

modivcare

Facility Services Web Portal User's Guide

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Document Revision History

Version	Date	Description of Changes
1.0.0	02/04/2011	Beta release of FSW
1.0.1	04/27/2011	1.0.1 beta updates
1.0.3	09/01/2011	Minor revisions; Assistance Type, Usual Level of
		Service, Escort field and Preschedule days settings
1.0.5	01/05/2012	Minor revisions and re-branding to portal
1.1.0	04/07/2012	Added configurable fields
1.1.1	04/12/2012	Added Medical Necessity Form
1.1.2	05/31/2012	Updates for using Medical Necessity Form
1.2.0	08/23/2012	Added auto-fill capabilities

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Overview of the Modivcare Facility Services Web Portal

Modivcare is a transportation management company, with operations centers nationwide, managing over 2 million transports per month. Modivcare coordinates requests for nonemergency medical transportation (NEMT) on behalf of Medicaid and Medicare members and the health care facilities, medical groups, and hospitals serving those members.

The Modivcare Facility Services Web (FSW) portal supports transportation requests by healthcare facilities on behalf of their clients. The goal of this portal is to provide a system to request and manage trip requests online—without the need to call the call center.

The Facility Services Web lets you:

- Enter a single trip or standing order request for review and approval by a Modivcare Facility Representative
- Look up and view trip requests
- Modify or update pending requests
- Withdraw pending requests
- Manage Facility Services Web user accounts

The secure login function, data encryption, and other security features are designed to protect your clients and your organization. The Modivcare Facility Services Web portal meets all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding Protected Health Information (PHI) to ensure the privacy and security of your data.

About this Guide

This guide explains how to use the Facility Services Web portal to enter, modify, and view requests for trip reservations and standing orders. It explains

System requirements

Processes to request reservations or standing orders

Important terms and concepts

Tips for Using the Facility Services Web

This guide assumes that you are familiar with basic computer and Internet concepts, but here are some tips that will help you enter and review your trip requests more efficiently.

Moving between Fields

One way to move the cursor from one field to another is to use your mouse. Another method that you may find faster is to use the TAB key on your keyboard.

Using Shortcut Keys

Rather than clicking menu items or icons, use your keyboard to open drop down lists. Press the ALT + DOWN ARROW keys to open drop-down lists, and then use the UP ARROW and DOWN ARROW to move through the list.

Using Auto Complete

To select entries from a list, you can enter the first letter or first few characters. The system automatically completes the field with the first selection that matches your criteria. For example, if you enter "N" in the relationship field, the system fills in "Neighbor," which is the first possible match. You can use the down arrow to see the other possible matches, such as Nephew, Niece, and Nurse.

Using Auto Fill

Some fields will automatically be filled with data about you, the rider, or the request you entered previously.

- When a new request is entered, trip details and trip leg fields will be filled in automatically with information about the Rider or Facility that is known by Modivcare.
- After a request is entered, some data about you will be stored and reused when you enter the next request.
- After you enter a request, you can enter another request for the same user and reuse information about that user and request to complete the next request. Or, you can enter a request for a different member and reuse the information you entered about the trip date, facility, and other details.

Entering Formatted Fields

Some fields, such as member IDs, phone numbers, and dates, are formatted so you only need to enter the numbers or letters. Fields for phone numbers will show the dashes and date fields will show the slashes between the entries. You do not need to enter any dashes, slashes, or other separators. For example, you can enter 3015554420 in a phone number field and the system formats your entry as 301-555-4420.

Entering Dates and Using the Calendar

To enter dates, you can enter the date directly into the text box, which is formatted as __/_/___ so you don't need to enter any separators. Just remember to add zeros if the day or month is a single digit. For example, you can enter June 5, 2012 as 06052012.

Another way to enter a date is to use the calendar. The calendar opens automatically when you use the TAB key or click to enter a date. Click on the date in the calendar or click the arrows at the top of the calendar to scroll through the months and years if necessary.



Getting Help

If you need help with a request, have a question about a request or reservation, need to request an urgent trip, or need to cancel an existing reservation, contact your Modivcare Facility Representative.

If you need technical assistance, select **Contact Support** on the **Help** menu. Use the e-mail form to contact Modivcare Customer Support. Support hours are Monday through Friday 8:30 AM to 5:00 PM Eastern time. Please allow up to four business hours for a return call or e-mail.

Getting Started

This section explains what you need to access the portal and how to login using your user information. To get started using Modivcare's Facility Services Web, you will need Internet access and your user information.

System Requirements

To access the Facility Services Web portal, you must have a PC with an Internet connection and a supported web browser. The portal supports the following web browsers:

- Microsoft Internet Explorer (IE) Version 6 or higher with 128-bit Secure Sockets Layer (SSL) encryption installed and enabled.
- Mozilla Firefox Version 2.0 or higher with 128-bit Secure Sockets Layer (SSL) encryption installed and enabled.

For best results, the most current version of IE or Firefox with the latest security updates should be used.

The remainder of this document assumes you are using Microsoft Internet Explorer (IE) to access the portal. All instructions are based on IE, however, Firefox will work in a similar manner.

Accessing the Facility Services Web portal

To access the Facility Services Web portal, establish your Internet connection and open your browser. In the Address line of your browser, enter the Internet address <u>http://facility.Modivcare.com/</u> and then press ENTER or select the 'GO' action.

TIP! You can save the Facility Services Login page as a Favorite web location. On the Favorites menu in your browser, select the Add to Favorites option.

The Login page also provides notices of scheduled maintenance or system updates.

Logging in to the Facility Services Web portal

To log in to Facility Services, you will need the User Name and Password that you received from Modivcare when you signed up for the portal or from your system administrator or manager.

NOTE: Do not use another person's User Name and Password. Make sure you are using your own User Name and Password.

LogistiCare Facility Services - Login	
Please enter your user name and password and then click the Login button.	
Liege Name	
Oser Name Abouwer	
Password	
Forgot your password?	
Login	
Announcements	
Scheduled Maintenance Notice This site is scheduled for weekly maintenance every Thursday night from 11:00	
pm eastern to 6:00 am eastern Friday morning. The site may be available during	
these times but is subject to shutdowns as needed.	

To log in to the Facility Services Web portal:

- 1. Enter your **User Name**.
- 2. Enter your **Password**. Your password is case sensitive.
- 3. Press ENTER or click Login.

The first time you log in to the Facility Services Web portal, you must change your password and answer at least one "challenge" question that will be used to verify your identity if you forget your password.

Changing Your Password

The first time you log in to the system, you are required to change your password. This is a security feature designed to protect you, your facility, and your clients.

Change Password
Enter your current password and the new password you would like to use. The password must be at least 8 characters and must contain characters from three of the following four character sets: upper case letters, lower case letters, numbers or special characters. Special characters are any of the following characters: ~!@#\$^&*?,.:_
Old Password:
New Password:
Confirm Password:
Submit Cancel

- 1. Enter your current password in the **Current Password** field. This is the password you just used to log in to the Facility Services Web portal.
- Enter a new password in the New Password and then in the Confirm Password fields. Your new password must follow these rules: It may not be the same as your current password or any of your previous 5 passwords.

It must be at least 8 characters long.

It must contain characters from 3 of the following 4 groups:

- Uppercase letters A-Z
- Lowercase letters **a-z**
- o Numbers 0-9
- o Special characters ~ ! @ # \$ ^ & * ? , . : _
- 3. Tab to the Submit button and press ENTER, or click Submit.

Submitting Your Challenge Questions

Challenge questions are a security feature used to validate your identity when you need to reset your password. These questions are designed so the answers are easy for you to remember, but hard for someone else to guess.

Manage Challenge Questions	
In case you forget your password and need it reset, you will be security questions. Please specify an answer to at least four o Security questions will be randomly presented to you when you password.	prompted to answer two f the questions below. u attempt to reset your
In what city did you meet your spouse/significant other?	
In what city does your nearest sibling live?	billings
In what city or town was your first job?	
What city were you born in?	san antonio
What is the color of your first car?	
Which year were you born?	
Who is your favorite author?	
Submit Cancel	

To submit your challenge questions:

- 1. Enter the answer to at least four of the challenge questions. Questions you answer are selected at random to use as the challenge questions if you forget your password.
- 2. Click **Submit** to save your answers.

You can change or update your security questions at any time.

The Facility Services Home Page

The Home page provides you with a snapshot of the current trip requests, and includes notifications and news of scheduled updates, maintenance, and system changes.

		R MY REQUESTS	MY REPORTS	MY PROFILE	ADMIN	HELP LOGOUT	
Care Facility Servi	ces - Home					Le	gged in as Amar
oard							
t below summarize	es the number of trip requests	with upcoming date	s of service by st	atus.		77	100
Date of Service	Pending	Rejected	Approv	ed	Denied		
2/5/2011	1	0	0		0	ALC: Y	
2/7/2011	0	0	4		0	-(1))	
2/8/2011	0	0	1		0		Alles -
2/14/2011	2	2	4		0		KALL OF
2/16/2011	0	0	1		0	Min annua	1
2/18/2011	1	0	0		0	need	of our riders an
2/21/2011	0	0	1		0	faced by t	il day to day cha heir health care (
2/25/2011	0	0	1		0		
2/28/2011	1	0	0		0		
3/1/2011	1	1	1		0		and the second se

Navigating the Portal

From the *Home* page, use the menu at the top of the page to open the reservation request forms, view existing requests, and manage your Facility Services account. The menu is accessible from every page in the portal.

HOME NEW RESERVATION NEW STANDING ORDER MY REQUESTS MY REPORTS MY PROFILE ADMIN HELP LOGOUT

NEW RESERVATION opens the form to enter a new trip request.

NEW STANDING ORDER opens the form to enter a new standing order request.

MY REQUESTS opens the My Requests page where you can search for trip requests by date, status, or member.

MY REPORTS opens the Reports page. Reporting will be added in the future, but no reports are available at this time.

MY PROFILE provides links to change your password and challenge questions.

ADMIN opens the User Management page where master facility users can add and manage user accounts. This option is available only to users with administrative permissions.

HELP provides access to this User's Guide and information about how to contact Modivcare for additional support. The Help menu also include the **Forms and FAQ** link to the Modivcare Facility Resource Site, which provides state-specific forms and information.

LOGOUT logs you out of the Facility Services Web and returns to the Login page. You should always log out of the portal when you are not working in the system. As a security measure, you are automatically logged out after a period of inactivity.

Dashboard

The Dashboard summarizes the trip requests that you can manage by date and status. The display shows requests up to the next 90 days starting with the current date. The trips you can see depend on the permission levels set up at your facility.

Date of Service	Pending	Rejected	Approved	Denied
12/29/2010	0	0	<u>6</u>	0
12/30/2010	0	1	8	0
12/31/2010	0	0	0	0
1/3/2011	0	0	Z	0
1/4/2011	1	0	0	0
1/5/2011	3 < 0	lick to open on My F	Requests page	0
1/6/2011	1	1	8	1
1/7/2011	4	0	1	0
1/10/2011	3	0	0	0
1/11/2011	4	0	0	0

The list shows 10 days per page. Click the page numbers at the bottom of the list to view additional dates.

Click any of the underlined numbers under Pending, Rejected, Approved, or Denied to open the <u>My Requests</u> page and view the requests for the selected date and status.

Modivcare Facility Services Updates

Notices of scheduled maintenance and system updates are displayed at the bottom of the **Home** page, and the link to **View All News and Updates** lets you review current and previous notices.

Entering New Requests

To request a trip for a client, you will enter a new reservation or a new standing order. Select **NEW RESERVATION** from the menu to enter a new request for a single trip.

Selecting the Member

Before you can enter or modify any request or reservation, you need to select the correct member. When you select **NEW RESERVATION**, the **Find Member** dialog opens. All three fields are required to select the member requesting a trip.

Find Member	
Member ID:	
Member Last Name:	
Insurance Type:	×
Search	

- 1. Enter the **Member ID**. You do not need to enter any dashes or other separators used in the ID number.
- 2. Enter the **Member Last Name**. You do not need to capitalize the name, but it must be spelled correctly.
- 3. Select the member's **Insurance Type** from the list.
- 4. Click Search.

If the member is found, the Request a Reservation page opens and displays the member information at the top of the request form.

If there is no match to the criteria you entered, verify your entries, and then retry your search. If you are unable to locate the member record, call your Modivcare Facility Representative to submit your trip request.

Entering the Trip Details

The Request a Reservation page displays the Member ID, Name, Date of Birth, Gender, and Insurance Type in the Member section at the top of the form. Take a moment to verify that you have selected the correct member before completing the request.

Member							
Member ID	First Name	Middle Name	Last Name	Date of Birth	Gender	Insurance Type	
004-62-9762	CANDACE	L	DAVIS	11/23/1983	F	ACME Health Plans	
ivcare Solutior	ns, LLC.	Co	onfidential Info	rmation			
*Name			Relation	ship		*Contact Phone Number	
Perry Penningtor	1		<none< td=""><td>></td><td>*</td><td>405-691-9004</td><td></td></none<>	>	*	405-691-9004	
Notification E-Ma	il:					Fax Number	
perryp@facility.co	om						
Reservation							
*Date of Service	_						
Level of Service							
*Level of Service	~						
National Provider	r Information						
*National Provide	er Identifier		*Na	tional Provider Nam	e		
1063617055			UN	C Renabilitation Cer	iter		
Escorts							
Number of PCAs	Number	of Adult Escorts	Number of	Child Escorts	Numb	er of Child Car Seats	
0 💌	0 🚩		0 🕶		0 🕶		
Patient Condition	1.						
*Nature of Appoint	ntment		Pat	tient Condition			
rehab							
*Treatment Type			Pro	ocedure Code(s)			
Cardiac Rehab		*					
Additional Inform	ation for ACME He	alth Plans					
Does the building	g have a ramp?			Where is the ramp	located?		
Select Item 💙				Select Location			
Preferred Transp	ortation Provider						
Preferred Transp	ortation Provider						
Sooner Transit							
Comments							
Additional Comm	ents						
			Continue				

As you enter the trip information, the system processes certain fields to determine if additional information is needed. During these times, you will see the Please Wait processing message.

🌾 Please Wait...

Complete the fields on the first page of the reservation request.

When you enter a new request, some fields in the trip details may be filled in automatically with information that Modivcare has one file about the facility you are associated with and the member requiring transportation. These fields include:

- Contact Phone Number (phone number for your facility)
- National Provider Identifier and Name (for your facility)
- Level of Service (member's usual level of service)
- Requested Transportation Provider (member's preferred transportation provider)
- Pick Up Address and Phone Number (member's residence address)
- Drop Off Address and Phone Number (for your facility)

As you work in FSW, some information may be stored after you enter a request and then reused during your session. This information may be different from the information that was prefilled from the facility or member data. For example, the phone number for your facility may be prefilled, but you may change it to your direct number. This information is not saved if you log out or disconnect from the FSW portal. Additional fields that may be prefilled in a request based on information that you enter include:

- Requested By fields (Name, Relationship, Contact Phone Number, Notification Email, Fax Number)
- National Provider Identifier and Name
- Treatment Type
- Trip Leg A Drop Off Address, Phone Number, Physician

Depending on the member's location and insurance type, additional fields may be displayed and required. These fields are usually located in the Additional Information section on the request page.

Fields listed in the following table in bold font are typically required to complete a reservation request. **Required fields are indicated on the reservation form with an asterisk** *.

Requested By	
Name	Your name is filled in from your login information.
Relationship	Select your relationship to the member.
Contact Phone Number	Prefilled with your facility phone number if it is available. Enter your 10-digit phone number. Include the area code, but do not add any separators.
Notification E-Mail	Prefilled from your user profile.

Fax Number	Enter the 10-digit fax number that can be used to notify you or your client about the trip.			
Reservation				
Date of Service	Enter a date up to 90 days in advance. Use the MMDDYYYY format or click the field to open the calendar and select the date. You do not need to enter the slashes or separators, but include zeros for single day and month entries. For example, enter May 5, 2012 as 05012012.			
Level of Service				
Level of Service	Select the service required on this trip from the list. If the Level of Service is other than Ambulatory, you may need to submit a <u>Transportation Justification Request</u> , also called a Medical Necessity Form, in order for Modivcare to complete the request.			
National Provider Informat	ion			
National Provider Identifier	Prefilled with your facility information if available. Enter the National Provider Identifier (N PI) for the ordering medical provider. This information is required for certain member programs.			
National Provider Name	Prefilled with your facility information if available. Enter the name of the ordering medical provider. This information is required for certain member programs.			
Escorts				
Number of PCAs	Select the number of Personal Care Attendants authorized for this trip.			
Number of Adult Escorts	Select the number of adult escorts for this trip.			
Number of Child Escorts	Select the number of children who will be accompanying the rider on this trip.			
Number of Child Car Seats	Select the number of children's car seats required for this trip.			
Patient Condition				
Nature of Appointment	Enter a brief description of the treatment or service, such as clinic visit, dialysis, pharmacy visit, or dental appointment.			
Patient Condition	Enter a brief description if this client requires a level of service other than Ambulatory, such as "confined to wheelchair."			
Treatment Type	Select the type of treatment the member will be receiving from the list.			

Can Member sign the driver's log? Is the member's inability to sign the log permanent? Please explain why the member's inability is permanent. Optional questions to determine if a rider can sign the log. Click **Yes** or **No** to indicate if the member will be able to sign the driver's trip verification form. If the member is unable to sign, click **Yes** or **No** to indicate if this is a permanent situation. If the member's inability to sign is permanent, provide a brief explanation.

Enter the procedure codes if known.

Additional Information

Procedure Code(s)

This section contains any additional information requested by the member's insuring agency.

Preferred Transportation Provider

Prefilled from the rider's preferred provider if available. Enter the preferred transportation provider for this member if one is requested.

Comments

Enter any additional comments, directions, escort information, or instructions.

Click **Continue** to open the trip leg page.

Before opening the trip leg page, the system validates the required entries. If a required field is not entered or an error is found, the field name is shown in red and an error message is shown under the Continue button. Correct any errors and then click **Continue** again to recheck your entries and open the trip leg page.

Nature of Appointment	Patient Condition
reatment Type	Procedure Code(s)
Can Member sign the driver's log? ● Yes ○ No	
additional Comments	

Entering the Trip Legs

Trip Leg A is the first section of the trip, from the initial pick up to the drop off location. Fields shown with the asterisk * are required.

Please complete the t Member: CANDACE DAVIS Date	trip leg information below. e of Trip: 8/20/2012 Status: Pending	
Trip Leg A		
PI	ск ир	
Look Up *From Location Name Residence *Address *Address *City 1421 W Victory *State *Zip OK OK Directions for the driver	Requested Pick Up Time • AM O PM Building *Phone Number 555-555-1234 *Type of Assistance Curb-to-Curb V	Apartment Extension
DRC	OP OFF	
Look Up C Enter Manually *To Location Name ASTHMA CLINIC *Address *City 750 E Filmore Oklahoma City *State *Zip OK 73000 Name of Doctor Directions for the driver	*Appointment Time PM 10:00 • AM O PM Building *Phone Number 555-555-0040	Apartment Extension
		2 😏
Signature I am requesting non-emergency transportation for the member named above only for those days when the member will receive a payable treatment at each facility named above. I affirm that the information entered is accurate. Please type your name: Save Changes		
What the icons mean Create or Update Round Trip Create or Update the Next Trip Leg		
😢 Remove Trip Leg		

The member's address will be prefilled in the Pick Up location fields if it is available, as many trips are made from the member's home to the facility. Your facility information will be prefilled in the Drop Off location fields if it is on file with Modivcare.

Prefilled fields are not active and cannot be edited directly. To make a change to the Pick Up or Drop Off location, select Look Up or Enter Manually to select or enter the location.

PICK UP		
Look Up or Enter Manually	The member's address is automatically entered as the default pick up location if the residence address is found in the Modivcare system. The address fields are shaded and cannot be edited.	
	If the address is not found or the pick-up location is not the member's residence, you can use the Look Up function or enter address manually.	
Look Up	The Look Up button is the default selection. Click the Look Up icon to open the Location Look Up. Refer to the <u>Using the Location Look Up</u> section in this User's Guide for details on using this tool.	
Enter Manually	Select Enter Manually to access the location fields and manually enter the pick up address.	
Note	Addresses that you enter manually are validated in the Modivcare system when you save the trip leg. After validation, a message may display that gives you the option to choose a validated address or to continue with the unverified address that you entered. This address could not be verified. Please select an option below. O 407 3rd St. Broken Bow, AK 77728-4123	
	Use the Unverified Address	
*From Location Name *From Location Type	Required. The Location Name is automatically filled when you select a location using the Location Look Up tool. If you are manually entering the pick up location, select the Location Type from the list.	
*Address	Required. Enter the street address of the pick up location.	
*City	Required. Enter the city name.	

*State	Required. Select the state or territory.
*Zip	Required. Enter the five-digit zip code.
Name of Doctor	Enter the name of the physician or specialist being seen if this is a medically related trip.
Directions for the driver	Enter any information that will help the transportation provider find this location.
Requested Pick Up Time	Enter the requested pick up time and then click AM or PM. Enter the time using leading zeros if necessary (09:00).
	The actual pick up time scheduled by Modivcare for the A leg of the trip is based on the appointment time and other trip information used to generate the reservation.
Building	Enter the specific building at the street address entered.
Apartment	Enter the specific apartment or suite at the address entered.
*Phone Number	Required. Enter the phone number at the pick up location if it has not been prefilled with the member's phone number.
Extension	
Extension	Enter any extension for the number at the pick up location.
DROP OFF	Enter any extension for the number at the pick up location.
DROP OFF Look Up or Enter Manually	Your facility information is automatically
DROP OFF Look Up or Enter Manually	Your facility information is automatically Look Up is the default selection. Click the Look Up icon to use the Location Look Up or click Enter Manually to type in the drop off address.
DROP OFF Look Up or Enter Manually *To Location Type *To Location Name	Your facility information is automatically Look Up is the default selection. Click the Look Up icon to use the Location Look Up or click Enter Manually to type in the drop off address. Required.
DROP OFF Look Up or Enter Manually *To Location Type *To Location Name *Address	Your facility information is automatically Look Up is the default selection. Click the Look Up icon to use the Location Look Up or click Enter Manually to type in the drop off address. Required. Required. Enter the street address of the drop off location.
DROP OFF Look Up or Enter Manually *To Location Type *To Location Name *Address *City	Your facility information is automatically Look Up is the default selection. Click the Look Up icon to use the Location Look Up or click Enter Manually to type in the drop off address. Required. Required. Enter the street address of the drop off location. Required. The city name.
Extension DROP OFF Look Up or Enter Manually *To Location Type *To Location Name *Address *City *State	Your facility information is automatically Look Up is the default selection. Click the Look Up icon to use the Location Look Up or click Enter Manually to type in the drop off address. Required. Required. Enter the street address of the drop off location. Required. The city name. Required. Select the state or territory.
Extension DROP OFF Look Up or Enter Manually *To Location Type *To Location Name *Address *City *State *Zip	 Enter any extension for the number at the pick up location. Your facility information is automatically Look Up is the default selection. Click the Look Up icon to use the Location Look Up or click Enter Manually to type in the drop off address. Required. Required. Enter the street address of the drop off location. Required. The city name. Required. Select the state or territory. Required. Enter the five-digit zip code.

Directions for the driver	Enter any information that will help the transportation provider find this location.
*Appointment Time	Enter the time of the member's appointment and then click AM or PM. Enter the time using leading zeros if necessary (09:00). If you enter 24-hour (military) time, such as 13:30, it will be converted to AM/PM when you save the reservation.
	The actual pick up time scheduled by Modivcare is based on the appointment time and other trip information used to generate the reservation.
Building	Enter the specific building at the street address entered.
Apartment	Enter a specific apartment or suite at the address entered.
*Phone Number	Required. Enter the phone number or the number at the drop off location.
Extension	Enter the extension for number at the drop off location.
Signature	

Check the box and type your name to provide your "digital signature" and confirm the accuracy and validity of this trip request.

Note: You do not need to enter the digital signature until you have entered all of the trip legs and are ready to submit your request.

When you have entered the information for Trip Leg A, you can create a round trip, add multiple trip legs, or submit the request for a one-way trip.

For most trips, you will want to create a second trip leg, Trip Leg B, to get the member from the drop off location back to their residence. Click the **Create Round Trip** button to copy the information from Trip Leg A and create Trip Leg B for the member's round trip.

In some situations, the member needs transportation to multiple locations on the same day. This requires a reservation with multiple legs. Click the **Next Trip Leg** button to copy the drop off information from Trip Leg A and open Trip Leg B. After entering the Trip Leg B, you can repeat the process to enter additional legs (C, D, etc.).

In some situations, you may have a one-way trip and do not need to enter

another trip leg. Click **Submit Request** to submit your request and click **OK** at the prompt to confirm that this is a one-way trip.





Message	: from webpage 🛛 🔀
?	Are you sure you want to request transportation one-way? If not, please cancel this notice and create a second trip leg.
	OK Cancel

When you click **Create Request** or the trip leg icons, the system validates the required fields. The field names for any entries that you need to correct change to red and the error messages display below the Create Request button. Make your corrections and then click **Create Request** or the trip leg icon again. The system rechecks your entries and creates the request or opens the next trip leg page.

Adding Additional Trip Legs

Additional trip legs follow the same format you used when you entered Trip Leg A with a few exceptions. The new trip leg uses the Drop Off location from the previous leg as the Pick Up location.

Enter the **Requested Pick Up Time** when the member should be picked up at this location or check **Will Call** if the member will call Modivcare when they are ready to be picked up for this leg of the trip.

	PIC	K UP		
Look Up Center I From Location Name MIDWEST CITY REGIO Address 2825 Parklawn Dr State OK Name of Doctor	Ianually NAL HOSPITAL City Midwest City Zip 73110	<i>*</i>	Uviil Call Pick Up Time Building Phone Number 3035559666	Apartment Extension
	DRO	P OFF		
Look Up C Enter I To Location Name Address State Name of Doctor Directions for the drive	lanually *City *Zip		Appointment Time	Apartment Extension
ignature	-emergency transportatio ceeive a payable treatmer ccurate.	n for the me It at each fa	ember named above o cility named above. I a	enly for those day ffirm that the

Enter the **Drop Off information** for this leg. Enter the Appointment Time for this trip or check **Will Call** if the member will call Modivcare for a return time for this leg of the trip.

Click the **Next Trip Leg** button to copy the drop off information from the current leg and open the next leg of the trip.

To remove a trip leg, click the **Cancel** button. This removes the current leg without changing any other trip legs.

When you have entered all of the trip legs, enter your **Signature** and then click **Create Request** to validate your entries and submit the trip request.



If you need to submit a <u>Transportation Justification Request (Medical Necessity</u> <u>Form),</u> the form may be displayed when you submit the reservation.

Trip Request Confirmation

When you have completed your entries and saved your request, the Confirmation page provides a summary of the trip, and displays the trip request number at the top of the page.



To see additional trip details or to make any changes to the request, click the <u>View all</u> <u>details</u> link at the end of the confirmation notice to open the Trip Details page.

From the Confirmation page, you can choose to create another request for the same member or for a different member. Click the appropriate link to enter another request for the same member or for a different member.

Entering Additional Requests

From the Confirmation Page, you can choose to enter a new request for the same member or enter a new request for a different member. Information from the request you just entered is used to prefill some of the fields in the request when you use one of these options.

Creating a New Request for the Same Member

When you click the link on the Confirmation page to create a new trip request for the **same member**, you do not have to select the member again; the request page automatically opens. All fields in the request and in Trip Leg A are filled *except the date of service*.

You can edit or change any information for the new request, and complete the trip by selecting a round-trip or adding additional trip legs.

Creating a New Request for the Same Member

When you click the link on the Confirmation page to create a new trip request for a **different member**, the Find Member page opens so you can select the member. When you have selected the member and the request page opens, the request details and Trip Leg A fields that are not *member specific* will be automatically filled with the information that was entered in the previous request.

Fields that will be prefilled in the request for a different member include:

- Requested By fields
- Date of Service
- National Provider Identifier and Name
- Level of Service (member's usual level of service)
- Patient Condition (Nature of Appointment and Treatment Type)
- Drop Off Address and Phone Number

Fields that are considered member specific and will *not* be prefilled include:

- Level of Service
- Escorts
- Residence Address
- Appointment Time
- Requested Pick Up Time

You can edit or change any information for the new request, and complete the trip by selecting a round-trip or adding additional trip legs.

Using the Location Look Up

The Location Look Up let you quickly look up the addresses of healthcare facilities and other locations. In the Pick Up or Drop Off section of any trip leg, select **Look Up** and then click the **Look Up** icon to open the Location Look Up.



Search by Location Type

The look up by Location Type displays when you open the Look Up tool, with two options: Residence and Facility.

Search by Type Name Address	
Search	
 CENTER FOR LONG TERM CARE 3805 W Gore Oklahoma City, OK 73104 	~
<u>s</u>	×
OK Cancel	

The **Residence** option searches the Modivcare system for address of the rider's residence.

The **Facility** option displays the facilities that you are associated with. These associations are part of your user setup and managed by the FSW Administrator.

- 1. Select Facility or Residence from the list and then click Search.
- 2. Use your mouse or the ARROW keys to scroll through the results list.
- 3. Click the button next to the location name to select it, and then click **OK** to populate the location address in the trip leg.

Click **Cancel** to return to the trip leg without selecting any location and manually enter the Pick Up or Drop Off information.

Search by Location Name

The search by Location Name lets you search for locations by entering all or part of a facility name. The results are based on the member's insurance type and show the facilities associated with that agency that match your search criteria.

Search by Type Name Address	
Location Name: medi	
Search	
MEDICAL CENTER 4200 Jenny Lind Rd Durant, OK 74702	
MEDICAL PLAZA 204 Wall St Enid, OK 73701	
MEDIHOME	>
OK Cancel	

- 1. Enter all or part of the facility name and then click **Search**. All results that match your entry are listed alphabetically.
- 2. Click the button next to the location name to select it, and then click **OK** to populate the location name and address in the trip leg.

Click **Cancel** to return to the trip leg without selecting any location and manually enter the Pick Up or Drop Off information.

Search by Address

The Address Look Up helps you identify the facilities located at a specific address. To search by address, you must know the complete address.

Search by Type Nam	e Address	
*City		
	*State	
Midwest City	OK 💌	
Search		
TAL		
,		
	*City Midwest City Search TAL	*City *State Midwest City OK Search

- 1. Enter the Zip Code, street address, city, and state. You must enter an exact match, including the correct street designation (Dr., St., or Ave., for example.)
- 2. Click **Search** to see all facilities located at that address.
- 3. Click the button next to the location name to select it, and then click **OK** to populate the location name and address in the trip leg. .

Click **Cancel** to return to the trip leg without selecting any location and manually enter the Pick Up or Drop Off information.

Entering a Standing Order

A standing order is used to arrange trips in advance for a client who is scheduled for trips three days or more a week to the same location. For example, treatments such as dialysis, adult day care, or physical therapy might require a standing order.

A Standing Order is good for up to three months and then must be recertified by Modivcare to make sure the trip continues to be necessary.

Select **NEW STANDING ORDER** from the menu. The information required for a Standing Order request includes most of the same member and trip fields required for a new trip request. Review the sections in this User's Guide on <u>Entering New Requests</u> and <u>Using the Location Look Up</u> for more details about the required entries.

Additional information necessary for a Standing Order includes the start date and the days of the week that the trip is required. The specific fields for a new standing order as grouped in the section marked Standing Order, and the fields shown with the asterisk * are required.

anding Order		
Start Date of Service	End Date of Service	Maximum Number of Trips
ays of Week		
Sunday Dilanday	Tuesday Wednesday Thursda	Seturday

Standing Order

*Start Date of Service	Required. This is the first date that the preschedule will become a reservation. This date must fall on one of the days of the week for this trip. The Start Date of Service must be at least 5 business days after the current date to allow for Modivcare processing.		
	Use the MMDDYYYY format or click the field to open the calendar and select the date. You do not need to enter the slashes or separators, but include zeros for single day and month entries. For example, enter May 5, 2012 as 05012012.		
End Date of Service	If the standing order has an end date, enter the last date for a trip reservation. If the standing order is indefinite, leave this field blank.		
Modivcare Solutions, LLC.	Confidential Information		

Maximum Number of Trips	Enter the number of trips authorized for this
	standing order. If the standing order is indefinite,
	leave this field blank.

```
*Days of Week Required. Check the days of the week that the trips will be made.
```

After entering the rider information, enter the trip leg details. When you have completed the Standing Order request and entered your digital signature, click **Create Request** to save your request.

If the Level of Service is other than Ambulatory, you may need to submit a Transportation Justification Request. If it is required, the request page is displayed when you submit the reservation.

Standing Order Request Confirmation

When you have completed your entries and saved your request, the Confirmation page provides a summary of the standing order and displays the request number



To see additional details or to make any changes to the request, click the <u>View all details</u> link at the end of the confirmation notice to open the Trip Details page.

Entering a Medical Necessity Form

A member may require an advanced Level of Service or a specific, medically necessary mode of transportation. In this case, you must submit the Transportation Justification Request (also known as a Medical Necessity Form) to support the order for a particular mode of transportation.

Because the form can cover many trips during the authorized period, the Modivcare system is checked to determine if a valid form has already been submitted. In this case, the existing authorization will cover the trip and you will not be required to resubmit a form.

If there is not a valid authorization on record with Modivcare, you must submit the certified form before you can submit the on demand or standing order request.

Form 2015	(2/2012)	TRANSPORTATION JUSTIFICATION REQUEST	New York State Department of Health
Patient Na	me: Reed, Emmanuel	Date of Birth: 6/7/1998	Medicaid Number: AB12345C
Start Date	2: 3/28/2012		
1. Please	check the medically necessary	mode of transportation:	
0	Livery: The enrollee can walk to	the curb and board and exit the vehicle unassisted, but cannot	t utilize the bus or subway.
0	Ambulette Ambulatory: The enr	ollee can walk but requires driver assistance from residence t	to the medical appointment.
0	Ambulette Wheelchair: The enr	ollee is a wheelchair user, requires a lift-equipped or roll-up w	heelchair vehicle and driver assistance.
0	Stretcher Van: The enrollee is o transport.	onfined to bed, cannot sit in a wheelchair, and does not requi	re medical attention/monitoring during
0	BLS Ambulance: The enrollee is for reasons such as isolation pre-	confined to bed, cannot sit in a wheelchair, and requires med cautions, oxygen not self-administered by patient, sedated pa	lical attention/monitoring during transport itient.
0	ALS Ambulance: The enrollee is for reasons such as IV requiring	confined to bed, cannot sit in a wheelchair, and requires med monitoring, cardiac monitoring, trachentomy.	ical attention/monitoring during transport
3. Is the r	requested mode of transport a lo	ong term need of the patient, or temporary?	×.
0	Long Term		
0	Temporary		
	If temporary, please enter the en	nd date:	
Physician	Dr. James Patterson	NPI#: 1223334444 Phone:	Date: 03/28/2012
Facility Na	ame: ABC Health Facility	×	
Complete	d By: Warren Peace	Title:	Phone: (555) 681-7337
CERT completion standards New York restitution making th	IFICATION STATEMENT: I (or the on of this form. I (or the entity mus- s and procedures of the New York State, Provider Manuals and othen n for any direct or indirect monet he request) certify that the stater	entity making the request) understand that orders for Medica aking the request) understand and agree to be subject to and State Department of Health, as set forth in Title 18 of the Ofi er official bulletins of the Department, including Regulation 50 any damage to the program resulting from improperly or inapp ments made hereon are true, accurate and complete to the be	id-funded travel may result from the bound by all rules, regulations, policies, ficial Compilation of Rules and Regulations of 4.8(2) which requires providers to pay propriately ordering services. I (or the entity st of my knowledge; no material fact has been

All fields on the Transportation Justification Request are required and must be completed to submit the request.

To enter the justification and submit the form:

- 1. Change the **Start Date** for this request if necessary. The date defaults to the current date.
- 2. Check the type of transportation that is medically required by this member.
- 3. Enter the reason this mode of transportation medically necessary.
- 4. Indicate if this is a long term or temporary requirement. A long-term request is generally indicated for members having chronic conditions while a short-term authorization is used for members experiencing acute conditions. If this is a temporary request, enter the end date for this request.
- 5. Enter the information that identifies the physician who is certifying this request. The name and N PI are prefilled from the reservation or standing order request if the fields were entered there.

Physician name

National Provider Identifier (NPI) number

Phone number

- 6. Select the Facility from the list. The facilities listed are based on the available facilities selected for you by your facility site administrator.
- 7. Enter your title. Your name and phone number are auto filled based on your login and the telephone number you entered in the contact information on the reservation or preschedule request.
- 8. Click the checkbox for the Certification Statement to verify that the information entered is accurate and complete.
- 9. Click **Create Request** to submit this form to Modivcare along with the reservation or standing order request.

Finding and Viewing Trip Requests

You can look up trip requests that you have entered for your clients and trip requests entered by others at your facility. The FSW user management system is set up so you can view and edit requests created by:

- Your FSW manager
- Other users under your manager
- Users that you manage

You can search for any past or future request, but the search is limited to a 30-day range based on the start date and end date that you enter.

Your search results will list trip requests according to the date, status, and member search criteria you enter. From the list, you can open individual requests to make changes or corrections or to withdraw the request.

To search for trip requests:

1. Select **MY REQUESTS** from the main menu to open the Search for Trip Requests page.

Search for Trip Rec	quests			
Please specify your search criteria. * Required Informatio				
* Start Date:	* End Date:	* Status:	Member:	
12/21/2010	01/19/2011	Any 💌		🞾 🙁
Search for Trip Re	equests			

- 2. Enter the **Start Date**. The default selection is today's date. Enter the date using the MMDDYYYY format. No slashes or dividers are necessary. You can also click the date field to open the calendar and select a date.
- 3. Enter the **End Date**. The default selection is 30 days from today's date. 30 days is the maximum number of days you can use in your search criteria. Enter the date using the MMDDYYYY format or click the date field to open the calendar and select a date.
- Select the Status. The default selection is Any, but you can select a specific status from the list to search for only Approved, Denied, Pending, Rejected, or Withdrawn requests.

Member is an optional field. To limit your search to trip request for a specific member, click the **Look Up** icon to open the <u>Find Member</u> search window. Enter the information to find and select the correct member to use in your search.

Click the Cancel button to remove the name from your search criteria.



5. Click Search for Trip Requests to run your search and view the results list.

Sear	rch for Trip Requ	ests							
Plea	se specify your se	earch criteria.						* Required Info	ormation
* Sta	art Date:	* End Date	e: * 5	Status: Mer	mber:				
02/1	14/2011	02/15/20	11 A	ny 💌		🥠 😒			
Se	earch for Trip Reg	uests							
	and the trip trade								
Click	c on 🔊 to view ma	ore information	n about the trip req	uest. Note that only	information for th	e first leg of the reque	st is displayed.		
	Date of Service	Status	Standing Order?	Requested By	Member #	Member Name	Member DOB	Appointment Time	Pickup
P	2/14/2011	APPROVED	NO	AMANDA BOUVIE	R 002-00-0037	LOLA ADDISON	4/4/1990	10:00 AM	RESID
0	2/14/2011	PENDING	YES	AMANDA BOUVIE	R 007-00-0040	CARLY MEIRS	7/13/1999	3:00 PM	RESID
P	2/14/2011	APPROVED	NO	HARVEY BERNAR	RD 007-07-0004	DAN RYDER	8/7/1999	3:45 PM	RESID
<				l	1		Le creation de la company		>

Use the scroll bar at the bottom of the screen to view all columns. The fields shown in results list are:

- Date of Service
- Status
- <u>Standing Order?</u>
- <u>Requested By</u>
- Member #
- Member Name
- Member DOB
- Appointment Time
- Pickup Location
- Dropoff Location
- Level of Service

You can sort the list by clicking on any of the underlined column headers for the first six fields. Click the column header a second time to re-sort the list in the reverse order.

Click the **View** icon to open any request to view the details, or to edit pending or rejected requests.

For an approved request, the Reference Number is shown at the top of the page. Each trip leg shows if it is pending, approved, denied, or rejected, and approved trip legs include the pick-up time.

Member				
Member ID	First Name Mid	dle Name Last Nan	ne Date of Birth Gender	Insurance Type
004-02-00	02 CANDACE	\$	SMITH 6/30/1939	F Health Care
Poconvotion				
Date of Service				
E/0/2011				
5/9/2011				
Requested By				
Name	Relationship	Contact Phone Num	ber Notification E-Mail	Fax Number
Amanda Bouvier	Counselor	101-555-1111	abouvier@facility.com	303-555-1111
Level of Service				
Level of Service				
Wheelchair				
Escorts				
Number of PCAs	Number of	Adult Escorts	Number of Child Escorts	Number of Child Car Seats
0	0		0	0
Detient Condition				
Nature of Appril	mont	Patient Canditian	Trootmont Tuns	Procedure Carle/a)
wature of Appoint	ment	Fauent Condition	пеашелт туре	FIOCEDUIE COIIE(S)
test	the drivers las C			
Can Member sign	the drivers log?			
Yes				
Additional Informat	tion for Oklahoma	Health Care Authority		
	Neuralise		Madianid Fasility Duryidan North	
			Medicald Facility Provider Nilmr	her
029-18-5280	Number	1	11	
029-18-5280	ode	1	I1	
Medicaid Member 029-18-5280 Medicaid Billing C 123445A	Code		11	
Medicaid Member 029-18-5280 Medicaid Billing C 123445A	ode		11	
Medicaid Member 029-18-5280 Medicaid Billing C 123445A Comments	code			
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Medicaid Member 029-18-5280 Medicaid Billing C 123445A Comments Additional Comme	code		1	
Medicaid Billing C 123445A Comments Additional Common rrip Leg A - Approv	ents		1	
Medicaid Billing C 123445A Comments Additional Comme rrip Leg A - Approv Pick Up Time	ents		AppointmentTime	
Medicaid Member 029-18-5280 Medicaid Billing C 123445A Comments Additional Comme rrip Leg A - Approv Pick Up Time 7:00 AM	ents		AppointmentTime 8:00 =1.1	
Medicaid Member 029-18-5280 Medicaid Billing C 123445A Comments Additional Comme rrip Leg A - Approv Pick Up Time 7:00 AM	ents		AppointmentTime 8:00 = 1.1 Drop Off Address	
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Medicaid Member 029-18-5280 Medicaid Billing C 123445A Comments Additional Comme rrip Leg A - Approv Pick Up Time 7:00 AM Residence 239 Arrowhead Boi Oklahoma City, OK Building:	ed ulevard 73111		AppointmentTime 8:00 =1.1 Drop Off Address OKLAHOMA HOSPITAL 4090 Roy Ct Oklahoma City, OK 7310- Building:	4
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Vedicaid Member O29-18-5280 Medicaid Billing C 123445A Comments Additional Comme rrip Leg A - Approv Pick Up Time 7:00 AM Residence 239 Arrowhead Bot Oklahoma City, OK Building: Apartment Pick Up Phone 405-555-0590 Pick Up Phone 405-555-	ents ed ed ulevard 73111 s s ved		AppointmentTime 8:00 =1.1 Drop Off Address OKLAHOMA HOSPITAL 4090 Roy Ct Oklahoma City, OK 7310- Building: Apartment Drop Off Phone 999-999-999 Drop Off Physician Drop Off Directions AppointmentTime 10:00 AM Drop Off Address Residence 239 Arrowhead Boulevar Oklahoma City, OK 7311:	4
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Modifying Trip and Standing Order Requests

You can change or edit a request for a trip or standing order if the request is in a Pending or Rejected status.

Note: You cannot edit a request that is within 2 business days of the Date of Service. If the date of the trip is within 2 business days of the current date or within the minimum Advance Notice requirements of the contract, contact your Modivcare Facility Representative.

- 1. Use the **Search for Trip Requests** on the My Requests page to find the pending or rejected reservation you want to modify. You can also open the list of trip requests for a specific date from the Dashboard.
- 2. Click the View icon to open the request.
- 3. Click **Edit** to open the request.
- 4. The first page displays the rider information fields.

You can edit any of the fields except the Member fields and the Date of Service. If you need to change the Member information or the Date of Service, withdraw the existing request and enter a new request with the correct information.

NOTE: Your changes are not saved until you open the trip leg edit page and save your changes.

5. Click **Continue** to open the trip legs and make any necessary changes.

The pick up and drop off location fields cannot be edited until you click the **Look Up** icon or select **Enter Manually** to update the fields. Changes that you enter manually are validated in the Modivcare system when you save the changes to the trip leg.

Note: If you change the drop off location for a trip leg, you will also need to change the pick up location for the next leg.

6. Complete the Signature verification and then click **Save Changes** to submit your changes to Modivcare.

Modifying Rejected Requests

Some requests may contain inaccurate information or be missing information needed to approve the request. In these situations, the Modivcare Facility Specialist will reject the request.

When a trip is rejected, the notes from the Modivcare Facility Specialist explaining why the request was rejected are attached to the request. You can open the request and view the notes in the Important Notes section at the top of the request form.

			Edit	Withdraw		
		State	us: Rejected	Request Numb	er: 149	
Important Not	es					
important Note						
Rejected Statu	s Note - Need	medical necess	ity form and tre	eatment plan pri	or to appro	val. A Bouvier 02/02/2011
Rejected Statu	s Note - Need	medical necess	ity form and tre	eatment plan pri	or to appro	val. A Bouvier 02/02/2011
Rejected Statu Member	s Note - Need	medical necess	ity form and tre	eatment plan pri	or to appro	wal. A Bouvier 02/02/2011
Rejected Statu Member Member ID	s Note - Need First Name	medical necess Middle Name	ity form and tre Last Name	eatment plan pri	or to appro Gender	wal. A Bouvier 02/02/2011 Insurance Type

After reviewing the notes, you can edit and resubmit the request or you can withdraw the request. When you resubmit the request, the status changes to Pending approval by Modivcare.

Withdrawing a Trip or Standing Order

You can withdraw a request for a trip or standing order if the request is in a Pending or Rejected status. Once a request is withdrawn, you can view the request but it cannot be reinstated or modified.

To withdraw a pending request:

- 1. Use the **Dashboard** list or search on **My Requests** to find the pending or rejected request that you want to withdraw.
- 2. Click the View icon to open the request.
- 3. Click Withdraw.
- 4. At the prompt asking you to confirm the withdrawal, click **OK**.
- 5. The system displays a message confirming that the request has been withdrawn.

Canceling a Trip Reservation or Standing Order

At this time, you cannot use the Facility Services Web portal to cancel an approved reservation or an existing standing order. Contact your Facility Representative to cancel an approved reservation or standing order.

Managing Denied Requests

At times, Modivcare must deny services to a member. In some cases, a denial is based on the services Modivcare has been contracted to provide. In other cases, the member may be on restriction. Contact your Facility Representative if you have questions about a denied request.

Managing Your Profile

You can change your password for the Facility Services Web portal as often as necessary. If you think someone has your login information, change your password immediately. You should never share your login information with anyone.

You are required to change your password periodically. You will receive an expiration warning message before your password expires. If you do not change your password during this time, you will be redirected automatically to the Change Password page when you try to log in to the system.

Changing Your Password

To change your password:

- 1. Select Manage Password from the My Profile menu.
- 2. Enter your current password in the Old Password field.
- 3. Enter your new password in the **New Password** and **Confirm Password** fields.

You cannot reuse your current password or any of your 5 previous passwords.

Your password must be at least 8 characters long.

Your password must contain characters from 3 of the following 4 groups:

- Uppercase letters A-Z
- Lowercase letters **a-z**
- Numbers 0-9
- o Special characters ~ ! @ # \$ ^ & * ? , . : _
- 4. Click **Submit** to save your new password. If your new password is accepted, you will see a notification that your password was changed successfully.

Managing Your Challenge Questions

Challenge questions are a security feature used to validate your identity when you need to reset your password.

To enter or modify the answers to the challenge questions:

1. Select Manage Challenge Questions from the My Profile menu.

Manage Challenge Questions	
In case you forget your password and need it reset, you will be p security questions. Please specify an answer to at least four of t Security questions will be randomly presented to you when you a password.	rompted to answer two he questions below. attempt to reset your
In what city did you meet your spouse/significant other?	
In what city does your nearest sibling live?	
In what city or town was your first job?	
What city were you born in?	
What is the color of your first car?	
What is the middle name of your youngest child?	
What is the name of the school where you went to for first grade?	
What is the name of your favorite childhood friend?	
What is the name of your favorite teacher?	
What is your favorite flavor of ice cream?	
What is your high school mascot?	
What is your mother's maiden name?	
What was the last name of your first boss?	
What was the name of your first stuffed animal?	
When did you graduate High School?	
Where were you when you first heard about 9/11?	
Where were you when you had your first kiss?	
Which country would you most like to visit?	
Which year were you born?	
Who is your favorite author?	
Submit Cancel	

- 2. Answer the required number of questions. If you answer more, questions will be chosen at random to use as the challenge questions if you forget your password.
- 3. Click **Submit** to save your changes. You will see a notification that the answers to your challenge questions were updated.

Resetting Your Forgotten Password

If you forget your password, Modivcare can send an email with a link to reset your password. The email is sent to the address listed in your user profile.

If you forget your password:

- 1. Click Forgot Your Password? on the Login page.
- 2. Enter your User Name.

Enter the characters you see in the picture in the Characters field and then click Continue.
 The characters are all letters (there are no zeros or ones) and are not case

sensitive. The image is used to distinguish a real person trying to validate the account from a computer attempting to defraud the system.

- 4. Enter the answer to the security question and then click **Submit**.
- 5. Click **Back to Login** when you receive the message that the email message has been sent.

Use the link provided in the email to open the **Reset Password** page and enter your new password. The link is valid for 5 days before it expires.

Administrative Tasks

Administrative tasks, such as adding new users and managing user accounts, are available to users who are set up as user administrators or peer managers. Users who do not have administrative permissions do not see the ADMIN option on the main menu and cannot open the User Management page.



The Facility Services Web uses a hierarchy or "tree" to manage user accounts and administrative access. The user tree is much like the directory tree of files and folders you may use to manage your computer files.

Clicking the plus sign next to the user's name opens the tree and displays the users under that user administrator or peer manager. Clicking the minus sign closes the tree.

The icons identify the types of users and their status.

lcon	Meaning
*	User administrator or peer manager
\bigcirc	User is active in the system
0	User is not active in the system
	User is locked out of the system
	There are three types of FSW users:

User Administrators

User administrators have access to the entire user tree, and can add new users, manage user accounts, and move users.

Peer Managers

Peer managers can add and manage users in their own tree, but have limited rights to manage the user accounts of other managers. Peer managers will see two trees:

their own tree with the users under their supervision

a separate tree with other peer managers and the users in their trees

Users

Users do not have any administrative rights and do not have access to the User Management page.

Adding New Users

User administrators can add new users to any group. Peer managers can add users only to their own tree.

To add a user:

1. Select a user with administrative rights. You cannot add a user under a user who does not have administrative rights.

When you open the User Management page, *you* are the selected user. You do not need to select a user to add users to your tree.

If you are a user administrator and want to add a user under a peer manager, select that user.

2. Click Create New User to open the User Management Panel.

Users Under Your Management	User Management Pa	inel	
Create New User Create New User Create New User Create New User BG Davis - BG BG Davis - BG Create New User BG Davis - BG Create New User Create New User BG Davis - BG Create New User Create N	 Select a user from modification rights To create a new user create a new user Move users to diffi manager's team r The new user will be Note: The password in character sets: upper any of the following ch 	n the tree to modify the user. You cannot is on your peer manager's team member ser under the currently selected user, cli runder a peer manager or a peer manager erent managers by dragging and droppin members. created under Amanda Bouvier hust be at least 8 characters and must cr case letters, lower case letters, numbers aracters: ~!@#\$^&"?,.:_	modify a peer manager, and you have limited rs. ick on the Create New User button. You cannot ger's team members. ng. You cannot move a peer manager or a peer ontain characters from three of the following four s or special characters. Special characters are
	Name	Oliver Davis	
	User Name	Ollie	
	Password	••••••	
	Confirm Password		
	Email Address	ollie@facility.com	
	Use the buttons between the list boxes to move facilities (hold down Ctrl key to select more than one)	Available Facilities	Facilities Currently Selected
	Administrative	■ Mo No admin rights	ove All Facilities
	in the second se	◯ Grant admin rights ◯ Grant admin with peer manager ri	ights
	Save User Can	cel	

3. Enter the new user's account information. All fields are required.

Name	The name of the user.
User Name	The login name for this user.
Password Confirm Password	The temporary password for the user. The password must meet the requirements for a valid password.
Email Address	The email address that can be used if the user needs to reset their password.

 Select at least one facility from the list of Available Facilities and click the arrow button to move the selected facilities to the list of Facilities Currently Selected. Click the Move All Facilities box and then click the arrow button to select and move all available facilities.

The selected facilities you are choosing determines what is displayed when the user opens the **Search by Location Type: Facility** option to select a pick up or drop off location for a trip or preschedule request.

- 5. Select the **Administrative function** for this user if applicable. By default, new users are not granted administrative rights. Select an option to grant user administrator or peer manager rights to this user.
- 6. Click **Save User** to add this user or **Cancel** to exit without adding a new user.

Managing User Accounts

User administrators can access any user account in their system. Peer Managers have full rights over the users in their tree, and limited rights to manage the accounts of users under other peer managers.

Action	User Administrator	Peer Manager
 Correct or update the user's name 	✓ All users	✓ Users in their tree✓ Users under another Peer Manager
 Change the user's active/inactive status 	✓ All users	✓ Users in their tree✓ Users under another Peer Manager
 Unlock a user who is locked out of the web portal 	✓ All users	✓ Users in their tree✓ Users under another Peer Manager
 Reset the user's password 	✓ All users	✓ Users in their tree✓ Users under another Peer Manager
 Correct or update a user's email address 	✓ All users	✓ Users in their tree✓ Users under another Peer Manager
 Modify the list of facilities assigned to a user 	✓ All users	✓ Users in their tree
 Change a user's administrative permissions 	✓ All users	✓ Users in their tree
 Move the user to another group or manager 	✓ All users	✓ Users in their tree

To modify or update a user account:

1. Select the user from the tree on the left to open the User Management Panel.

User Management Pa	anel
* Select a user from modification right	n the tree to modify the user. You cannot modify a peer manager, and you have limited s on your peer manager's team members.
** To create a new u create a new user	iser under the currently selected user, click on the Create New User button. You cannot r under a peer manager or a peer manager's team members.
*** Move users to diff manager's team r	erent managers by dragging and dropping. You cannot move a peer manager or a peer members.
Name	Jeff Davis
Active	
Locked Out	
Update password?	⊖Yes ⊛No
Email Address	jrdavis@facility.com
Use the buttons between the list boxes to move facilities (hold down Ctrl key to select more than one)	Available Facilities Facilities Currently Selected
	Move All Facilities
Administrative function	No admin rights
	O Grant admin rights
	○ Grant admin with peer manager rights
Modify User Ca	incel

2. Edit or update the user account. The following fields can be modified:

Name	The user's real name, not the User Name used to log in.
Active	This box is checked if the user's status is active. Uncheck the box to inactivate the user and disable their login.
Locked Out	This box is checked if the user is locked out of the system because of failed login attempts. Clear the box to unlock the user's account.
Update password?	Click Yes to enter a new password for this user. The new password must meet the minimum password requirements.

Email Address	Update the user's email address.
Available Facilities/ Modify the selected facilities for this user. This Facilities Currently Selected option is only available to a user administrator or the user's peer manager.	
Administrative function	Set or change the user's administrative function. This option is only available to a user administrator or the user's peer manager.

3. Click **Modify User** to save your changes or click **Cancel** to close the page with making any changes.

Managing User Groups

Depending on your administrative rights, you can move users between groups. The user administrator can move users between any trees. Peer managers can move users only in their own tree.

You may want to move a user or group of users if a supervisor or manager is on vacation or leaves the company. You can "drag and drop" the user tree to an active supervisor or manager.

To move a user or group of users:

- 1. Press and hold the mouse button to select and "grab" the user. If you select a user who has users under them, you will move the entire tree.
- 2. Drag the user to the new location. This must be under a user who has peer manager or user administration rights.
- 3. Release the mouse button to drop the user in the new location.

Glossary

ambulatory

A member who is able to walk on their own or with the assistance of a walker or cane and able to be picked up and dropped off at the curb.

address

A physical location defined by a street name and number, city, state, and zip.

advance notice

The amount of time required between requesting a reservation and the date of service of the transportation.

approved

A request that has been authorized by Modivcare as a trip reservation or standing order.

cancellation

Reservation for a trip that is called off by a member, facility staff, or transportation provider.

child escorts (CE)

The number of children receiving unpaid transportation while traveling with the rider to an appointment.

confirmation number

A number generated when Modivcare approves a trip or standing order request.

contact phone number

The phone number of the FSW user requesting the trip.

denied

A request that has been refused by Modivcare based on contract rules or eligibility requirements.

drop-down list

A field that displays a list of pre-defined information for selection.

escort

An additional passenger that will accompany a member to an appointment at the request of the member. The escort remains with the member from the time of pick up through the time of return from his or her appointment.

facility

A named location where a rider is being picked up or dropped off. A location where medical treatment or services are received by a member.

insurance type

An agency such as Medicaid or an insurance group that uses Modivcare to manage its transportation benefits for its eligible members.

level of service (LOS)

The type of ride and service required on a trip. These include requirements such as ambulatory, wheelchair, and stretcher.

medical necessity form

A form completed by a physician that is required for any client who requires are level of service greater than ambulatory, such as wheelchair or stretcher. A physician completes the Medical Necessity Form and determines the Level of Service by which the client will travel.

member

A person for whom Modivcare provides transportation. The terms "client" or "rider" are alternate terms for a member.

on-demand

A one-time trip, not a standing order.

PCA

See personal care attendant

pending

A request for a trip or standing order that has not yet been reviewed by a Modivcare Facility Representative and can be edited in the Modivcare Facility Services Web portal.

personal care attendant

Additional passenger who has no relationship to the member, but has been supplied by the provider to travel with the member.

rejected

A request that is missing information and sent back to the facility for modification or additional information.

request

An application for a trip reservation or standing order submitted online to Modivcare for approval.

reservation

An arrangement for transportation made for an eligible rider. The reservation may be composed of one or more stops, referred to as trip legs. These stops are identified with a letter designator, beginning with the letter "A".

rider

A person for whom Modivcare provides transport on behalf of the customer. The term "member" is an alternate term for a rider.

standing order

Trips arranged in advance for a member who has three or more trips to the same facility each week

status

Stage of a reservation or standing order in the approval process.

Modivcare Solutions, LLC.

stretcher

Indicates that a member cannot sit in a chair or is bedridden and cannot transport in a wheelchair.

transportation provider

Business or company that provides transportation for Modivcare.

trip

Specific transportation job that involves one rider (with possible escorts) but can include multiple legs where each leg is a one-way trip.

trip leg

Portion of a trip defined by a pickup of a rider who is transported to a drop-off location. Each leg is identified with a letter designator, beginning with the letter A.

urgent trip

A trip required by a physician for the same day or next day and is requested outside of the proper notice that is required

wheelchair

Indicates member is confined to a wheelchair and must be transported by a wheelchair van

will call

Indicates the time for a trip leg is not entered and the member has requested to call for a return time on a trip.

withdrawn

A request that has been retracted by the requesting facility.