

HI HMSA MCD – Facility & Medical Providers Quick Reference Guide

Hours of Operation	<ul style="list-style-type: none"> • Routine reservations: Mon–Fri 7:45 AM–4:30 PM HST (closed Sat–Sun & federal holidays). • Urgent trips & hospital discharges: 24/7/365. • Routine Sat/Sun appointments may be booked during regular reservation hours.
Telephone Numbers, TripCare, & TripCare Resources	<ul style="list-style-type: none"> • Facility line: 800-440-0640 • Facility fax: 866-475-5745 • Air Ops line and email: AirOps@modivcare.com • https://tripcare.modivcare.com/login • https://www.modivcare.com/facilities/hmsa/ - Access requests, forms, and training videos
Geographic Coverage	<ul style="list-style-type: none"> • State of Hawaii • Hawaiian Islands: Niihau, Kauai, Oahu, Maui, Lanai, Molokai, and Hawaii Island (Big Island) • Counties of Hawaii, Honolulu, Kauai & Maui
Covered Modes of Transportation	<p><u>No Medical Necessity Form Required</u></p> <ul style="list-style-type: none"> • Mass Transit (MT) - <i>Oahu Only</i> (The Bus/The Skyline, The Handi-Van) <ul style="list-style-type: none"> ◦ Member residence and appt location are less than 1/2 mile from transit stop <ul style="list-style-type: none"> ▪ If the member is MT Eligible, <u>mass transit</u> is the default level of service and higher modes require an MNF. ▪ If the member is NOT MT Eligible, <u>ambulatory</u> is the default level of service and higher modes require an MNF. <p><u>Medical Necessity Form Required</u></p> <ul style="list-style-type: none"> • Mileage reimbursement (MR) – member cannot be reimbursed as the driver • Ambulatory: sedan, van, taxi, Rideshare (Uber/Lyft), boat/ferry • Wheelchair vehicle • Bariatric Wheelchair • Stretcher/Gurney • Commercial Air Transport (Inter-Island and Mainland)

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Eligibility Verification	<ul style="list-style-type: none"> Modivcare will verify member eligibility upon receipt of the reservation request.
Limits on Trip Distance	<ul style="list-style-type: none"> Unlimited miles for all trips (ground and air travel)
DME (Durable Medical Equipment)	<ul style="list-style-type: none"> Members are required to provide all necessary child safety/booster seats, DME and wheelchairs.
Forms	<ul style="list-style-type: none"> https://www.modivcare.com/facilities/hi/#forms
Out of State (Mainland Travel)	<p>Out-of-State (Mainland) travel requires HMSA prior authorization, and must be initiated by HMSA Care Navigator via TripCare</p> <p><i>Note: Mainland refers to the 48 connected states of the United States, it does not include travel between the islands of Hawaii</i></p>
Notice for Routine Appointments	<p>Ground Travel: Minimum 2 business day and No Maximum Advance Notice</p> <p>All Air Travel: Minimum 7 business day and No Maximum Advance Notice</p> <p><u>2+ Business Days Scheduling Options</u></p> <p>Ground Travel - Same Island</p> <ul style="list-style-type: none"> Trip Care - Ground Call Facility Line at 800-440-0640 for CSR-assisted scheduling <p>Air - To Neighbor Island or Mainland</p> <ul style="list-style-type: none"> Trip Care via Authorization Submission (PEGA Workflow Tool) – See Step By Step HERE Travel Request Form – Emailed to Air Ops AirOps@modivcare.com

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Notice for Same Day/Urgent Appointments	<p>Advanced notice not required for urgent categories</p> <ul style="list-style-type: none"> • Hospital/Emergency discharges • Dialysis & Dialysis related appointments • Wound Care • Chemo/Radiation treatments • Urgent Care Facilities • Health Plan requests <p><u>Same Day/Next Day Scheduling Options</u></p> <p>Ground Travel - Same Island</p> <ul style="list-style-type: none"> • Call the Facility Line 800-440-0640 <p>Air Travel - To Neighbor Island</p> <ul style="list-style-type: none"> • Email form to Air Ops AirOps@modivcare.com & After Hours DisPHXAfterhours@modivcare.com
Travel/Trip Modifications	<p>Modifications to existing trips</p> <p><u>2+ Days</u></p> <ul style="list-style-type: none"> • Submit modified request via TripCare or send via email to Air Ops AirOps@modivcare.com & After Hours DisPHXAfterhours@modivcare.com <p><u>Urgent</u></p> <ul style="list-style-type: none"> • Call Facility Line 800-440-0640, agent will transfer to Air Ops for immediate assistance <p>If the member misses their flight:</p> <ul style="list-style-type: none"> • Call Facility Line 800-440-0640, agent will transfer to Air Ops for immediate assistance • After hours, the call will be routed to the After-Hours team, who can support real-time travel issues. <p>If the member's stay is extended due to medical reasons and requires itinerary changes:</p> <p><u>Inter-Island</u></p> <ul style="list-style-type: none"> ○ The facility should submit modification requests through TripCare if the travel itinerary needs amended due to the medical extension. • If the facility is unable to use TripCare or access the website, they may email the form to Air Ops AirOps@modivcare.com & After Hours DisPHXAfterhours@modivcare.com

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	<p><u>Out of State</u></p> <ul style="list-style-type: none"> Refer facility to HMSA's Medical Management team and follow the current established process. If there are follow-up questions, direct them to call HMSA at 800-440-0640. 	
Discharges	<p>Ground Transport Discharges: You will need to call in all ground discharges into the facility line below:</p> <ul style="list-style-type: none"> Facility line: 800-440-0640 Facility fax: 866-475-5745 <p><u>Ambulatory or wheelchair level of service:</u> Discharges must be called in on the day of the discharge. Modivcare has a 4-hour window to find transportation from the time of discharge.</p> <p><u>Gurney or bariatric level of service:</u> Discharges can be called in 1 day prior to the discharge of the member. The facility is responsible for any updates to the member regarding changes in times or cancellations.</p> <p>For Flight & Lodging Discharges Only: Please complete the Travel Request Form. At the top of the form, you'll find two email addresses in red.</p> <p>Once filled out, the form must be sent to both:</p> <ul style="list-style-type: none"> AirOps@modivcare.com DisPHXAfterhours@modivcare.com <p>These submissions will be routed to the appropriate AirOps and Afterhours teams for processing.</p> <p>Please note: TripCare should not be used for discharges.</p>	
ER & Pharmacy Trips	<p>Emergency Room/ER:</p> <ul style="list-style-type: none"> Not allowed to ER unless for scheduled admissions. Not allowed between ERs. Allowed from ER to Members home 	<p>Pharmacy Stops</p> <ul style="list-style-type: none"> Not allowed
Escorts/ Additional Passengers	<p>Adult escorts require a <u>medical necessity form</u>:</p> <ul style="list-style-type: none"> Escorts for members <u>18 years of age and older will only be allowed based on medical need</u> and require certification via the Provider Medical Certification form/MNF. Members <u>under eighteen (18) years of age</u> are allowed to be accompanied by one (1) adult escort without an MNF. <ul style="list-style-type: none"> More than one adult escort for minors will require a MNF form. 	

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Minor Travel	<p>Facility/Health Plan Requests: Please refer to HMSA's Medical Management team and follow the current established process. If there are follow-up questions, call HMSA at 800-440-0640.</p> <p>Members may travel alone without a Consent for Minor Travel Form who are:</p> <ul style="list-style-type: none"> • Member who is a parent or pregnant • An emancipated minor: • A member fourteen (14) through seventeen (17) years of age traveling to an appointment for the following treatment reasons below: <ul style="list-style-type: none"> ◦ reproductive healthcare, ◦ mental health treatment, or ◦ counseling services. <p>A member under the age of 18 must be accompanied by a person who has legal authority to sign consent forms.</p> <ul style="list-style-type: none"> • Additional escorts for Members under 18 years of age require Medical Certification Form. <p>If the member is a single caregiver with more than one minor child in his/her care, Modivcare will attempt to accommodate based on space available and notification of need at time of reservation.</p>
Adult Day Care - Prior Authorization	<p>Prior authorization is required for <u>Adult Day Care</u>:</p> <ul style="list-style-type: none"> • Must be initiated by HMSA Health Coordinator. • Facility/Provider should engage health plan. The Health plan will email travel authorization to HIExceptions@modivcare.com

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Air Travel/ Meals and Lodging

[Click here for
Step-By-Step
TripCare
Directions](#)

Inter-Island Air Travel

Inter-Island refers to travel between the islands of Hawaii: Niihau, Kauai, Oahu, Maui, Lanai, Molokai, and Hawaii Island (Counties of Hawaii, Honolulu, Kauai & Maui)

Inter-Island requests have different requirements than Out of State air travel requests

- **Inter-Island does not require plan approval** and should be submitted in TripCare by the medical provider/facility.
- **For facility/health plan:**
 - Requests must be received through TripCare website (<https://tripcare.modivcare.com/login>).
 - Only if the facility is unable to use TripCare or access the website, they can email the form to AirOps@modivcare.com and After Hours DisPHXAfterhours@modivcare.com
 - If TripCare access is needed, refer to website: <https://www.modivcare.com/facilities/hmsa/>
 - If trouble with access to TripCare, refer to Luis.Larcina@modivcare.com

Out of State Air Travel (Mainland)

Does not include travel between the islands of Hawaii. Mainland refers to the 48 connected states of the United States, it does not include travel between the islands of Hawaii.

- Requires prior authorization from the plan
- **For facility/medical provider:**
 - Refer facility/medical provider to submit a prior auth to HMSA's Medical Management team and follow the current established process.
 - If there are follow-up questions, direct them to call HMSA at 800-440-0640.

Discharges Air Travel

- Facility should escalate discharges directly to Air Ops for immediate assistance, see **DISCHARGES**

Meals and lodging requests must be included with air travel requests for approval.

***Note:** Grocery Store trips are covered when a member has approved overnight air travel and needs to visit the grocery store during that travel trip. These requests are only processed through the Air Ops team.

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Medical Necessity Form (MNF)

MNF Grace Period (through 7/31/2025)

- For requests made through 7/31/2025, an MNF is not required for home-island ground transportation with July trip dates.
- This applies to both demand trips and standing orders.
- Standing orders without an MNF are temporary and will end on 7/31/2025 unless an MNF is received.

Courtesy Trip Period (8/1/2025 – 9/30/2025)

- One-time round trip allowed for first-time requests without an MNF. Please notate this as a “courtesy trip” in trip notes.
- Applies to **home-island ground trips only**, For trip dates in **August and September 2025 only**.

MNF Requirements

- Levels of Service: Mileage reimbursement, Ambulatory, Wheelchair vehicle, Bariatric Wheelchair, Stretcher/Gurney, Commercial Air Transport
- Escorts for members 18 years of age and older
- If more than one escort is requested, refer to [Additional Passengers](#) section for process.

MNF Submission Process

- All new MNFs should be submitted via TripCare by the member’s healthcare provider/facility.
- If the facility is unable to submit the MNF through TripCare, the facility may download the form from the website (<https://www.modivcare.com/facilities/hmsa/>)

TripCare MNF Submissions:

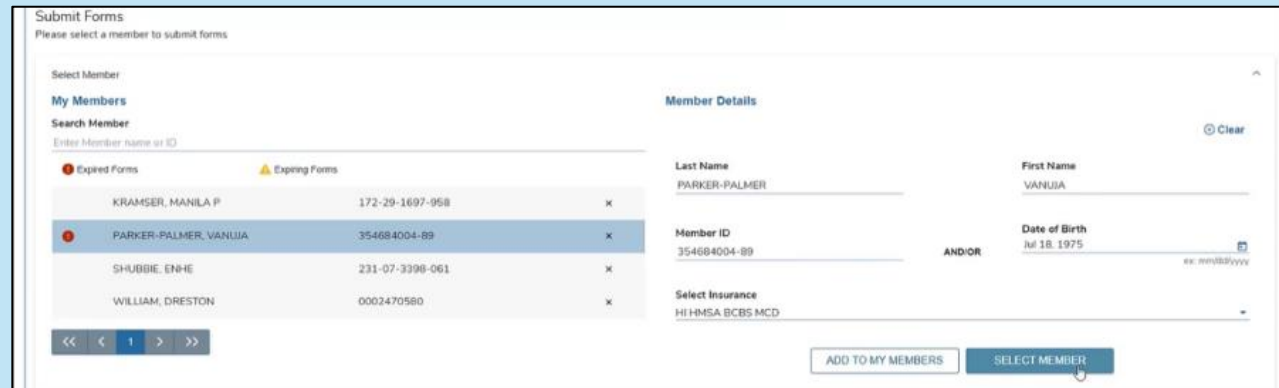
- Log into TripCare. Once logged in, click “Forms” along the blue header bar.



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- Search for the member needing the MNF form, or select from the dropdown area, then click “Select Member”



Submit Forms
Please select a member to submit forms

Select Member

My Members

Search Member
Enter Member name or ID

Expired Forms Expiring Forms

Member Name	Member ID	Action
KRAMSER, MANILA P	172-29-1697-958	x
PARKER-PALMER, VANUJA	354684004-89	x
SHUBBIE, ENHE	231-07-3398-061	x
WILLIAM, DRESTON	0002470580	x

Member Details

Last Name: PARKER-PALMER

First Name: VANUJA

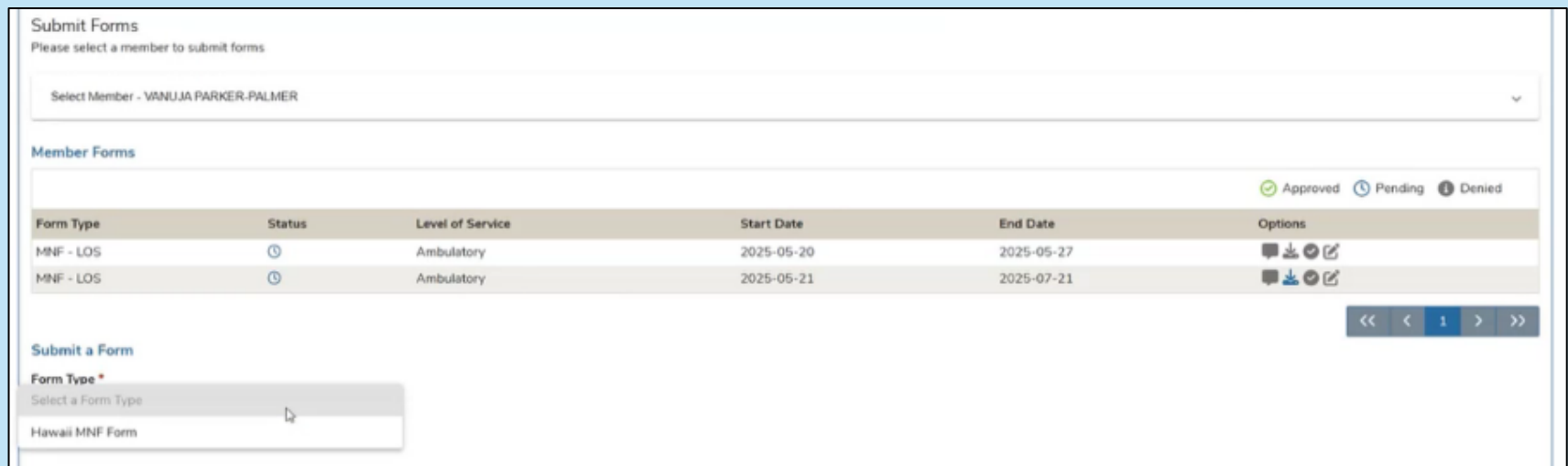
Member ID: 354684004-89

Date of Birth: Jul 18, 1975

Select Insurance: HI HMSA BCBS MCD

ADD TO MY MEMBERS SELECT MEMBER

You will then be able to review forms already on file for the member, as well as create a new one. To begin the submission process for a new form, select “Hawaii MNF form from the dropdown.



Submit Forms
Please select a member to submit forms

Select Member - VANUJA PARKER-PALMER

Member Forms

Form Type	Status	Level of Service	Start Date	End Date	Options
MNF - LOS	⌚	Ambulatory	2025-05-20	2025-05-27	⌚ ⬇️ ⬆️ ⬇️
MNF - LOS	⌚	Ambulatory	2025-05-21	2025-07-21	⌚ ⬇️ ⬆️ ⬇️

Submit a Form

Form Type *

Select a Form Type

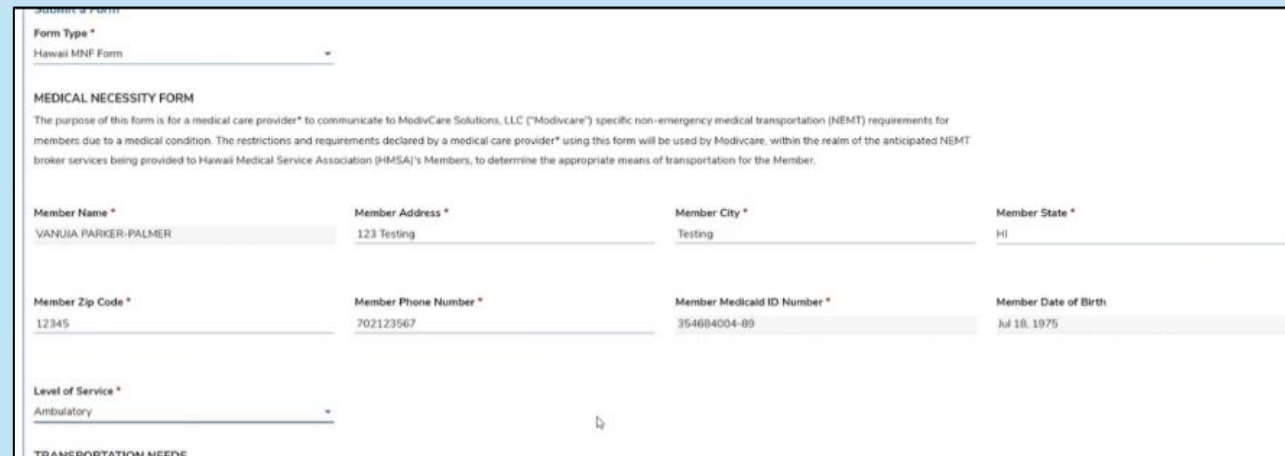
Hawaii MNF Form

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The screen will then expand to show additional fields for creating the new MNF form.

Member Details -The Member Name, ID #, and DOB will populate, address and phone will need entered, as well as the Level of Service.



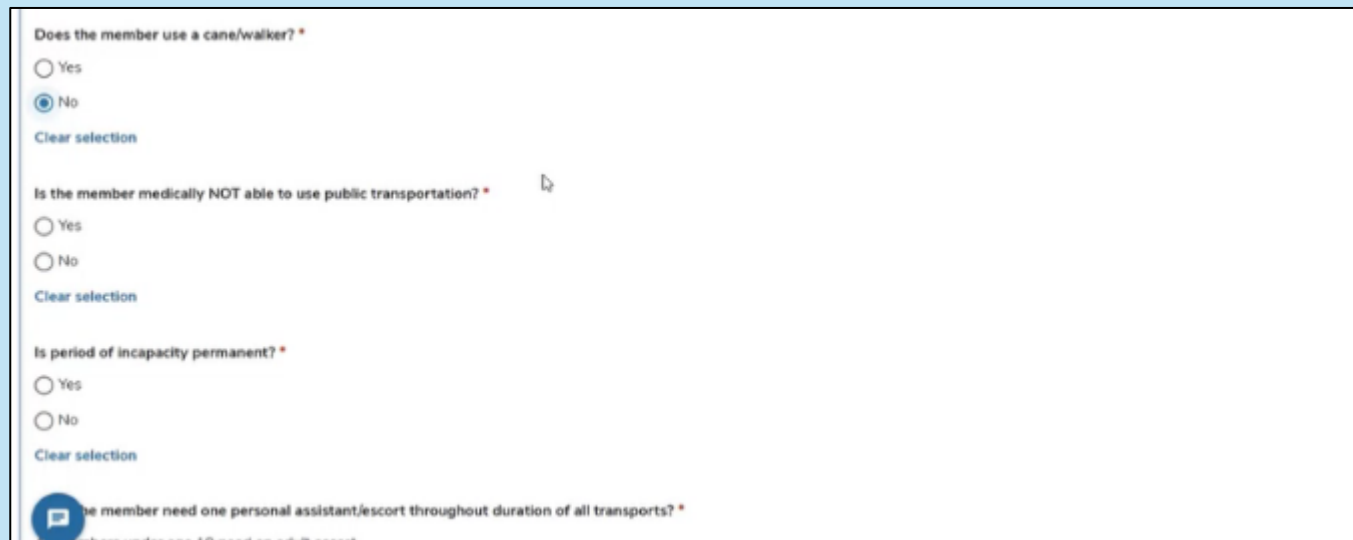
Form Type *
Hawaii MNF Form

MEDICAL NECESSITY FORM
The purpose of this form is for a medical care provider* to communicate to ModivCare Solutions, LLC ("Modivcare") specific non-emergency medical transportation (NEMT) requirements for members due to a medical condition. The restrictions and requirements declared by a medical care provider* using this form will be used by Modivcare, within the realm of the anticipated NEMT broker services being provided to Hawaii Medical Service Association (HMSA)'s Members, to determine the appropriate means of transportation for the Member.

Member Name * VANUIA PARKER-PALMER	Member Address * 123 Testing	Member City * Testing	Member State * HI
Member Zip Code * 12345	Member Phone Number * 702123567	Member Medicaid ID Number * 354684004-89	Member Date of Birth Jul 18, 1975
Level of Service * Ambulatory			

TRANSPORTATION NEEDS

Transportation Needs -The next fields requiring entry will be for the members specific needs:



Does the member use a cane/walker? *

☐ Yes

☒ No

[Clear selection](#)

Is the member medically NOT able to use public transportation? *

☐ Yes

☐ No

[Clear selection](#)

Is period of incapacity permanent? *

☐ Yes

☐ No

[Clear selection](#)

Does the member need one personal assistant/escort throughout duration of all transports? *

☐ Yes

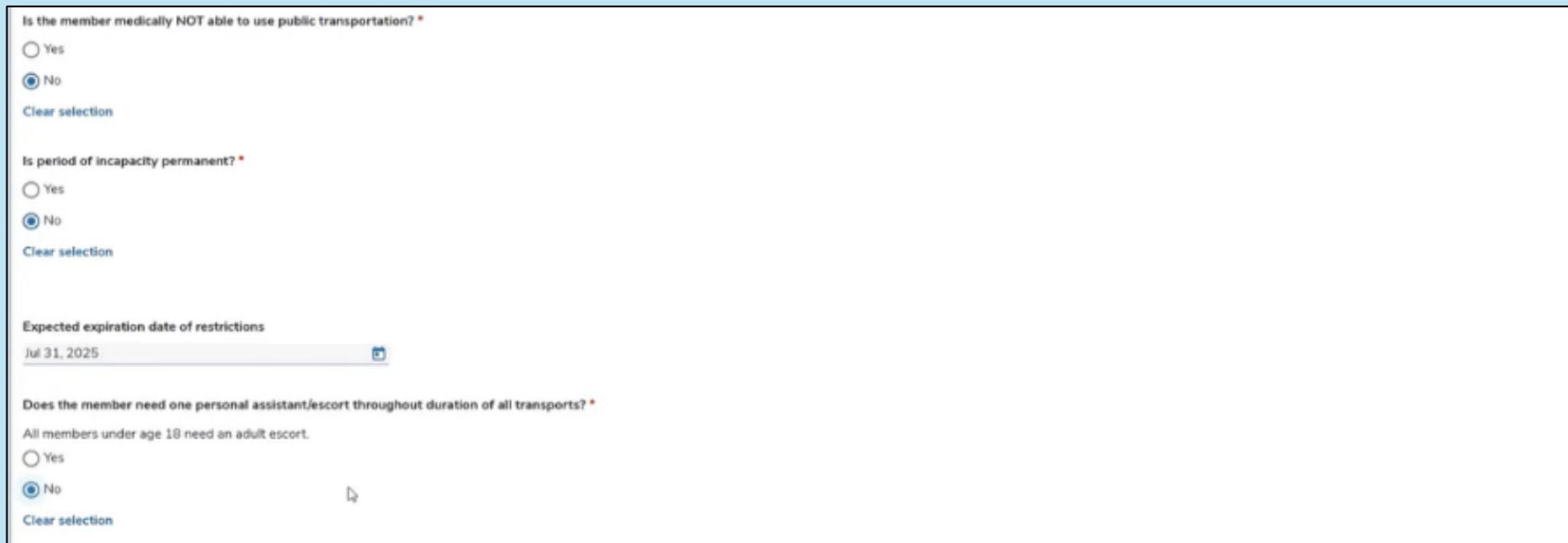
☐ No

[Clear selection](#)

*Members under age 18 need an adult escort

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Is the member medically NOT able to use public transportation? *

☐ Yes

☒ No

Clear selection

Is period of incapacity permanent? *

☐ Yes

☒ No

Clear selection

Expected expiration date of restrictions

Jul 31, 2025

Does the member need one personal assistant/escort throughout duration of all transports? *

All members under age 18 need an adult escort.

☐ Yes

☒ No

Clear selection

Once finished entering their needs, indicate the anticipated date that the member will require this level of service, add the provider name/number details, type the provider name as “E-Signature” and click the provider attestation box (all information is true, complete, and accurate to the best of your knowledge).



Indicate the anticipated date that the member will require this level of service *

May 30, 2025

Medical Care Provider Name *

John Smith

Medical Care Provider Telephone *

408.373.4576

Medical Care Provider Signature *

John

I, the medical care provider (such as physician, physician assistant, or nurse practitioner), have evaluated this member and certify that he or she is medically/functionally appropriate for the mode of transportation designated above. I hereby certify that all information provided by me in connection with this application, including any documents, attestations, or representations submitted, is true, complete, and accurate to the best of my knowledge, understanding and knowledge that I am solely responsible for the authority and accuracy of all such information. ***Per the Federal Privacy Statute (45 CFR 164.502-3), this electronic signature satisfies the law.

Submit

Once checked, the submit button will turn blue. Click Submit, and a window will then open a PDF version of the MNF form for download. It will now also be stored with the Member Forms in TripCare.

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1 / 2 - 100% +

MEDICAL NECESSITY FORM

The purpose of this form is for a medical care provider* to communicate to ModivCare Solutions, LLC ("Modivcare") specific non-emergency medical transportation (NEMT) requirements for members due to a medical condition. The restrictions and requirements declared by a medical care provider* using this form will be used by Modivcare, within the realm of the anticipated NEMT broker services being provided to Hawaii Medical Service Association (HMSA)'s Members, to determine the appropriate means of transportation for the Member.

Date: 06/27/2025

Member Information

Name: VANUJA PARKER-PALMER

Address: 123 Testing, Testing, HI, 12345

Phone Number: 702123567

Medicaid ID Number: 354684004-89

Date of Birth: 07/18/1975

Transportation Needs: Please check all that apply; must be completed by a medical care provider* only.

☒ This Medicaid billable program/appointment is medically necessary. This is the nearest appropriate Medicaid provider.

☒ Member is medically unable to walk 1/4 (one-fourth) of a mile.

☒ Member is NOT able to be driven by a friend or family member.

☒ Member is medically able to use public transportation ONLY if accompanied by a companion. (In such case, Modivcare will pay for companion's fare but will not provide an aide or companion for the Member to utilize.)

☐ Member is Paratransit certified.

☐ Member can only be transported by stretcher and does not need immediate medical attention during transportation.

Medical Reason(s):

☐ Does Member have a wheelchair? Type: ☐ Standard ☐ Bariatric ☐ Electric ☐ Scooter
please check one (Modivcare does not provide wheelchairs.)

***Is member able to transfer WITHOUT assistance? ☐ Yes ☐ No (please check one)

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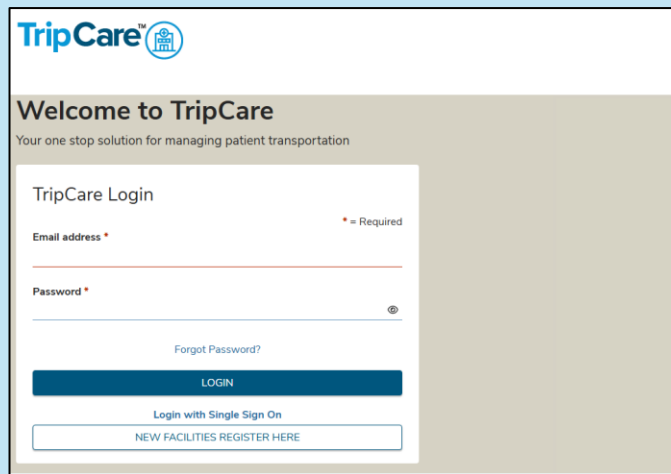
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TripCare Step-By Step Guide

<https://tripcare.modivcare.com/login>

Enter your TripCare credentials and click submit. You will then be prompted for your authentication code, before clicking Continue and moving to the TripCare Landing Page

Logging In



TripCare™

Welcome to TripCare
Your one stop solution for managing patient transportation

TripCare Login

Email address * * = Required

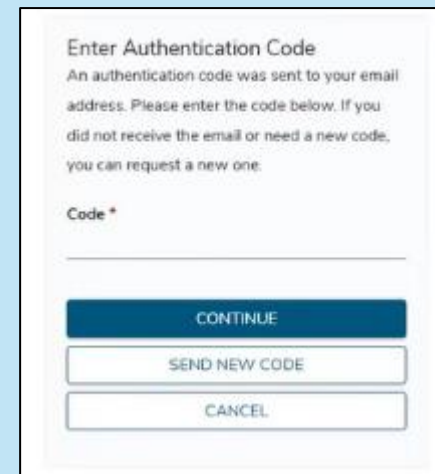
Password * * = Required

[Forgot Password?](#)

LOGIN

[Login with Single Sign On](#)

[NEW FACILITIES REGISTER HERE](#)



Enter Authentication Code

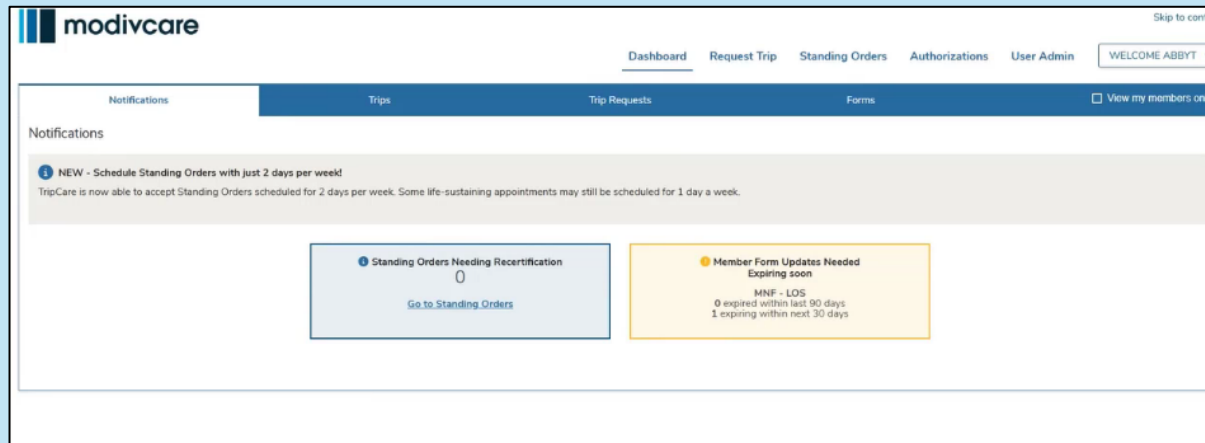
An authentication code was sent to your email address. Please enter the code below. If you did not receive the email or need a new code, you can request a new one:

Code *

CONTINUE

SEND NEW CODE

CANCEL



modivcare

Skip to content

Dashboard Request Trip Standing Orders Authorizations User Admin WELCOME ABBYT

Notifications Trips Trip Requests Forms View my members only

Notifications

NEW - Schedule Standing Orders with just 2 days per week!
TripCare is now able to accept Standing Orders scheduled for 2 days per week. Some life-sustaining appointments may still be scheduled for 1 day a week.

Standing Orders Needing Recertification
0
[Go to Standing Orders](#)

Member Form Updates Needed
Expiring soon
MNF - LOS
0 expired within last 90 days
1 expiring within next 30 days

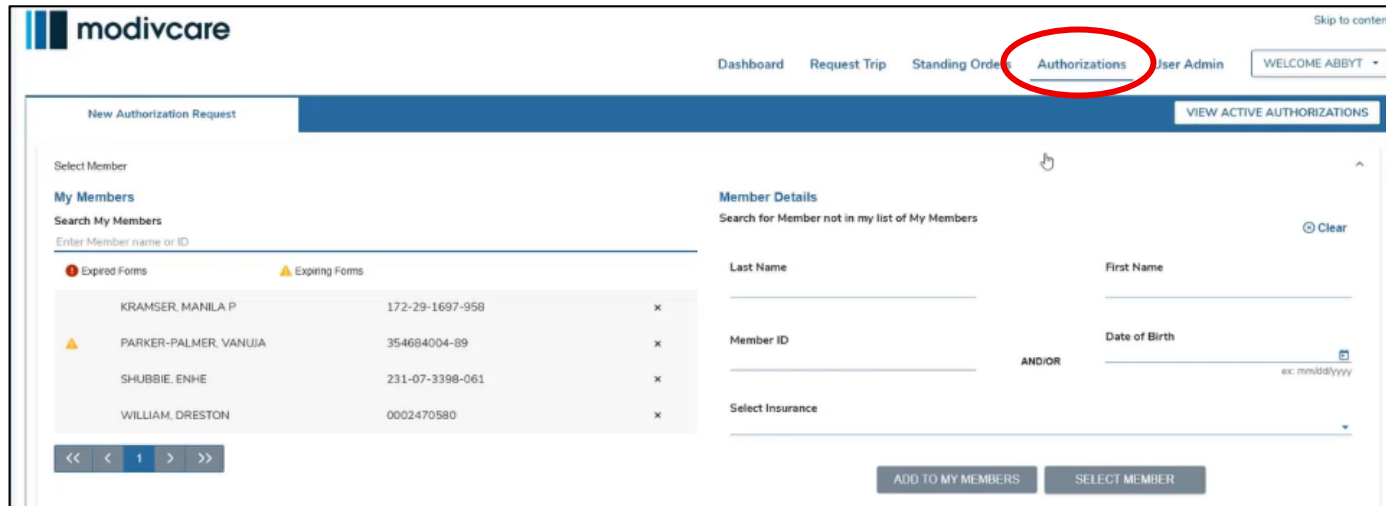
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Once logged in, you should see “Authorizations” along the top banner of the screen; (if not, please contact Modivcare to grant appropriate permissions.)

Click the authorizations tab, and you will then see all members linked to your account:

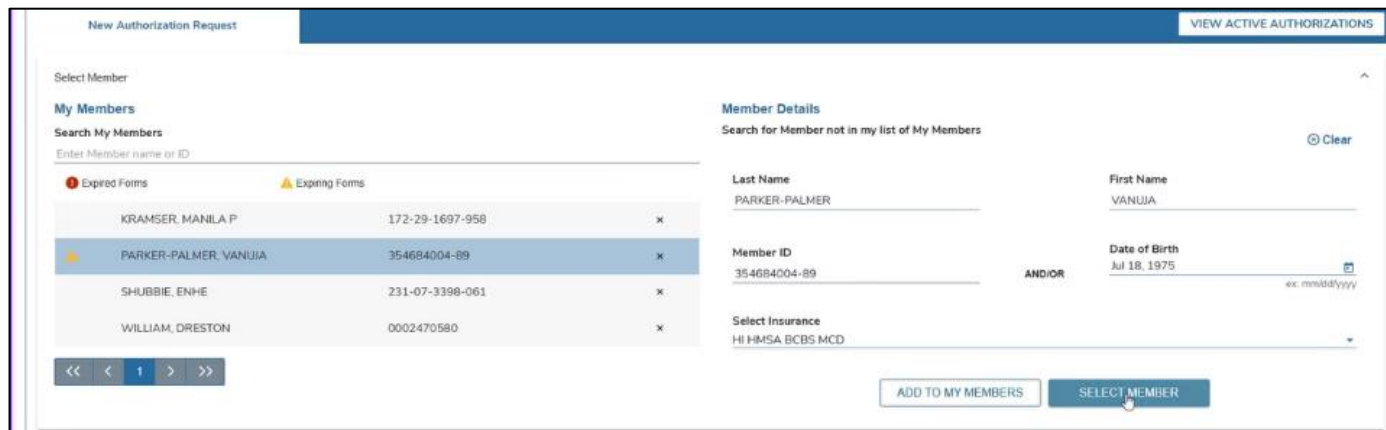
Submitting Authorizations



The screenshot shows the Modivcare interface for submitting a new authorization request. The top navigation bar includes links for Dashboard, Request Trip, Standing Order, **Authorizations** (highlighted with a red circle), and User Admin. A 'WELCOME ABBYT' dropdown is also visible. Below the navigation bar, the 'New Authorization Request' section is active, with a 'VIEW ACTIVE AUTHORIZATIONS' button. The main content area is divided into two columns. The left column, titled 'Select Member', contains a 'My Members' section with a search bar and a table of members. The right column, titled 'Member Details', contains a search bar and form fields for Last Name, First Name, Member ID, Date of Birth, and Select Insurance. The 'ADD TO MY MEMBERS' and 'SELECT MEMBER' buttons are at the bottom right.

Member Name	Member ID	Status
KRAMSER, MANILA P	172-29-1697-958	x
PARKER-PALMER, VANUIA	354684004-89	x
SHUBBIE, ENHE	231-07-3398-061	x
WILLIAM, DRESTON	0002470580	x

Select the member needing review, and then click the “Select Member” button:



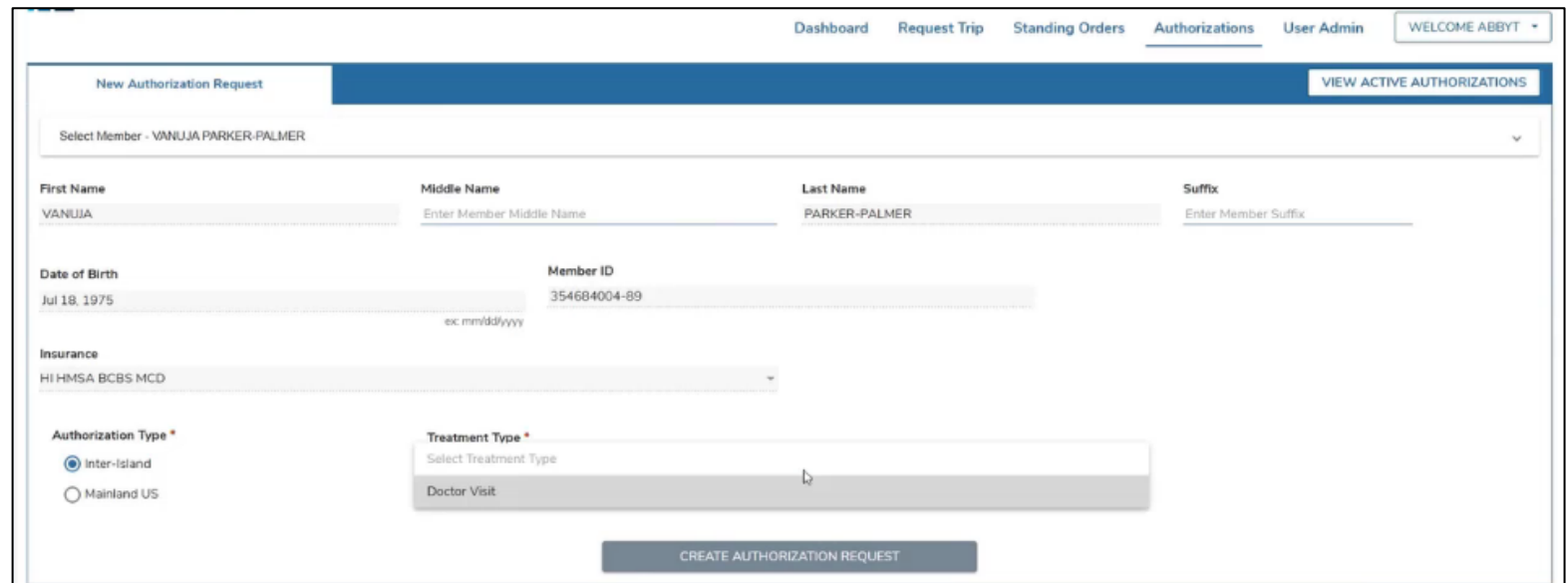
This screenshot shows the same interface as the previous one, but with the 'PARKER-PALMER, VANUIA' member selected in the 'My Members' list. The 'SELECT MEMBER' button at the bottom right is now highlighted, indicating it should be clicked to proceed with the authorization request.

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The next screen begins the New Authorization Process.

Member details will populate, the “Authorization Type” and “Treatment Type” are required to click “Create Authorization Request” and move on to the next step.

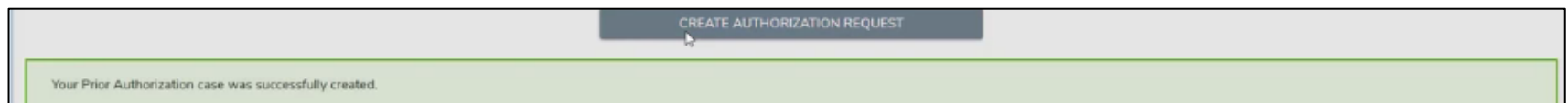


The screenshot shows the 'New Authorization Request' form. At the top, there are navigation links: Dashboard, Request Trip, Standing Orders, Authorizations (selected), and User Admin. A user greeting 'WELCOME ABBY' is visible. The form title is 'New Authorization Request' with a 'VIEW ACTIVE AUTHORIZATIONS' link. A dropdown menu shows 'Select Member - VANUJA PARKER-PALMER'. The form fields are as follows:

First Name	Middle Name	Last Name	Suffix
VANUJA	Enter Member Middle Name	PARKER-PALMER	Enter Member Suffix

Below these are 'Date of Birth' (Jul 18, 1975) and 'Member ID' (354684004-89). The 'Insurance' dropdown is set to 'HI HMSA BCBS MCD'. The 'Authorization Type' section has two radio buttons: 'Inter-Island' (selected) and 'Mainland US'. The 'Treatment Type' dropdown is open, showing 'Select Treatment Type' and 'Doctor Visit'. A 'CREATE AUTHORIZATION REQUEST' button is at the bottom.

You will then be notified that the Prior Authorization request has been started.



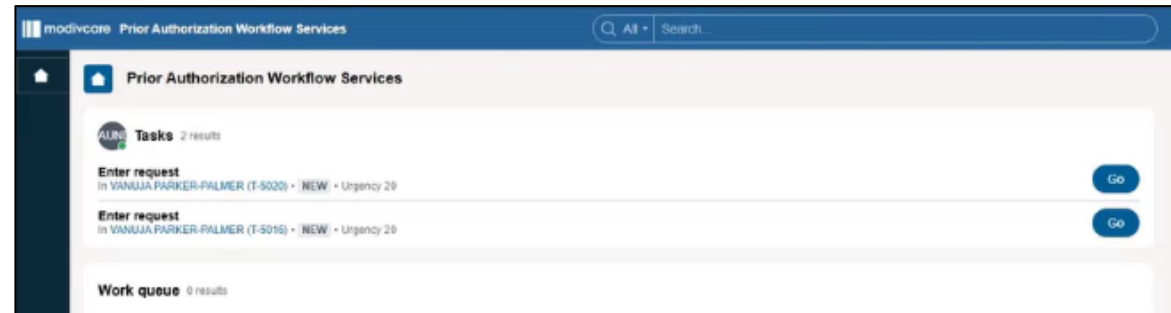
This screenshot shows a confirmation message in a green box: 'Your Prior Authorization case was successfully created.' Above this message is a 'CREATE AUTHORIZATION REQUEST' button.

Please proceed to next page to continue submission workflow.

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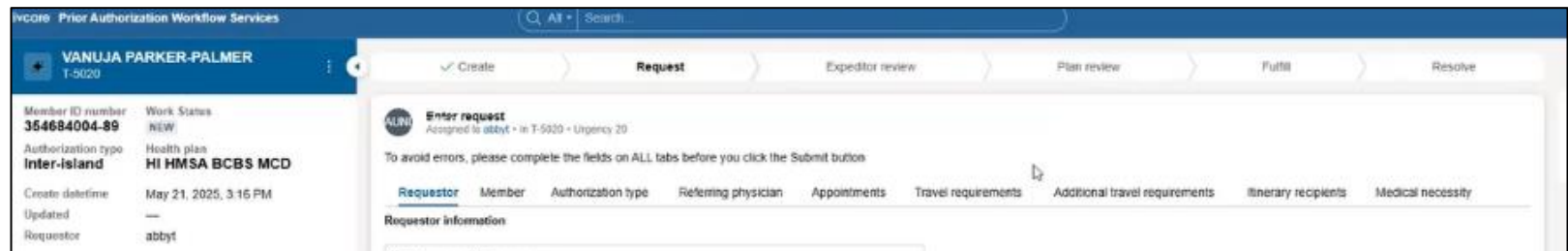
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Once created, the request will populate in the workflow Tasks to select, click GO, and continue to submit:



The next landing page has tabs for completing all the fields required for submission; **Requestor**, **Member**, **Authorization Type**, **Referring Physician**, **Appointments**, **Travel Requirements**, **Additional** (less common) **Travel Requirements**, **Itinerary Recipients**, and **Medical Necessity**.

To avoid any errors, complete all the fields on all the different tabs before you click the submit button. There is an option to save if needing to pause prior to submission and revisit at a later point.



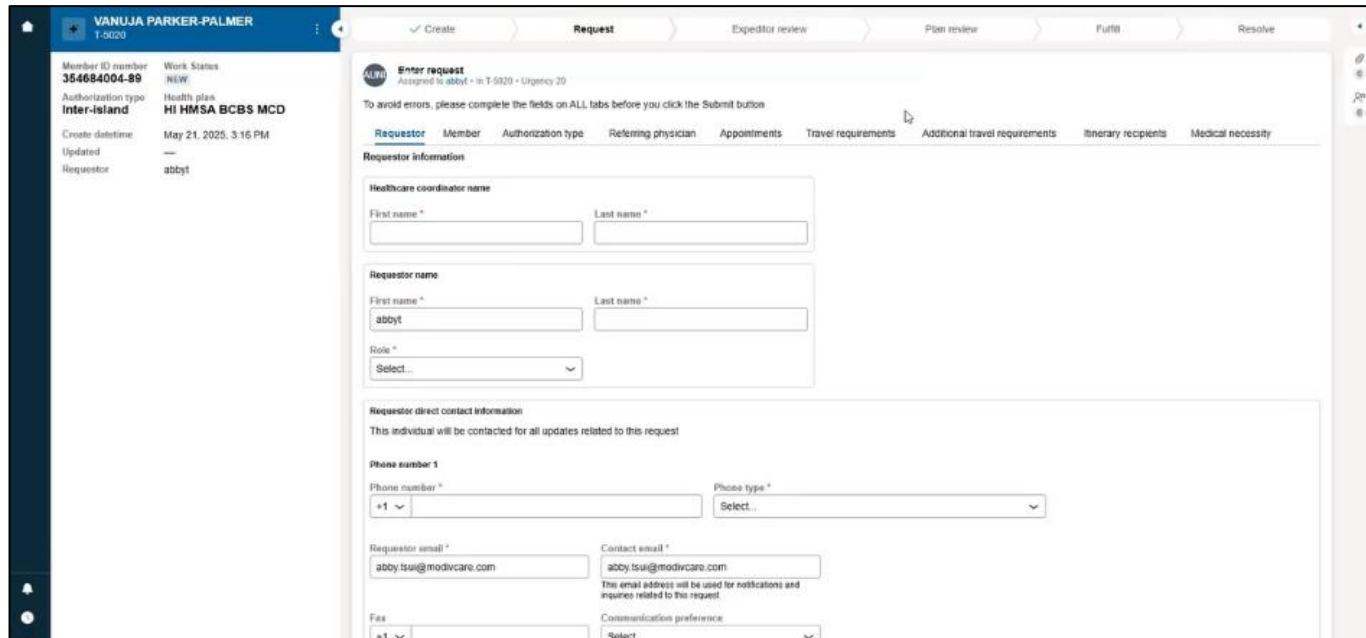
Please proceed to next page to continue submission workflow

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Requestor Tab

Indicate the requestor name, role, and contact details/preferences:



Requestor Information

Healthcare coordinator name

First name * Last name *

Requestor name

First name * Last name *

Role *

Requestor direct contact information

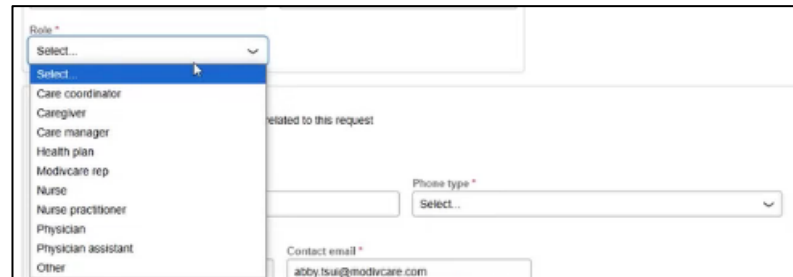
This individual will be contacted for all updates related to this request

Phone number *

Phone number * Phone type *

Requestor email * Contact email *

Fax Communication preference



Role *

Select...

Select...

Care coordinator

Caregiver

Care manager

Health plan

Modivcare rep

Nurse

Nurse practitioner

Physician

Physician assistant

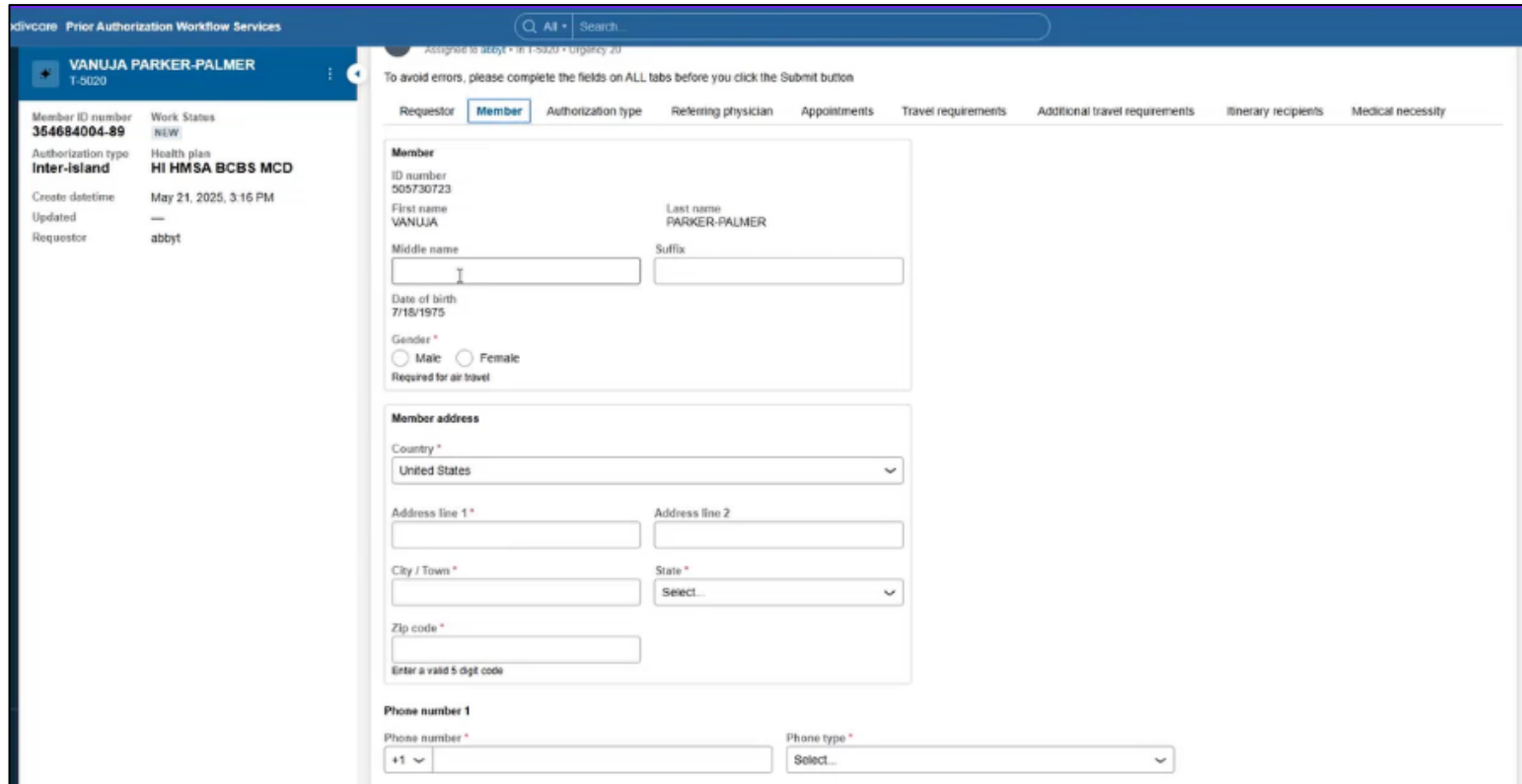
Other

Once finished with the Requestor details, please move to the next tab, Member.

SITUATION

HI HMSA MCD

Member Tab



The screenshot shows the 'Member Tab' in the Modivcare Prior Authorization Workflow Services interface. The member's name is VANUJA PARKER-PALMER (T-5020). The member ID number is 354684004-89, and the work status is NEW. The authorization type is Inter-island, and the health plan is HI HMSA BCBS MCD. The create datetime is May 21, 2025, 3:16 PM, and the requester is abbyt.

The main form area contains the following fields:

- Member Information:**
 - ID number: 505730723
 - First name: VANUJA
 - Last name: PARKER-PALMER
 - Middle name: (empty field)
 - Suffix: (empty field)
 - Date of birth: 7/16/1975
 - Gender: ☐ Male ☐ Female
 - Required for air travel: (checkbox)
- Member address:**
 - Country: United States (dropdown)
 - Address line 1: (empty field)
 - Address line 2: (empty field)
 - City / Town: (empty field)
 - State: Select... (dropdown)
 - Zip code: (empty field)
 - Enter a valid 5 digit code: (text)
- Phone number 1:**
 - Phone number: +1 (dropdown) (empty field)
 - Phone type: Select... (dropdown)

At the top of the form, there is a search bar and a message: "To avoid errors, please complete the fields on ALL tabs before you click the Submit button". The tabs at the top are: Requestor, **Member**, Authorization type, Referring physician, Appointments, Travel requirements, Additional travel requirements, Itinerary recipients, and Medical necessity.

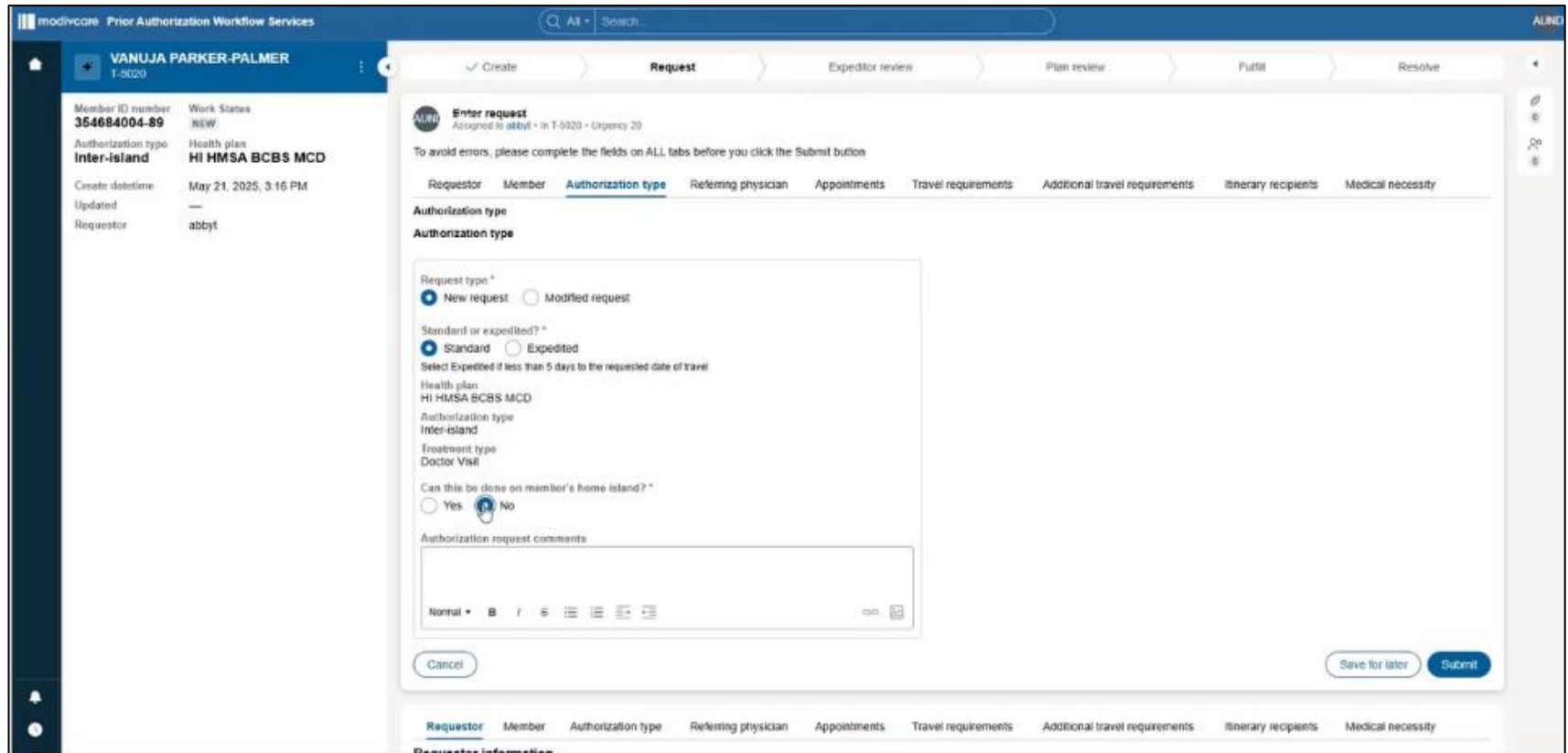
Member Name, ID #, and DOB will be pre-populated. The remaining fields will need populated: Gender, Member Address, Phone Number. To ensure members/member representatives receive completed Travel Itinerary documents, please provide both contact number and email address if able.

Then move to the next tab, Authorization.

SITUATION

HI HMSA MCD

Authorization Tab – For NEW requests or making MODIFICATIONS to existing requests



The screenshot displays the Modivcare Prior Authorization Workflow Services interface. The left sidebar shows member information for VANUJA PARKER-PALMER (T-5020), including Member ID number 354684004-89, Work Status NEW, Authorization type Inter-island, Health plan HI HMSA BCBS MCD, Create datetime May 21, 2025, 3:16 PM, Updated —, and Requestor abbyt. The main content area is titled 'Enter request' and shows a progress bar with steps: Create, Request, Expeditor review, Plan review, Fulfill, and Resolve. The 'Request' step is active, and the 'Authorization type' tab is selected. The form fields include: Request type (New request selected, Modified request unselected), Standard or expedited? (Standard selected, Expedited unselected), Health plan (HI HMSA BCBS MCD), Authorization type (Inter-island), Treatment type (Doctor Visit), Can this be done on member's home island? (No selected, Yes unselected), and Authorization request comments (empty text area). The bottom of the form has 'Cancel', 'Save for later', and 'Submit' buttons.

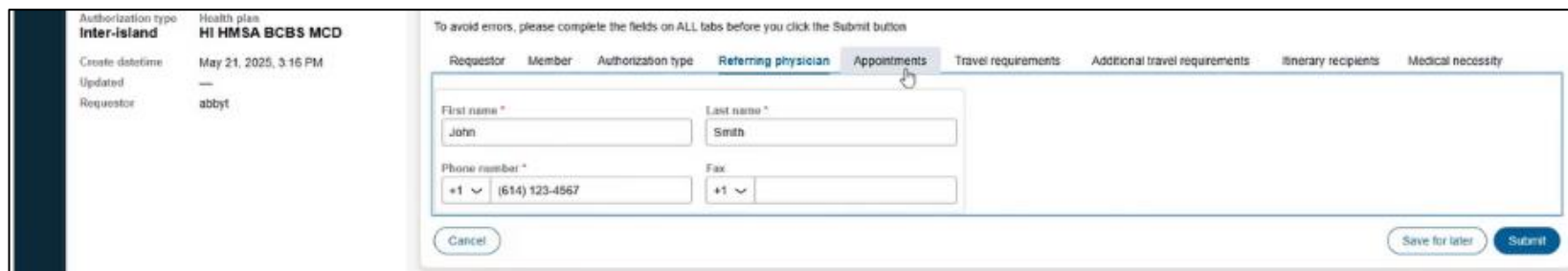
Select the Request Type: 'New request' or 'Modified request', and next, select if the request is 'Standard' or 'Expedited'. The health plan, auth type, and treatment type will be pre-populated. Indicate 'Yes' or 'No' for "Can this be done member's home island?" Add any relevant notes, and then move to the 'Referring Physicians' tab.

SITUATION

HI HMSA MCD

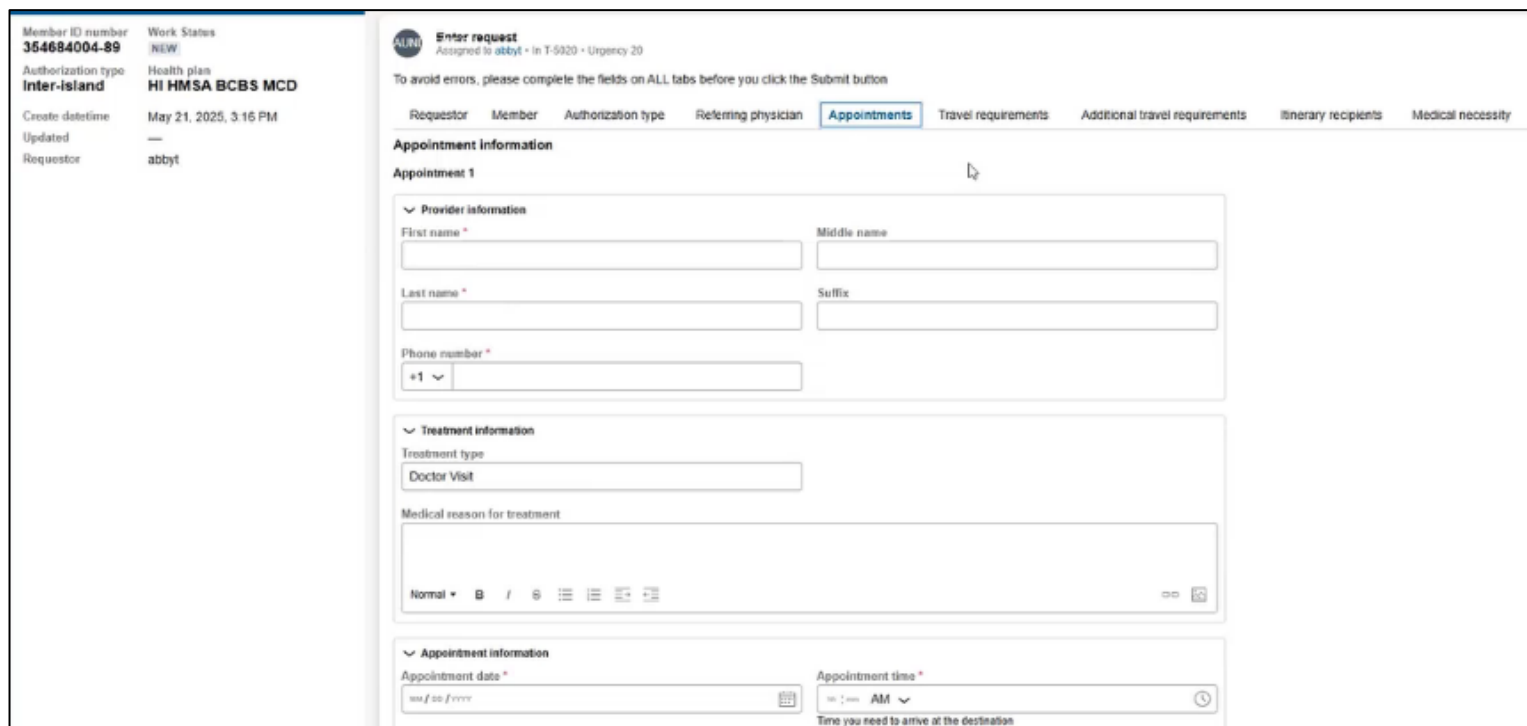
Referring Physician

Populate the referring provider details, and then move to the “Appointments” tab.



The screenshot shows the 'Referring physician' tab selected. The left sidebar displays: Authorization type: Inter-island, Health plan: HI HMSA BCBS MCD, Create datetime: May 21, 2025, 3:16 PM, Updated: —, Requestor: abbyt. The main form area has a warning: 'To avoid errors, please complete the fields on ALL tabs before you click the Submit button'. The tabs include: Requestor, Member, Authorization type, Referring physician (active), Appointments, Travel requirements, Additional travel requirements, Itinerary recipients, and Medical necessity. The 'Referring physician' form contains fields for First name (John), Last name (Smith), Phone number (+1 (614) 123-4567), and Fax (+1). There are 'Cancel', 'Save for later', and 'Submit' buttons.

Appointments



The screenshot shows the 'Appointments' tab selected. The left sidebar displays: Member ID number: 354684004-89, Work Status: NEW, Authorization type: Inter-island, Health plan: HI HMSA BCBS MCD, Create datetime: May 21, 2025, 3:16 PM, Updated: —, Requestor: abbyt. The main form area has a warning: 'To avoid errors, please complete the fields on ALL tabs before you click the Submit button'. The tabs include: Requestor, Member, Authorization type, Referring physician, Appointments (active), Travel requirements, Additional travel requirements, Itinerary recipients, and Medical necessity. The 'Appointments' form is titled 'Appointment 1' and contains sections for:

- Provider information:** First name, Middle name, Last name, Suffix, and Phone number (+1).
- Treatment information:** Treatment type (Doctor Visit) and Medical reason for treatment (Normal).
- Appointment information:** Appointment date (May 21, 2025) and Appointment time (10:00 AM).

 There is a 'Time you need to arrive at the destination' field at the bottom right.

SITUATION

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Enter appointment details, indicating the Provider Details, Treatment Type, Appointment Date/Time, and medical reason. Next enter ride information if the appointment will require ground transportation:

Ride information

Ride 1

Pickup location

Location name *

Marriott Hotel

Country *

United States

Address line 1 *

145 Test

Address line 2

City / Town *

Test

State *

Hawaii

Zip code *

12345

Enter a valid 5 digit code

Requested pickup time or will call? *

☐ Requested pick up time
 ☒ Will call

Next, specify whether there is a requested pickup time or will-call, for ground transports. Enter pickup time if needed, and then provide the Dropoff Location details:

Dropoff location

Location name *

Doctor's office

Country *

United States

Address line 1 *

190 Test

Address line 2

City / Town *

Test

State *

Hawaii

Zip code *

12345

Enter a valid 5 digit code

SITUATION

HI HMSA MCD

You will then have an area for indicating Level of Service, Member Residence or Facility, if Gurney or Oxygen is needed, and any additional considerations in the notes field:



Level of service needed for this ride?

Does the member use a wheelchair? *

☐ Yes ☒ No

Is the member currently at a residence or at a facility? *

☒ Residence ☐ Facility

Is a gurney required? *

☐ Yes ☒ No

Oxygen required? *

☐ Yes ☒ No

Additional comments for level of service

Normal • B / S [icons]

You also have the ability to add additional rides or appointments if applicable for that particular member.



Additional comments for level of service

Normal • B / S [icons]

+Add Ride

+Add Appointment

Cancel

Save for later Submit

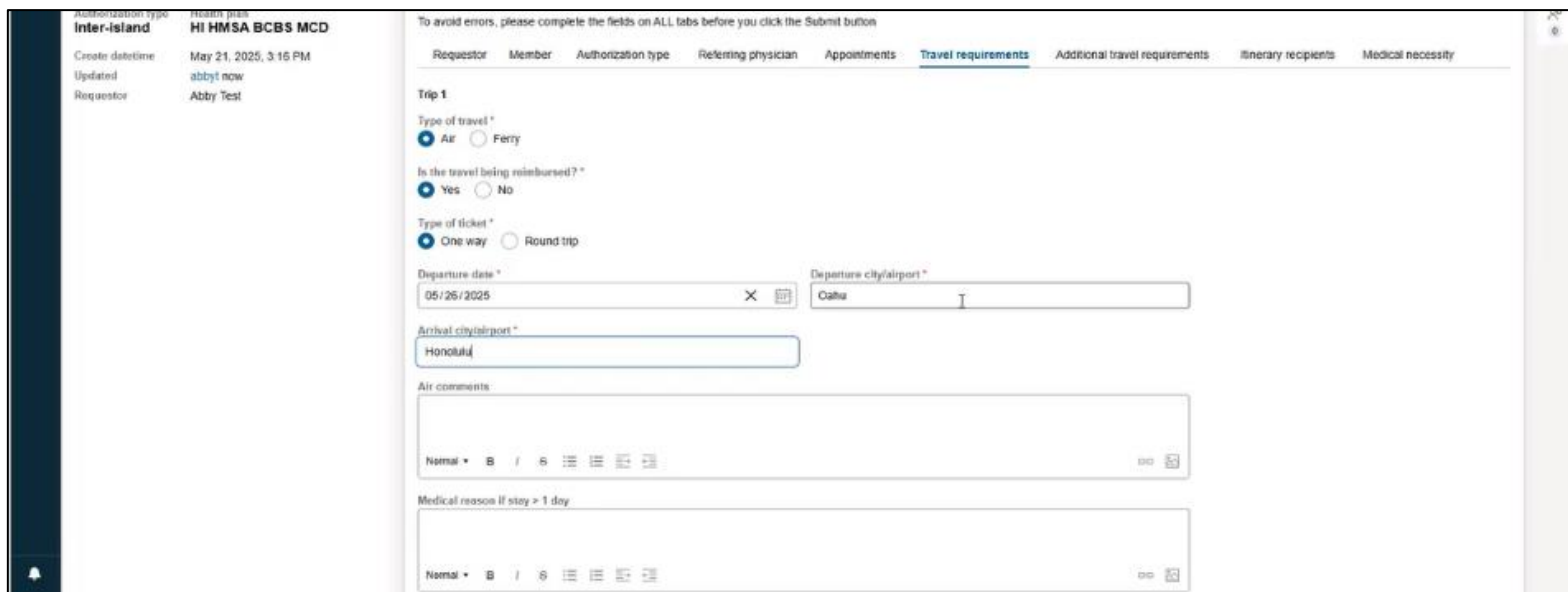
If no additional rides or appointments are needed, continue to the Travel Requirements tab.

Please proceed to next page to continue submission workflow.

SITUATION

HI HMSA MCD

Travel Requirements:



Select the Travel Type: 'Air' or 'Ferry' then select 'Yes' or 'No' for "Is the travel being reimbursed?" then select type of ticket: 'One way' or 'Roundtrip', select departure date, city, and arrival city. There is another notes field here for travel considerations, as well as medical necessity if staying more than 1 day.

Next, enter the member name, if they require oxygen, and if an escort is required:



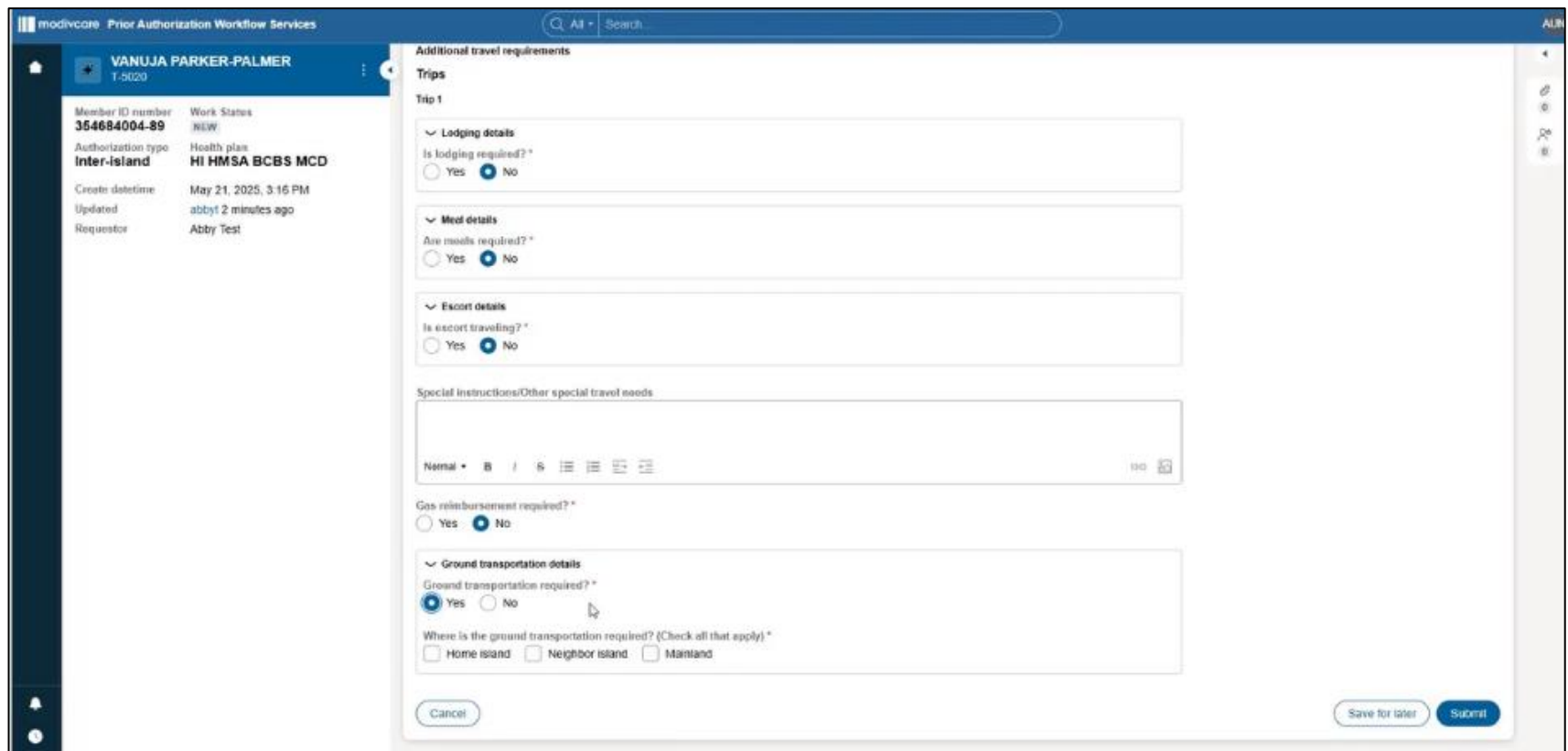
SITUATION

HI HMSA MCD

Next moved to the “Additional Travel Requirements” tab.

Additional Travel Requirements

Indicate if lodging or meals are required, if an escort will be traveling with the member, if gas reimbursement is needed, and/or if ground transportation is needed:



The screenshot displays the 'Additional travel requirements' tab in the modivcare Prior Authorization Workflow Services interface. The left sidebar shows member information for VANUJA PARKER-PALMER (T-5020), including Member ID number 354684004-89, Work Status NEW, Authorization type Inter-island, Health plan HI HMSA BCBS MCD, Create datetime May 21, 2025, 3:16 PM, Updated abby1 2 minutes ago, and Requestor Abby Test. The main content area is titled 'Additional travel requirements' and contains the following sections:

- Trips**: Trip 1
- Lodging details**: Is lodging required? * (Radio buttons: Yes, No) - No is selected.
- Meal details**: Are meals required? * (Radio buttons: Yes, No) - No is selected.
- Escort details**: Is escort traveling? * (Radio buttons: Yes, No) - No is selected.
- Special instructions/Other special travel needs**: A text area with a rich text editor toolbar (Normal, Bold, Italic, Underline, Link, Unlink, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo) and a 'Go' button.
- Gas reimbursement required? *** (Radio buttons: Yes, No) - No is selected.
- Ground transportation details**: Ground transportation required? * (Radio buttons: Yes, No) - Yes is selected.
- Where is the ground transportation required? (Check all that apply) ***:
 - ☐ Home island
 - ☐ Neighbor island
 - ☐ Mainland

At the bottom right, there are buttons for 'Cancel', 'Save for later', and 'Submit'.

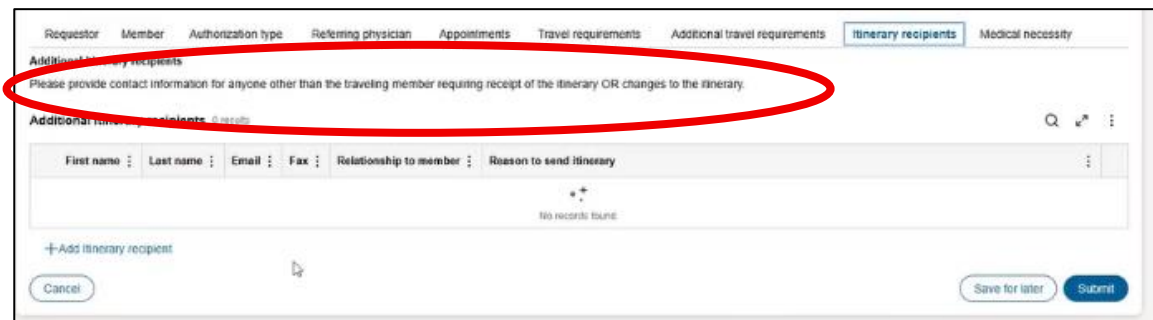
Next move to the “Itinerary Recipients” tab.

SITUATION

HI HMSA MCD

Itinerary Recipients

Itinerary recipients refers to the contact information for anyone needing receipt of the itinerary OR awareness of any changes. Please ignore circled statement below and add ALL necessary recipients – medical providers, the member, member representatives, care coordinators, etc.



Requestor Member Authorization type Referring physician Appointments Travel requirements Additional travel requirements **Itinerary recipients** Medical necessity

Additional itinerary recipients

Please provide contact information for anyone other than the traveling member requiring receipt of the itinerary OR changes to the itinerary.

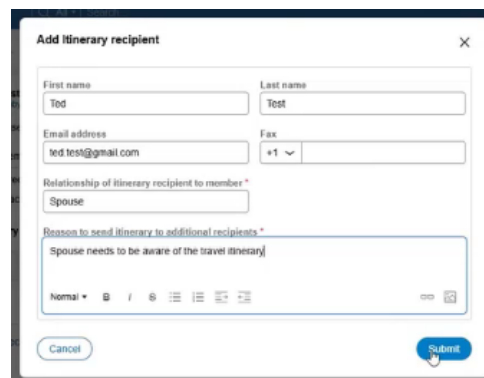
Additional itinerary recipients Search

First name	Last name	Email	Fax	Relationship to member	Reason to send itinerary
No records found					

+ Add itinerary recipient

Cancel Save for later Submit

If you need to add an itinerary recipient, it will pop up this module where you'll be able to fill out this information.



Add itinerary recipient

First name: Ted Last name: Test

Email address: ted.test@gmail.com Fax: +1

Relationship of itinerary recipient to member: Spouse

Reason to send itinerary to additional recipients: Spouse needs to be aware of the travel itinerary

Normal

Cancel Submit

Next click submit on the pop-up box for adding recipients.

SITUATION

HI HMSA MCD

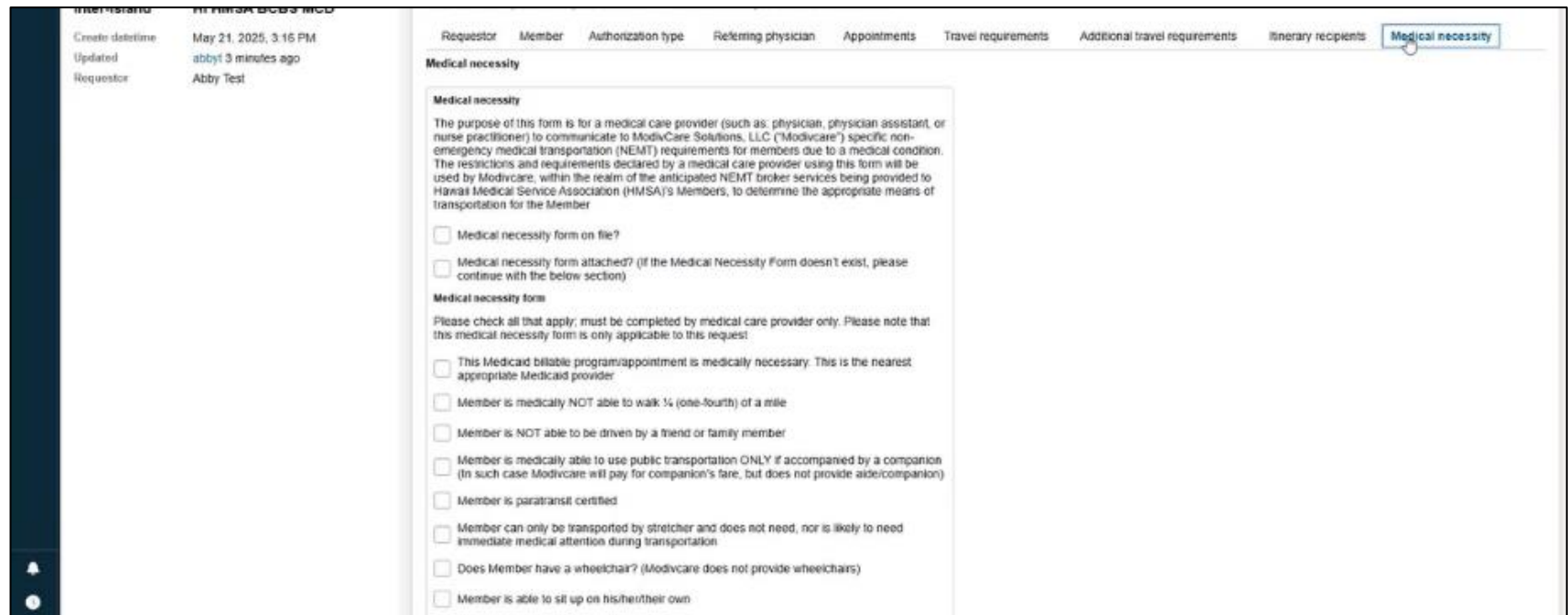
After clicking submit, you'll be able to now see this line item within the additional itinerary recipients:



Requestor	Member	Authorization type	Referring physician	Appointments	Travel requirements	Additional travel requirements	Itinerary recipients	Medical necessity
Additional itinerary recipients Please provide contact information for anyone other than the traveling member requiring receipt of the itinerary OR changes to the itinerary.								
Additional itinerary recipients 1 result								
First name	Last name	Email	Fax	Relationship to member	Reason to send itinerary			
Ted	Test	ted.test@gmail.com	—	Spouse	Spouse needs to be aware of the travel itinerary			
+ Add Itinerary recipient								

Next, move to the final step, the Medical Necessity tab.

Medical Necessity



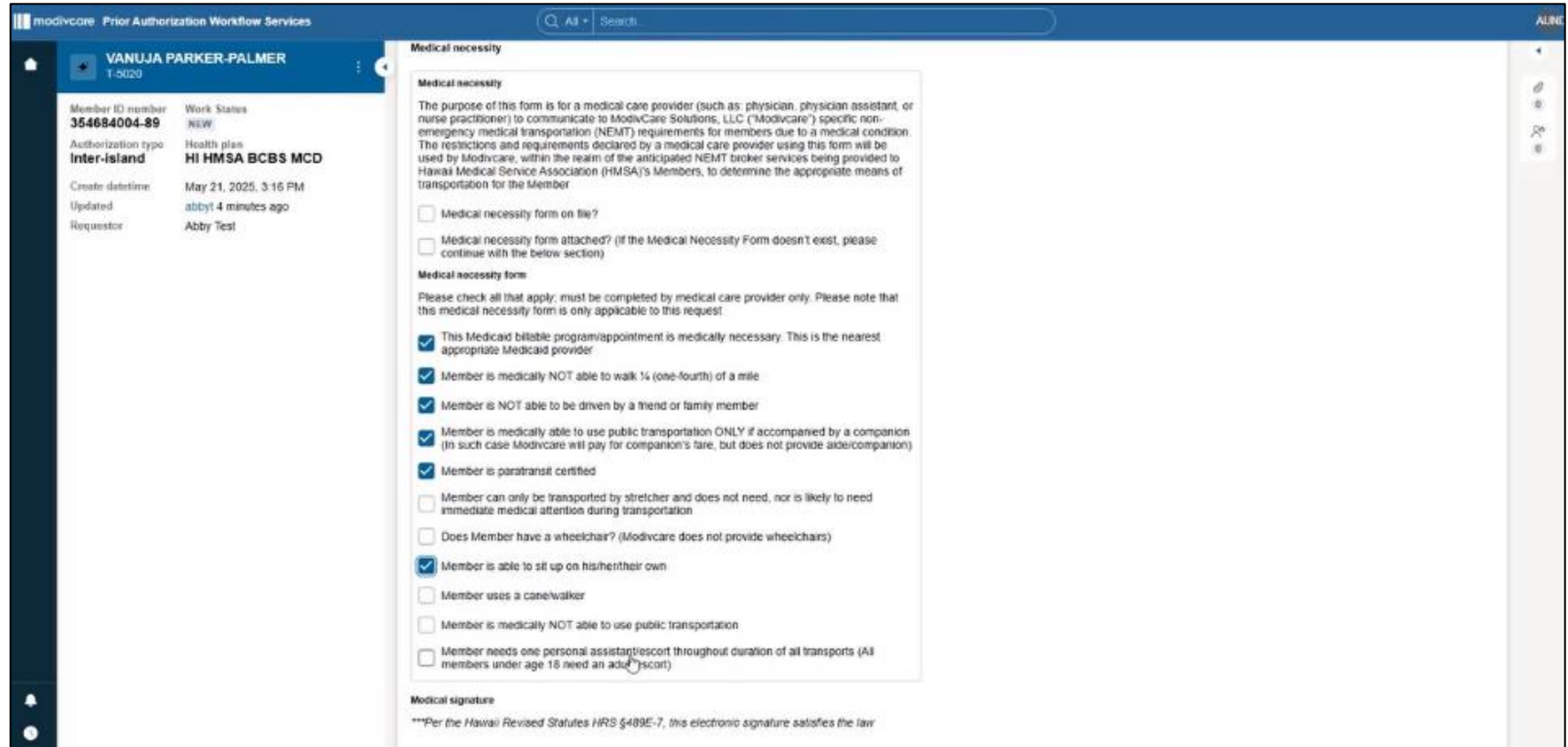
Requestor	Member	Authorization type	Referring physician	Appointments	Travel requirements	Additional travel requirements	Itinerary recipients	Medical necessity
Medical necessity The purpose of this form is for a medical care provider (such as: physician, physician assistant, or nurse practitioner) to communicate to ModivCare Solutions, LLC ("Modivcare") specific non-emergency medical transportation (NEMT) requirements for members due to a medical condition. The restrictions and requirements declared by a medical care provider using this form will be used by Modivcare, within the realm of the anticipated NEMT broker services being provided to Hawaii Medical Service Association (HMSA)'s Members, to determine the appropriate means of transportation for the Member.								
<input type="checkbox"/> Medical necessity form on file? <input type="checkbox"/> Medical necessity form attached? (If the Medical Necessity Form doesn't exist, please continue with the below section)								
Medical necessity form Please check all that apply; must be completed by medical care provider only. Please note that this medical necessity form is only applicable to this request:								
<input type="checkbox"/> This Medicaid billable program/appointment is medically necessary. This is the nearest appropriate Medicaid provider. <input type="checkbox"/> Member is medically NOT able to walk ¼ (one-fourth) of a mile. <input type="checkbox"/> Member is NOT able to be driven by a friend or family member. <input type="checkbox"/> Member is medically able to use public transportation ONLY if accompanied by a companion (In such case Modivcare will pay for companion's fare, but does not provide aide/companion). <input type="checkbox"/> Member is paratransit certified. <input type="checkbox"/> Member can only be transported by stretcher and does not need, nor is likely to need immediate medical attention during transportation. <input type="checkbox"/> Does Member have a wheelchair? (Modivcare does not provide wheelchairs). <input type="checkbox"/> Member is able to sit up on his/her/their own.								

This tab is for Medical Necessity information. This Medical Necessity form is only applicable to this prior authorization request.

SITUATION

HI HMSA MCD

- Disregard the first two options (on file or attach) and continue to populate the form.



modivcare Prior Authorization Workflow Services

Search

VANUJA PARKER-PALMER
1-5020

Member ID number: **354684004-89**
Work Status: **NEW**
Authorization type: **Inter-island**
Health plan: **HI HMSA BCBS MCD**
Create datetime: **May 21, 2025, 3:16 PM**
Updated: **abbyt 4 minutes ago**
Requestor: **Abby Test**

Medical necessity

The purpose of this form is for a medical care provider (such as: physician, physician assistant, or nurse practitioner) to communicate to ModivCare Solutions, LLC ("Modivcare") specific non-emergency medical transportation (NEMT) requirements for members due to a medical condition. The restrictions and requirements declared by a medical care provider using this form will be used by Modivcare, within the realm of the anticipated NEMT broker services being provided to Hawaii Medical Service Association (HMSA)'s Members, to determine the appropriate means of transportation for the Member.

☐ Medical necessity form on file?
☐ Medical necessity form attached? (If the Medical Necessity Form doesn't exist, please continue with the below section)

Medical necessity form

Please check all that apply; must be completed by medical care provider only. Please note that this medical necessity form is only applicable to this request.

☒ This Medicaid billable program/appointment is medically necessary. This is the nearest appropriate Medicaid provider.
☒ Member is medically NOT able to walk ¼ (one-fourth) of a mile.
☒ Member is NOT able to be driven by a friend or family member.
☒ Member is medically able to use public transportation ONLY if accompanied by a companion (In such case Modivcare will pay for companion's fare, but does not provide aide/companion).
☒ Member is paratransit certified.
☐ Member can only be transported by stretcher and does not need, nor is likely to need immediate medical attention during transportation.
☐ Does Member have a wheelchair? (Modivcare does not provide wheelchairs)
☒ Member is able to sit up on his/her/their own.
☐ Member uses a cane/walker.
☐ Member is medically NOT able to use public transportation.
☐ Member needs one personal assistant/escort throughout duration of all transports (All members under age 18 need an aide/escort).

Medical signature
***Per the Hawaii Revised Statutes HRS §489E-7, this electronic signature satisfies the law

After making your selections, move to the Medical Signature section and populate the provider details:

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HI HMSA MCD

Medical signature
 ***Per the Hawaii Revised Statutes HRS §489E-7, this electronic signature satisfies the law

Name (medical care provider) *

John Smith

Name for declaration *

John Smith

Declaration
 I, John Smith, the medical care provider ("such as practitioner"), have evaluated this member and cert appropriate for the mode of transportation designa I hereby certify that all information provided by me documents, attestations, or representations submit my knowledge. I understand and acknowledge the accuracy of all such information.

Telephone *

+1 (702) 123-4567

Signature of medical care provider *

John Smith

Date *

May 21, 2025

Cancel

Once finished, click Submit. You will then see that the request moves from "New" to "Pending Expeditor Approval"

VANUJA PARKER-PALMER
 T-5020

Member ID number
354684004-89

Authorization type
Inter-island

Create datetime
 May 21, 2025, 3:16 PM

Updated
 abbyt 5 minutes ago

Requestor
 Abby Test

Work States
NEW

Health plan
HI HMSA BCBS MCD



VANUJA PARKER-PALMER
 T-5020

Member ID number
354684004-89

Authorization type
Inter-island

Create datetime
 May 21, 2025, 3:16 PM

Updated
 abbyt now

Requestor
 Abby Test

Work States
PENDING-EXPEDITORAPPROVAL

Health plan
HI HMSA BCBS MCD

SITUATION
HI HMSA MCD

Here is a legend of possible Work Status options that will reflect as the request moves through the process:

**PEGA
Workflow
Status Legend**

Status	Description	Owner
New	Case has been created by receiving information from TripCare/PEGA workflow. (Case will remain in "New" status until all details entered and submitted by requestor.)	Requestor
Pending-PlanApproval	Case has been submitted for review and HMSA needs to approve.	HMSA/Plan
Pending-ExpeditorApproval	Case has been submitted for review and expeditor (Modivcare Exceptions team) needs to approve member/benefit eligibility.	Exceptions
Pending-Fulfillment	Case has been reviewed and approved by Exceptions and is waiting for Air Ops to fulfill (schedule the travel accommodations)	AirOps
Pending-Closure	Case is awaiting closure after all travel request items have been completed, and the travel requirements have been fulfilled.	AirOps
Pending-TransferToPlan	Case has been transferred to plan for additional approval.	HMSA/Plan
Pending-TransfertoExpeditor	Case has been transferred to the expeditor for review after plan review	Exceptions
Open-Send Back	Case has been sent back to the requestor for additional information.	Requestor
Resolved-Cancelled	Case has been cancelled.	Requestor, Exceptions, HMSA, or AirOps
Resolved-Denied	Case has been denied (request not covered by the health plan or exceeds benefit limits)	Exceptions or HMSA
Resolved-Completed	Case has been closed (Trip/travel date has passed).	—

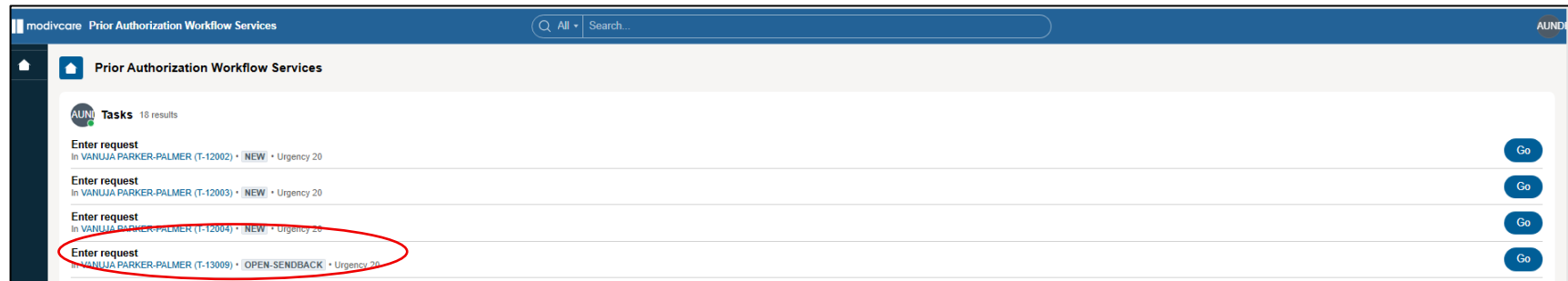
SITUATION

HI HMSA MCD

Cases may be sent back to the requestor if additional information is needed, or if the request contained incorrect information and/or needs clarification. When HMSA or Modivcare sends a request back to the requestor, additional commentary will be indicated in a comments field.

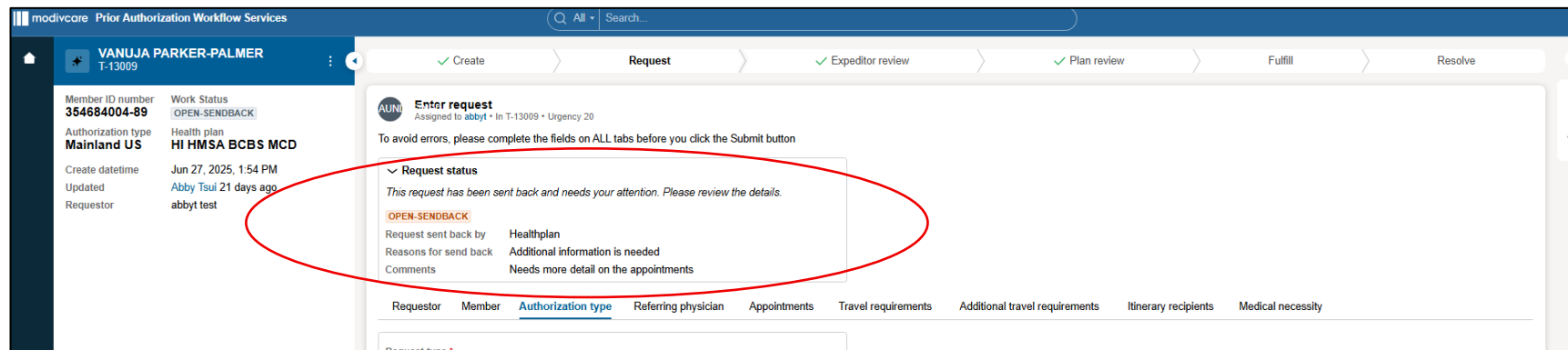
When a request is sent back for additional information/clarity, it will reflect in your workflow as “OPEN-SENDBACK” as indicated in the example below:

Cases Sent Back for Additional Information



The screenshot shows the 'Prior Authorization Workflow Services' interface. Under the 'Tasks' section, there are four entries for 'Enter request' for VANUJA PARKER-PALMER (T-12002, T-12003, T-12004, and T-13009). The entry for T-13009 is circled in red and has a status of 'OPEN-SENDBACK'.

Click “Go” on the request in question, and the case will open for review:



The screenshot shows the details of a request for VANUJA PARKER-PALMER (T-13009). The 'Request status' section is circled in red and contains the following information:

- Request status:** This request has been sent back and needs your attention. Please review the details.
- OPEN-SENDBACK:** Request sent back by Healthplan. Reasons for send back: Additional information is needed. Comments: Needs more detail on the appointments.

The interface also shows a progress bar at the top with steps: Create, Request, Expeditor review, Plan review, Fulfill, and Resolve. The 'Request' step is currently active.

Review the reason and/or comments, correct as necessary, and then **re-submit**.