service. Providers and members can contact the agency corresponding to their county listed at https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf.

Rockland County:
Fidelis Care uses AIM Byisroel, Inc., as the vendor to arrange transportation for Medicaid members living in Rockland County. This includes livery and ambulette service. Members or providers can reach AIM Byisroel at 845-354-5900. Please note, if a member needs to be transported by ambulance, Fidelis Care’s Transportation Department must authorize and schedule the trip.

HealthierLife Health and Recovery Plan (HARP)

Non-emergent transportation is covered by Fidelis Care in Rockland County (please see NYM benefit for Rockland County transportation information). Prior authorization requests and claims for non-emergent transportation for members residing in all other counties should be directed to LogistiCare Solutions or Medical Answering Service. Providers and members can contact the agency corresponding to their county listed at https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf.

Managed Long Term Care / Fidelis Care at Home / Medicaid Advantage Plus (MLTC/LTC/MAP)

Non-emergent transportation for Managed Long Term Care, Fidelis Care at Home, and Medicaid Advantage Plan members is available in all counties where the plan is offered. Transportation is provided by livery, ambulette, or ambulance service, as appropriate for the member’s condition.

All scheduled transportation requires prior authorization. Livery or ambulette service does not require physician orders; however, medical justification is required for ongoing ambulance service. The forms can be found on our website at Livery-Taxi/Ambulette/Ambulance Non-Emergency Transportation Services.

Non-emergent transportation includes medical appointments, adult day care, or social programs that are part of the member’s plan of care.

Fidelis Dual Advantage

Fidelis Care will cover routine transportation services by livery to medical providers when a member needs to receive medical services, and to pharmacies when members need to pick up prescriptions. Transportation by non-emergency ambulette or ambulance are covered if the Transportation department has reviewed and approved medical justification forms.

These forms can be found on our website at Livery-Taxi/Ambulette/Ambulance Non-Emergency Transportation Services.
Fidelis Dual Advantage Flex

The Fidelis Dual Advantage Flex plan provides fourteen (14) one-way trips by livery per calendar year to medical appointments. After fourteen (14) trips by livery, members may use their flex benefit by paying out of pocket and submitting reimbursement claims with receipts to Fidelis Care’s Medicare Department within ninety (90) days. Once the benefit has been exhausted, members should contact Medicaid fee-for-service transportation services. Medical justification is required with any request for routine transportation by ambulette or ambulance. Prior authorization is required except if a member is being transported by livery.

Medicare Advantage Flex Plan

Non-emergent transportation by livery is covered under the member’s flex benefit. The member must pay for the transportation services out of pocket and submit a reimbursement claim with receipts to Fidelis Care’s Medicare Department with ninety (90) days. Non-emergent transportation by ambulette is covered when medically necessary. Non-emergent ambulance services are covered with prior authorization if a member has a documented medical condition that requires transportation by ambulance. Prior authorization is required for in-network and out-of-network non-emergent ambulette or ambulance services to ensure the services meet Medicare coverage guidelines.

Medicare Advantage $0 Premium

Non-emergent transportation by livery or ambulette is not covered. Non-emergent ambulance services are covered with prior authorization if a member has a documented medical condition that requires transportation by ambulance and other means of transportation are contraindicated (could endanger the person’s health). Prior authorization is required for network and out-of-network non-emergent ambulance services to ensure the services meet Medicare coverage guidelines.

Medicare Advantage $0 Premium Segments 1 and 2

Non-emergent transportation by livery or ambulette is not covered. Non-emergent ambulance services are covered with prior authorization if a member has a documented medical condition that requires transportation by ambulance and other means of transportation are contraindicated (could endanger the person’s health). Prior authorization is required for network and out-of-network non-emergent ambulance services to ensure the services meet Medicare coverage guidelines.

Essential Plan 1 and 2

Non-emergent transportation is not covered. Non-emergent facility transfers by ambulance are covered with prior authorization only if the member’s medical condition requires transportation by ambulance and other means of transportation could endanger the person’s health.

Essential Plan 3 and 4

Non-emergent transportation for Essential Plan 3 and 4 includes personal vehicle, bus, taxi, ambulette, or public transportation to medical appointments. Providers or members must call the vendor listed below to arrange transportation:

- New York City (Bronx, Brooklyn, Manhattan, Queens, Staten Island): Medical Answering Service, 1-844-666-6270
- Long Island (Nassau and Suffolk): LogistiCare, 1-844-678-1103
- All other counties: Medical Answering Service, 1-800-850-5340

You can access this information online at https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf.
Qualified Health Plans

Fidelis Care covers **non-emergent** ambulance transportation by a licensed ambulance service (either ground or air ambulance, as appropriate) between facilities when transportation is any of the following:

- From a non-participating hospital to a participating hospital
- To a hospital that provides a higher level of care that was not available at the original hospital
- To a more cost-effective acute-care facility
- From an acute-care facility to a subacute setting
Claims and Billing Guidelines

Fidelis Care will only pay claims that are billed using the accepted NYS Medicaid procedure codes. These codes will be reimbursed at the rate set forth by NYS Medicaid. Please call Fidelis Care if you are unsure of the codes you are permitted to bill, or reference the New York Medicaid Programs Provider Manual under Transportation at https://www.emedny.org/ProviderManuals/Transportation/index.aspx.

Prior authorization from Fidelis Care is required for transportation services under specific plans.

Provider Access Online

Fidelis Care wants you to have the tools and resources you need to provide your customers and our members the transportation services they deserve. Our new enhanced provider portal, Provider Access Online, is a critical part of Fidelis Care's efforts to increase efficiency and expand services to our providers.

Provider Access Online benefits include:

- Download capabilities for your Remittance Advice statements
- Ability to perform claim-status inquiries
- Member eligibility search capabilities
- Ability to check authorization status

Provider Access Online is available at providers.fideliscare.org. If you have trouble logging into your account, please call 1-888-FIDELIS (1-888-343-3547).

Remittance Advice

A Remittance Advice can be obtained by logging onto Provider Access Online. Providers who need assistance obtaining their ID and password can contact their local Provider Relations Representative for assistance.

The Remittance Advice identifies which members and services are covered by a particular check. Claims are listed in alphabetical order according to the member's last name. Each item in the list includes the following:

- Fidelis Care claim number as assigned by Fidelis Care
- Member's name
- Member's Fidelis Care ID number
- Provider's name
- Date of service
- Procedure code
- Patient account number
- Denied amount
- Allowed amount

The Remittance Advice should be examined to reconcile payments from Fidelis Care with accounts receivable records.
Fidelis Care Claim Inquiry

To check the status of claims processed more than 3 months ago, please go to Provider Access Online. You can also call us at 1-888-FIDELIS (1-888-343-3547) Monday through Friday, from 8:30 AM to 5:00 PM.

Electronic Fund Transfer (EFT)

Providers can request to receive payments electronically if they meet the following criteria:

- Participating provider
- Submitting claims electronically for at least two months
- Receiving remittances and/or rosters electronically
- Agrees to receive all payments in an EFT format: claims, capitation, and QCMI (if applicable)
- Agrees to receive other communication electronically

If you would like to receive Electronic Funds Transfers, please complete the EFT Enrollment form located at Electronic Funds Transfer.

For lost or missing transactions, please view the following PDF for instructions: Missing EFT Payment.

Stop Payment and Reissue of Checks

To request a stop payment and the reissue of a check, the request must be sent in writing to the following address:

Attn: Finance Department  
Fidelis Care  
95-25 Queens Blvd.  
Rego Park, NY 11374

The written request must have the following information:

- A completed and notarized affidavit; the affidavit form is found in Section 12A of the provider manual Affidavit of Lost/Stolen/Destroyed Check.
- The contact person and phone number
- Verification of the correct remittance address for the check
- Who the check was made payable to, if known
Submitting Claims

Timely Filing

All claims must be submitted to Fidelis Care within the time frames specified by your Fidelis Care provider contract. Claims for services provided to Fidelis Care enrollees must be submitted within ninety (90) days. Acceptable reasons for a claim to be submitted late are: litigation, primary insurance processing delays, retroactive eligibility determination, and rejection of the original claim for reason(s) other than timely filing. Late claims must be accompanied by proof of prior billing to another insurance carrier or a letter that specifies an acceptable reason for the delay.

Electronic Claim Submissions (837P – Health Care Claims)

Fidelis Care recommends using the Electronic Data Interchange (EDI) system for submitting claims. Electronic claims submissions can help reduce administrative and operating costs, expedite the claim process, and reduce errors.

Fidelis Care accepts claims originating from clearinghouses. Please contact your preferred clearinghouse to confirm that they will forward your submitted claims to Fidelis Care or email the Fidelis Care EDI team at hipaa-edi_team@fideliscare.org.

If you are currently submitting more than 200 claims per month to Fidelis Care, please contact us at 1-888-FIDELIS to learn more about your electronic claim-submission options.

If you have more questions about beginning to submit claims electronically to Fidelis Care, please email the Fidelis Care EDI team at hipaa-edi_team@fideliscare.org.

General Information for Claims Submission

Receiver Name: Fidelis Care
Fidelis Care Receiver ID: 113153422
Fidelis Payer ID: 11315

Electronic Remittance Advices (835 – Health Care Claim Payment/Advice)

Fidelis Care offers secure electronic delivery of Remittance Advices. You may receive these either through your claims clearinghouse or directly from Fidelis Care.

For clearinghouse delivery, please contact your clearinghouse for availability. If you would like to receive the HIPAA-mandated 835 Electronic Remittance Advice directly from Fidelis Care, please complete the Fidelis Care eCommerce Request form located at Electronic Data Trading Form.
Paper Claim Submission

Mailing addresses for paper claim submission can be found below:

<table>
<thead>
<tr>
<th>Fidelis Care Line of Business</th>
<th>Claim Type</th>
<th>Claims PO Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid, CHP, and Essential Plan</td>
<td>UB-04</td>
<td>Fidelis Care PO Box 806 Amherst NY 14226-0806</td>
</tr>
<tr>
<td>Medicaid, CHP, and Essential Plan</td>
<td>CMS-1500</td>
<td>Fidelis Care PO Box 898 Amherst NY 14226-0898</td>
</tr>
<tr>
<td>Medicare</td>
<td>CMS-1500 UB-04</td>
<td>Fidelis Care Dual Advantage and Fidelis Care Medicare Advantage PO Box 170 Amherst NY 14226-0170</td>
</tr>
<tr>
<td>Fidelis Care at Home (FCAH)</td>
<td>CMS-1500 UB-04</td>
<td>Fidelis Care at Home PO Box 1707 Amherst NY 14226-1707</td>
</tr>
<tr>
<td>Fidelis Care FIDA</td>
<td>CMS-1500 UB-04</td>
<td>Fidelis Care FIDA Plan PO Box 1206 Amherst NY 14226-1206</td>
</tr>
<tr>
<td>HealthierLife (HARP)</td>
<td>UB-04</td>
<td>Fidelis Care HealthierLife PO Box 1205 Amherst NY 14226-1205</td>
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</tbody>
</table>

Claim Forms

Providers must submit claims within ninety (90) days. Most providers should use the CMS 1500 claim form. Hospital-based ambulance companies and some day care centers may submit form UB-04.

Form CMS1500 can be found at: [https://fideliscare.org/Portals/0/DocumentLibrary/Providers/Resources/1500_claim_form_2012_02.pdf](https://fideliscare.org/Portals/0/DocumentLibrary/Providers/Resources/1500_claim_form_2012_02.pdf).

Form UB-04 can be found at: [https://www.fideliscare.org/Portals/0/DocumentLibrary/Providers/Resources/UB-04.pdf](https://www.fideliscare.org/Portals/0/DocumentLibrary/Providers/Resources/UB-04.pdf).

Claim Requirements

Prior to submitting a claim to Fidelis Care, you must have the following information:

1) Member information requirements
   - Member ID number
   - Member last name
   - Member first name
   - Member date of birth
   - Member address: street, city, state, zip

2) Provider information requirements
   - Transportation company name
   - Appropriate transportation provider ID number for county served
   - Company address: street, city, state, zip
   - Zip code: pickup zip code and drop-off zip code (Required for paper claims in box 32, A and B. For electronic claims please work with claims submission vendor)
3) Claim information requirements
   - Patient account number - (invoice number, if there is one)
   - Diagnosis code - Fidelis Care will accept a generic ICD-10 diagnosis code as long as it is a valid code if the exact diagnosis is unknown
   - Units: 1=one-way trip, 2=round trip, 3=second stop at provider’s office, 4=two round trips on the same date of service and number of miles (enter total miles traveled)

4) Total charges

5) Procedure code

Corrected Claim

If a provider disagrees with the payment determination, the provider can submit documentation supporting additional payment for the claim. Corrected claims must be submitted within sixty (60) days of the remittance advice for that claim. If Fidelis Care does not receive a request for a corrected claim within sixty (60) days of the remittance advice for that claim, the provider shall be deemed to have waived all rights to assert that the claim is incorrect.

A corrected claim is a claim that has any changes made to an original claim previously submitted. It can include, but is not limited to, changes to the following:
   - Date of service
   - Place of service
   - Procedure codes - including adding or removing modifiers
   - Diagnosis billed
   - Units per service
   - Dollar amounts
   - Provider status changed
   - Provider specialty change
   - Provider tax ID number change

Corrected Claims Address:  
   Attn: Corrected Claims  
   Fidelis Care  
   480 CrossPoint Pkwy.  
   Getzville, NY 14068

Electronic Submission of Corrected Claims

When submitting a corrected claim electronically, the original claim number must be submitted and the claim frequency type code must be a "7" (replacement of prior claim). Please go to Fidelis Care’s website at fideliscare.org for additional information. Please note that corrected claims must be submitted within sixty (60) days of receiving the remittance advice.

How to Submit Claims for Same Member, Multiple Trips, Same Day

When multiple trips are scheduled for the same member for the same day, please add up the trips and mileage, and submit one service line for total trips, and a second service line for total miles. If tolls are included, add up the tolls for a third service line.