

## ***Hardship Mileage Program***

If you or a family member has Medicaid or Dr. Dynasaur the Medicaid program will help you get to doctor appointments or to pick up prescriptions. The Hardship Mileage Program is for people who:

- Have a car, and
- Drive to appointments over 50 miles per week (Sunday to Saturday), or
- Drive over 215 miles per calendar month.

The following people may be paid Hardship Mileage:

- A natural or adoptive parent of a child less than 18 years of age.
- Someone living in your house using your car.

All trips must be arranged with your Transportation Provider ahead of time. Your Provider will need to get approval from the Department of Vermont Health Access (DVHA) for any trip over 100 miles or any trip out-of-state. You will not be paid for trips that do not meet all transportation guidelines.

To be paid Hardship Mileage, you must fill out and send in a Trip Manifest to your Provider who will advise you of the current rate.

How it works:

- ➔ It is up to you to plan your doctor appointments, etc. so the least number of trips are needed.
- ➔ If the trip is out-of-area or out-of-state, your doctor must complete a Physician Referral Form at least 10 days before the appointment.
- ➔ Keep track of the trips you took to see your doctor or to pick up prescriptions on your Trip Manifest.
- ➔ Get proof that you saw your doctor or picked up a script.
  - Proof may be a script receipt, the doctor's signature on your Trip Manifest, or a signed note on your doctor's letterhead.
- ➔ Send in the Trip Manifest and proof of your trips to your Provider at the end of each month.
  - The Trip Manifest must be sent in within 30 days from the last visit in a calendar month. If the manifest includes all the information from a specific trip, all of those trips will be included in the payment as long as the manifest is submitted within that 30 day window from the date of the last leg of the specific trip.
    - Make sure to sign your Trip Manifest.
- ➔ If the trips meet Hardship Mileage rules, the Provider will send you a check.

- Before Hardship Mileage is paid your Provider will make sure the mileage is correct using Google Maps.
- Trips to the Emergency Room are not covered by Hardship Mileage.
- DVHA may deny payment of Hardship Mileage based on your family's income.

## **Waiver of Liability: Hardship Mileage**

Member Name \_\_\_\_\_ Medicaid ID# \_\_\_\_\_ DOB \_\_\_\_\_

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- Have a car, and
- Drive to appointments over 50 miles per week (Sunday to Saturday), or
- Drive over 215 miles per calendar month.

I, own and drive a vehicle. I can drive myself or \_\_\_\_\_ to and from doctor appointments or to pick up prescriptions.

### **If I have been allowed to have my own driver I understand and agree to the following:**

I understand that the only responsibility of the Vermont Public Transportation Association (**VPTA**) is to pay me at rates set by the Department of Vermont Health Access (DVHA). I waive any and all claims against the **VPTA** and its employees and directors arising from injury, damage, expense, or loss which may arise from driving myself or a family member to doctor appointments or to pick up scripts.

I also understand that it is my sole responsibility to follow all laws governing vehicles and drivers.

This waiver is binding on me, my family and my heirs, assigns, executors and administrators and applies to all Medicaid rides where I have chosen my own driver.

- I understand that I may consult an attorney regarding this waiver.
- By signing below, I agree that I have carefully read this document, or had it read to me, and understand and agree with its terms.
- I understand this waiver will not apply in the future if I have the VPTA provide rides for me.

\_\_\_\_\_  
Signature of Member or Parent/Legal Guardian if minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### **Physician Referral Form**

**Please fax this form to 802-879-5919.**

The Department of Vermont Health Access (DVHA) helps people on Medicaid or Dr. Dynasaur with transportation to get to their Medicaid-billable appointments or pick up prescriptions. If the requested trip is **over 100 miles** from a member's home, please complete and sign this form in order for us to determine if this trip should be covered by Medicaid.

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Member Email: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ and Time: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_

Name of Physician to whom  
Member is Being Referred to: \_\_\_\_\_

If Applicable, Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is telehealth a viable option for this scheduled appointment? Yes  No

Is this the closest provider available to where the member resides? Yes  No

If no, please explain why on second page.

Is overnight lodging necessary outside of a hospital? Yes  No  If yes, please specify the  
dates requested for lodging: Check In: \_\_\_\_\_ Check Out: \_\_\_\_\_

Medically, how many people should accompany the patient (including the driver)? \_\_\_\_\_  
Please explain on next page.

**DVHA USE ONLY** - Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Hardship  Under 100 Miles  Denied

Lodging  Dates \_\_\_\_\_ Meals  If meals, # of people \_\_\_\_\_ Parking/Tolls

CPT Code: \_\_\_\_\_

HCPCS Code: \_\_\_\_\_

1. Please describe the specific medical service this member needs a ride to:

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2. If this is not the closest provider, please explain medically why the member cannot be seen closer:

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3. Please explain in detail if there is medical necessity for someone to accompany the member:

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4. Does the member have a history with this specific provider? Yes  No   
If yes, how long? \_\_\_\_\_

5. If a history exists with this provider, please explain why the care cannot be transferred closer:

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6. If this is an out-of-state/out-of-network request, please answer the following:

Does this member have a primary insurance other than VT Medicaid? Yes  No

If no, a clinical prior authorization may be needed before this transportation request can be considered. For questions pertaining to this process please call 800-925-1706.

7. If necessary, please add any further information: \_\_\_\_\_

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\_\_\_\_\_  
Print name of Doctor or Doctor's Staff providing information

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature of Doctor or Doctor's Staff providing information

\_\_\_\_\_  
Date

## Hardship Cheat sheet

- Make sure you have all proof of appointments with your manifests prior to turning them in or you will not be reimbursed for the trip.
- Make sure you turn in all manifests by the 5<sup>th</sup> of the next month.  
(Example: turn in all January manifests by February 5<sup>th</sup>)
- Make sure you write down the beginning and ending odometer readings on your manifest for every part of your trip.
- Make sure you call in any and all trips to the call center (540-2589) prior to the date of your trip(s).
- Make sure you get a physician referral form (for any and all trips over 60 miles 1-way from your home) filled out by your primary doctor and faxed to Medicaid at least 10 days prior to your trip so we have time to get it back approved by Medicaid or you will not receive a manifest.
- You will only be reimbursed once a month if you reach 215 miles for the month.
- Trips to the Emergency Room are **NOT** covered by Hardship Mileage.

Any questions or concerns please feel free to call.

Washington County 802-223-7287

Franklin County 802-527-2181



# Scheduled Trips Summary - GMTA

For Time Period: 12/27/2019

Printed: 11/27/2019 4:07:43PM

Run Name: Unassigned

Vehicle: [Redacted]

Driver Name:

Customer Name	Pick Up Time	Pick Up Address	Drop Off Time	Drop Off Address	Mobility Type	Customer Pay	Telephone Ext.
[Redacted]	12:09:00PM	[Redacted]	12:50:00PM	[Redacted]	Ambulatory	\$0.00	[Redacted]

Request Time: 12:50 pm

Funding Source: Medicaid

Assistance Needs:

Trip Comments:

[Redacted]

Drive Time

Miles

[Redacted]	2:00:00PM	[Redacted]	2:41:00PM	[Redacted]	Ambulatory	\$0.00	[Redacted]
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Request Time: 2:00 pm

Funding Source: Medicaid

Assistance Needs:

Trip Comments:

[Redacted]

Drive Time

Miles