

# Transportation Provider Quick Reference Guide

## Important Contact Information

Service Name	Product	Phone Number	Hours of operation
<b>Provider Services</b>	All products	1-844-477-8313	Monday-Friday from 8 a.m. to 8 p.m. Eastern
<b>Member Services</b>	CMS	1-866-799-5321	Monday-Friday from 8 a.m. to 8 p.m. Eastern
<b>Member Services</b>	MMA, SMI, LTC	1-866-796-0530	Monday-Friday from 8 a.m. to 8 p.m. Eastern
<b>Member Services</b>	CWSP	1-855-463-4100	Monday-Friday from 8 a.m. to 8 p.m. Eastern
<b>Modivcare Provider Services</b>	MMA, CWSP, SMI	1-866-252-1566	Monday-Friday from 8 a.m. to 5 p.m. Eastern  <a href="#">Member Portal</a> <a href="#">Provider Portal</a>
<b>Alivi Provider Services</b>	LTC, COMP	1-888-863-0248	Monday-Friday from 8 a.m. to 5 p.m. Eastern  <a href="#">Alivi Secure Provider Portal</a>
<b>Medical Transportation Management (MTM)</b>	CMS	1-877-583-1554	Monday-Friday from 8 a.m. to 7 p.m. Eastern Saturday 8 a.m. to 5 p.m. Eastern

## Overview

To meet our members' unique needs, Sunshine Health has three transportation vendors by line of business:

- **Modivcare** serves: Managed Medical Assistance (MMA), Serious Mental Illness Specialty Plan (SMI) and Child Welfare Specialty Plan (CWSP) members.
- **Alivi** services: Long Term Care (LTC) members and Comprehensive LTC members (MMA members that also have LTC).
- **Medical Transportation Management (MTM)** services: Children's Medical Services (CMS) Health Plan members.



## Managed Medical Assistance (MMA)

### Member Benefits

- Unlimited trips between home, medical appointments and healthcare facilities.
- Routine appointments require a 24-hour notice and scheduled one (1) business day prior to appointment.
- Services available 24/7, 365 days a year.
- Prior authorization required on trips over 100 miles.

### Vendor Contact Info: Modivcare

- To schedule a trip for a member, call 1-866-252-1566 or use the [Modivcare Provider Portal](#)
- Members can schedule trips by calling 1-877-659-8420, Monday-Friday from 8 a.m.–5 p.m. Eastern, or through the [Modivcare Member Portal](#).
  - If a member needs assistance with a scheduled ride, call 1-877-659-8421.
- Members can schedule and check the status of trips using a mobile app for [iOS](#) and [Android](#) users.

## Serious Mental Illness Specialty Plan

### Member Benefits

- Unlimited trips between home, medical appointments and healthcare facilities.
- Routine appointments require a 24-hour notice and scheduled one (1) business day prior to appointment.
- Services available 24/7, 365 days a year.
- Prior authorization required on trips over 100 miles.
- Three round-trip non-medical trips for purposes such as social outings or family visits. Limited to trips within the member's home county/local area.

### Vendor Contact Info: Modivcare

- To schedule a trip for a member, call 1-866-252-1566 or use the [Modivcare Provider Portal](#)
- Members can schedule trips by calling 1-877-659-8420, Monday-Friday from 8 a.m.–5 p.m. Eastern, or through the [Modivcare Member Portal](#).
  - If a member needs assistance with a scheduled ride, call 1-877-659-8421.
- Members can schedule and check the status of trips using a mobile app for [iOS](#) and [Android](#) users.



## Child Welfare Specialty Plan

### Member Benefits

- Unlimited trips between home, medical appointments and healthcare facilities.
- Routine appointments require a 24-hour notice and scheduled one (1) business day prior to appointment.
- Services available 24/7, 365 days a year.
- Prior authorization required on trips over 100 miles.
- Three round-trip non-medical trips for purposes such as social outings or family visits. Limited to trips within the member's home county/local area.

### Vendor Contact Info: Modivcare

- To schedule a trip for a member, call 1-866-252-1566 or use the [Modivcare Provider Portal](#).
- Members can schedule trips by calling 1-877-659-8420, Monday-Friday from 8 a.m.–5 p.m. Eastern, or through the [Modivcare Member Portal](#).
  - If a member needs assistance with a scheduled ride, call 1-877-659-8421.
- Members can schedule and check the status of trips using a mobile app for [iOS](#) and [Android](#) users.

## Long Term Care

### Member Benefits

- Unlimited trips between home, long term care facilities and long term care services.
- Routine appointments require a 24-hour notice and scheduled one (1) business day prior to appointment.
- Services available 24/7, 365 days a year.
- Prior authorization required on trips over 100 miles.
- Three round-trip non-medical trips per month for purposes such as social outings or family visits. Limited to trips within the member's home county/local area.
- Four (4) one way trips per month for caregivers to visit a member who is residing at an ALF. Ages 18 years and older.

### Vendor Contact Info: Alivi

- Members and providers can schedule rides or check the status of an existing ride by calling 1-888-863-0248, Monday-Friday 8 a.m. to 5 p.m.
- Providers can schedule rides on behalf of members through the [Alivi Secure Provider Portal](#).
- Members can schedule and check the status of trips using a mobile app for [iOS](#) and [Android](#) users.



## Managed Medical Assistance with Long Term Care (Comprehensive LTC)

### Member Benefits

- Unlimited trips between home, medical appointments, long term care and healthcare facilities, and long term care services.
- Routine appointments require a 24-hour notice and scheduled one (1) day prior to appointment.
- Services available 24/7, 365 days a year.
- Prior authorization required on trips over 100 miles.
- Three round-trip non-medical trips per month for purposes such as social outings or family visits. Prior authorization required.
- Four (4) one way trips per month for caregivers to visit a member who is residing at an ALF. Ages 18 years and older.

### Vendor Contact Info: Alivi

- Members and providers can schedule rides or check the status of an existing ride by calling 1-888-863-0248, Monday-Friday 8 a.m. to 5 p.m.
- Providers can schedule rides on behalf of members through the [Alivi Secure Provider Portal](#)
- Members can schedule and check the status of trips using a mobile app for [iOS](#) and [Android](#) users.

## Children's Medical Services Health Plan

### Member Benefits

- Unlimited trips between home, medical appointments and healthcare facilities.
- Routine appointments require a 24-hour notice and scheduled one (1) business day prior to appointment.
- Services available 24/7, 365 days a year.
- Prior authorization required on trips over 100 miles.
- Meal stipend available for long distance medical appointment day-trips. Maximum \$200 per day, up to \$1,000 per year, for trips over 100 miles. Prior Authorization Required.
- Two round-trip non-medical trips per month for purposes such as social outings or family visits. Limited to trips within the member's home county/local area.

### Vendor Contact Info: Medical Transportation Management (MTM)

- To schedule a trip for a member, call 1-877-583-1554.
- Members can schedule trips by calling 1-844-399-9469 Monday-Friday from 8 a.m. to 7 p.m. Eastern, and Saturday 8 a.m. to 5 p.m. Eastern.
- Members can schedule and check the status of trips using a mobile app for [iOS](#) and [Android](#) users.



## Verifying Member Eligibility

*These suggestions are not a guarantee of coverage.*

- Verify member eligibility by using the [Sunshine Health Secure Provider Portal](#).
- Using the portal, any registered provider is able to quickly check member eligibility by indicating the date of service, member name and date of birth or the Medicaid ID number and date of birth.
  - Ensure you're selecting the correct plan type.
- Alternatively, you can call Provider Services at 1-844-477-8313. Supply the member's name and date of birth or the member's Medicaid identification number and date of birth.

## Authorizations

Prior authorization is required for trips over 100 miles, meals, and lodging. If an authorization is required, the Transportation Vendor will submit the authorization request to the Health Plan after services have been requested.

Prior-authorization requests are processed by Sunshine Health's Utilization Management (UM) Department.

- **Standard requests:** Determination within 7 calendar days of receipt of request.
- **Urgent requests:** Determination within 48 hours. Requests received at least 24 hours in advanced of service will be prioritized for determination.

## Claims

### Covered Services

Medicaid will pay for non-emergency (land vehicle only) transportation services for a Medicaid eligible recipient who has no other means of transportation to a Medicaid covered service. Examples include, but not limited to:

- Doctor appointments
- Dental appointments
- Mental Health appointments
- To receive dialysis services

Medicaid will pay for medically necessary emergency ground or air ambulance transportation for a Medicaid eligible recipient requiring emergency transportation.

For more information, please refer to AHCA: [Medicaid Transportation Brochure](#).



**Billing:** The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement. The codes listed below are not a complete list. Please refer to your contract with Sunshine Health to determine all contracted/covered codes for each membership. **Bill the transportation vendor for covered non-emergency transportation services and the Health Plan for covered emergency transportation services.**

Billing Codes and Modifiers					
Service Type	Units of Measurements	Procedure code	Modifier	Procedure Code Description	Units
Ground Ambulance Emergency Codes	Unit	A0429		Ambulance Service, Basic Life Support	Unit
Ground Ambulance Non-Emergency Codes	Unit	A0428		Ambulance Service, Basic Life Support	Unit
Air Ambulance Codes	Unit	A0430		Air Ambulance Fixed Wing	Unit

Please refer to the Medicaid Fee Schedule, and the Billing and Procedure Coding Guide for a list of approved modifier codes.

#### Important Links

- [Provider Reimbursement Schedules and Billing Codes](#)
- [AHCA Transportation Services Fee Schedule](#)
- [AHCA Provider General Handbook](#)
- [Non-Emergency Transportation Services Coverage Policy \(AHCA\)](#)
- [Emergency Transportation Services](#)

#### Timely Claim Submission

Providers must submit claims in a timely manner as indicated in the following table.

Initial Claim*		Reconsiderations or Claim Dispute**		Coordination of Benefits***	
Participating	Non-Participating	Participating	Non-Participating	Participating	Non-Participating
180 days	365 days	90 days	180 days	90 days	90 days

\*In an initial claim, days are calculated from the date of service to the date received by Sunshine Health.

\*\* In a reconsideration or claim dispute, days are calculated from the date of the explanation of payment/correspondence issued by Sunshine Health to the date the reconsideration is received by Sunshine Health.



\*\*\* For coordination of benefits, days are calculated from the date of explanation of payment from the primary payer to the date received by Sunshine Health.

#### Process for Claims Reconsiderations and Disputes

**All requests for corrected claims or reconsiderations/claim disputes must be received within 90 days from the date of the original explanation of payment or denial.**

Prior processing will be upheld for corrected claims or claim disputes received following the 90-day period unless there is a qualifying circumstance and appropriate documentation to support the qualifying circumstance.

Qualifying circumstances may include:

- A catastrophic event that substantially interferes with normal business operation of the provider or damage or destruction of the provider's business office or records by a natural disaster
- Provider documentation showing member refused or was unable to provide member identification card and provider was unaware the member was eligible for services at the time services were rendered