

## Medica<sup>®</sup> Provide-A-Ride<sup>SM</sup> & Special Transportation to Out-of-Network Providers Exception Request Policy

### Purpose:

The purpose of this document is to describe the policy for making exception requests for Provide-A-Ride and special transportation to health care services beyond the described benefit; refer to Elderly Waiver transportation policy for information on waived transportation.

### Introduction:

Medica has established the following policy to accommodate necessary exceptions to appointments with out-of-network providers that are in the member’s primary insurance network. Please read through this policy completely before submitting any exception requests to Medica for review.

### The 30/60-mile rule:

Medica Provide-A-Ride and special transportation provides transportation in accordance with the Contract between Medica and the Department of Human Services (DHS) for eligible members without access to transportation to network primary care providers within 30 miles of, and network specialty providers within 60 miles of the member’s pick-up location. For exception policy for transportation over the 30/60-mile rule, see [Medica Provide-A-Ride & Special Transportation 30/60 Mile Rule Exception Request Policy](#).

**Please note:** Medica has an open access network allowing members to see any provider within the Medica network; however, transportation is only available following the 30/60-mile rule.

### Members with other insurance as a primary payer:

Some members have other insurance as a primary payer. These members may see health care providers that accept their primary insurance even if they are not a part of the Medica network. However, Medica will only provide transportation to these providers with appropriate documentation that is reviewed by Medica to approve an exception.

### Transportation Table:

*The table below outlines transportation situations and whether or not members are eligible for transportation*

Is the provider in the member’s primary network?*	Is the provider in the Medica network?	Is the transportation eligible for coverage?
Y	Y	Y
Y	N	N

\*Primary network refers to any other coverage through another health plan or Medicare that is the primary payer.

In the above table if the situation is ineligible for transportation check the exception criteria listed below. If the criteria is met, complete the form; if not advise the member that transportation is not covered by Medica.

## Exception request criteria:

The following criteria need to be considered prior to submitting a request for an exception.

- The request is based on a documented medical or behavioral care need
- If a requested provider has a subspecialty that is relevant to the member's care

## Process:

- Complete the [Medica Provide-A-Ride & Special Transportation Exception Request Form](#)
- Email it to [ProviderOversight@medica.com](mailto:ProviderOversight@medica.com) at least 10 business days prior to the need of the first ride
  - Requests needing review in fewer than 10 business days due to medical reasons need to be marked as urgent in the subject line and they will be reviewed as soon as possible, typically within 72 hours.

Once submitted Medica will review the information and respond back to the sender with a determination.

- The sender must provide communication to the member of the outcome
- If approved the member or member representative may make transportation arrangements
- If the denied the member will receive a denial letter with their appeal rights but may start an appeal by phone with Medica prior to it arriving by mail by calling Customer Service