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HI HMSA MCD – Facility & Medical Providers Quick Reference Guide

Hours of Operation	- 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	- 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	- 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	**No Medical Necessity Form Required**
	- Mass Transit (MT) - *Oahu Only* (The Bus/The Skyline, The Handi-Van)
	   o Member residence and appt location are less than 1/2 mile from transit stop
	      ▪ 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.
	Medical Necessity Form Required
	- 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	• Modivcare will verify member eligibility upon receipt of the reservation request.
Limits on Trip Distance	• Unlimited miles for all trips (ground and air travel)
DME (Durable Medical Equipment)	• Members are required to provide all necessary child safety/booster seats, DME and wheelchairs.
Forms	• https://www.modivcare.com/facilities/hi/#forms
Out of State (Mainland Travel)	Out-of-State (Mainland) travel requires HMSA prior authorization, and must be initiated by HMSA Care Navigator via TripCare *Note: Mainland refers to the 48 connected states of the United States, it does not include travel between the islands of Hawaii*
Notice for Routine Appointments	**Ground Travel:** Minimum **2 business day** and No Maximum Advance Notice **All Air Travel:** Minimum **7 business day** and No Maximum Advance Notice **2+ Business Days Scheduling Options** **Ground Travel - Same Island** • Trip Care - Ground • Call Facility Line at 800-440-0640 for CSR-assisted scheduling **Air - To Neighbor Island or Mainland** • 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	**Advanced notice not required for urgent categories** • Hospital/Emergency discharges • Dialysis & Dialysis related appointments • Wound Care • Chemo/Radiation treatments • Urgent Care Facilities • Health Plan requests **Same Day/Next Day Scheduling Options** **Ground Travel - Same Island** • Call the Facility Line 800-440-0640 **Air Travel - To Neighbor Island** • Email form to Air Ops AirOps@modivcare.com & After Hours DisPHXAfterhours@modivcare.com
Travel/Trip Modifications	**Modifications to existing trips** 2+ Days • Submit modified request via TripCare or send via email to Air Ops AirOps@modivcare.com & After Hours DisPHXAfterhours@modivcare.com Urgent • Call Facility Line 800-440-0640, agent will transfer to Air Ops for immediate assistance **If the member misses their flight:** • 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. **If the member's stay is extended due to medical reasons and requires itinerary changes:** **Inter-Island** o 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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	Out of State o 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	**Ground Transport Discharges:**
	 You will need to call in all ground discharges into the facility line below:
	 • Facility line: 800-440-0640
	 • Facility fax: 866-475-5745
	 Ambulatory or wheelchair level of service: 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.
	 Gurney or bariatric level of service: 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.
	
	 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.
	 Once filled out, the form must be sent to both:
	    · AirOps@modivcare.com
	    · DisPHXAfterhours@modivcare.com
	 These submissions will be routed to the appropriate AirOps and Afterhours teams for processing.
	 Please note: TripCare should not be used for discharges.	

ER & Pharmacy Trips	Emergency Room/ER: • Not allowed to ER unless for scheduled admissions. • Not allowed between ERs. • Allowed from ER to Members home	Pharmacy Stops • Not allowed
Escorts/ Additional Passengers	Adult escorts require a medical necessity form: • Escorts for members 18 years of age and older will only be allowed based on medical need and require certification via the Provider Medical Certification form/MNF. • Members under eighteen (18) years of age are allowed to be accompanied by one (1) adult escort without an MNF. o More than one adult escort for minors will require a MNF form.	

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	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.

Minor Travel	Members may travel alone without a Consent for Minor Travel Form who are:
	• 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:
	    o reproductive healthcare,
	    o mental health treatment, or
	    o counseling services.
	A member under the age of 18 must be accompanied by a person who has legal authority to sign consent forms.
	• Additional escorts for Members under 18 years of age require Medical Certification Form.
	
	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.

Adult Day Care - Prior Authorization	Prior authorization is required for Adult Day Care: • 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:**
	   o Requests must be received through TripCare website (https://tripcare.modivcare.com/login).
	   o 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
	   o If TripCare access is needed, refer to website: https://www.modivcare.com/facilities/hmsa/
	   o 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:**
	   o Refer facility/medical provider to submit a prior auth to HMSA's Medical Management team and follow the current established process.
	   o 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. ![modivcare TripCare screen showing navigation bar with Dashboard, Request Trip, Standing Orders, Authorizations, User Admin and tabs Notifications, Trips, Trip Requests, Forms, with "Submit Forms - Please select a member to submit forms" text]
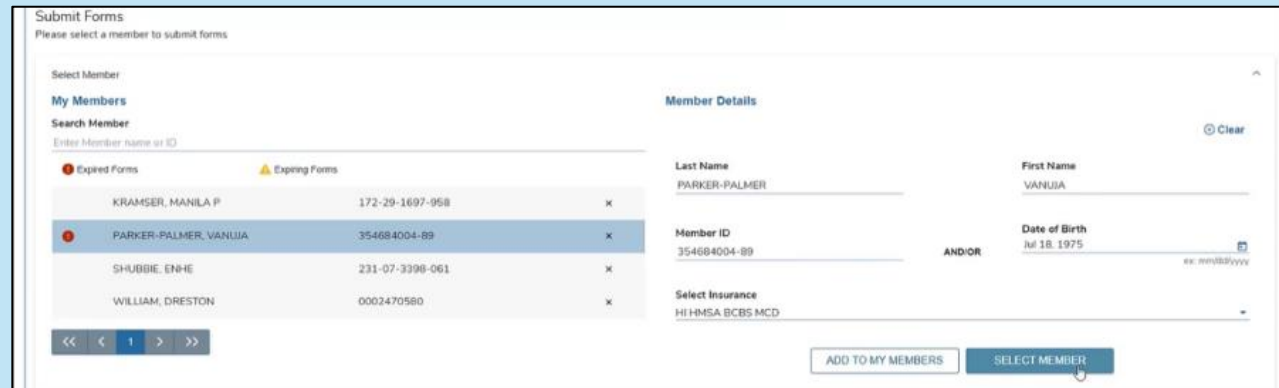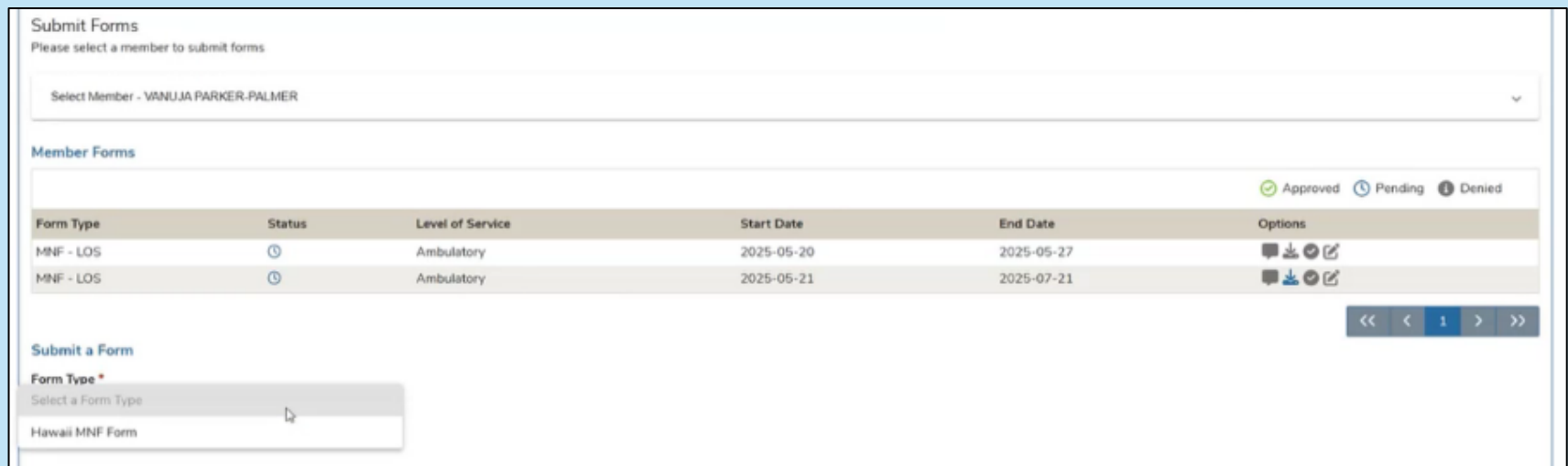
- Search for the member needing the MNF form, or select from the dropdown area, then click "Select Member"

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.
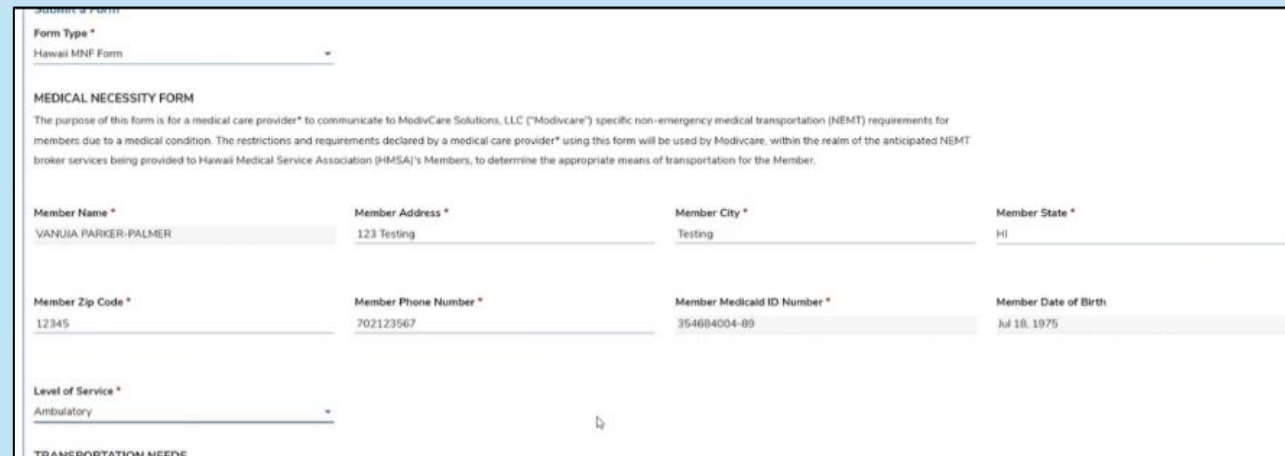
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	The screen will then expand to show additional fields for creating the new MNF form. **Member Details -**The Member Name, ID #, and DOB will populate, address and phone will need entered, as well as the Level of Service.

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

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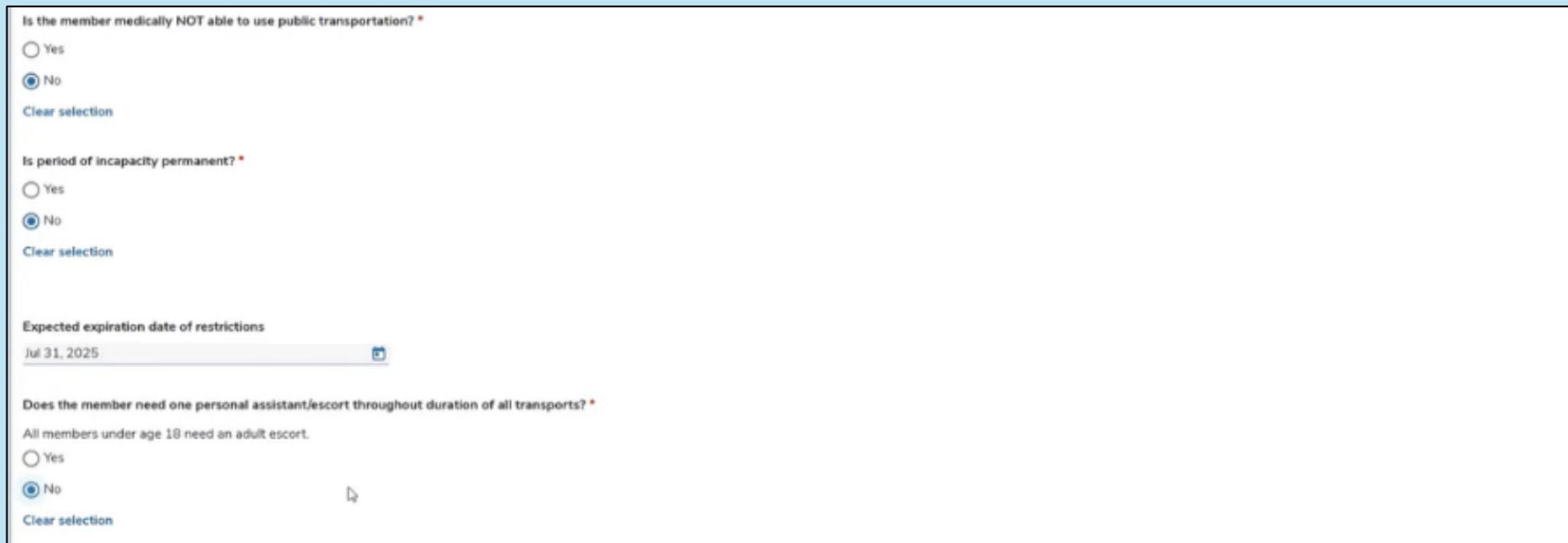
Once finished entering their needs, indicate the anticipated date that the member will require this level of service, add the provider name/number details, type the provider name as "E-Signature" and click the provider attestation box (all information is true, complete, and accurate to the best of your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

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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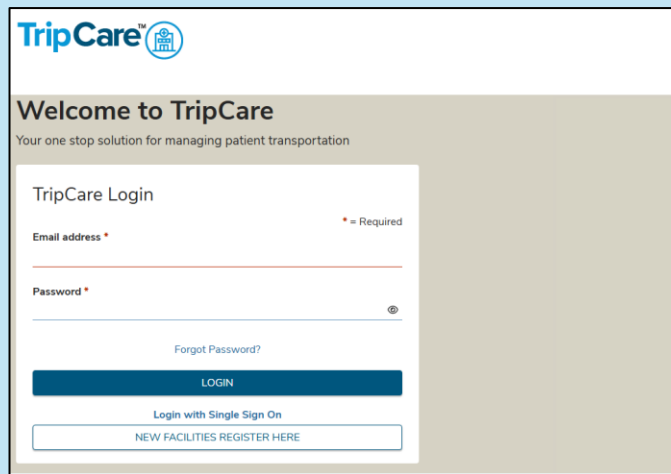
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TripCare Step-By Step Guide	https://tripcare.modivcare.com/login
Logging In	Enter your TripCare credentials and click submit. You will then be prompted for your authentication code, before clicking Continue and moving to the TripCare Landing Page

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Submitting Authorizations	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: Select the member needing review, and then click the "Select Member" button:

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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.

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

Please proceed to next page to continue submission workflow.

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Once created, the request will populate in the workflow Tasks to select, click GO, and continue to submit:
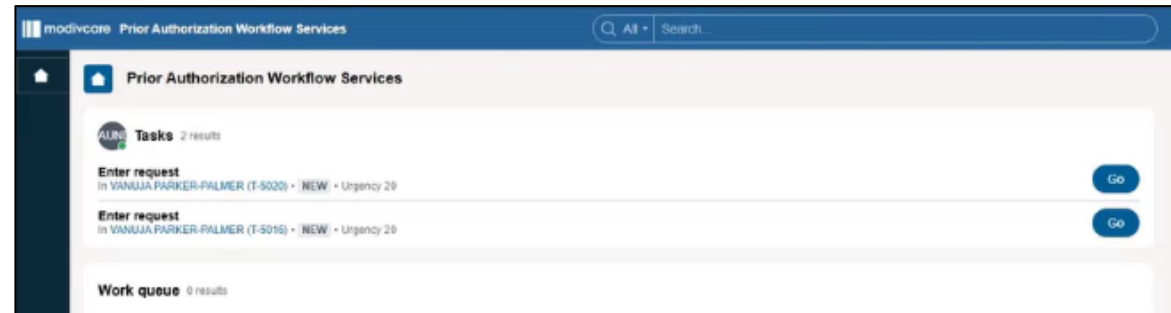
The next landing page has tabs for completing all the fields required for submission; **Requestor**, **Member**, **Authorization Type**, **Referring Physician**, **Appointments**, **Travel Requirements**, **Additional** (less common) **Travel Requirements**, **Itinerary Recipients**, and **Medical Necessity**.

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.
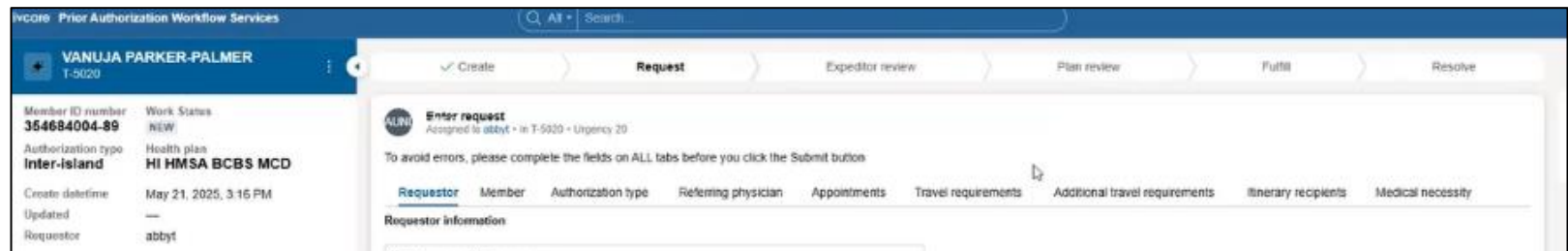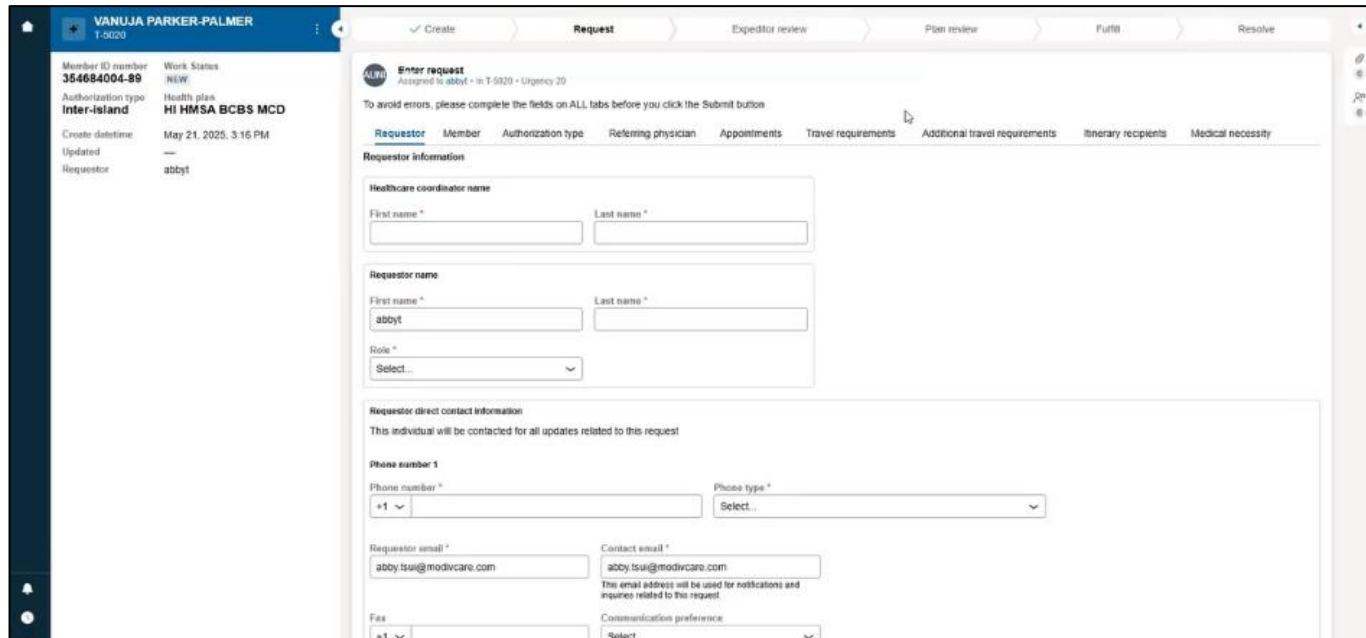
Please proceed to next page to continue submission workflow

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Requestor Tab

Indicate the requestor name, role, and contact details/preferences:
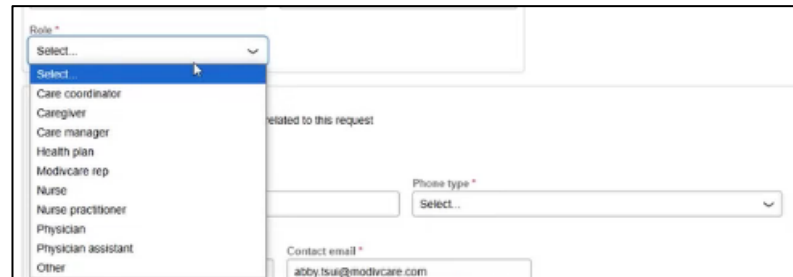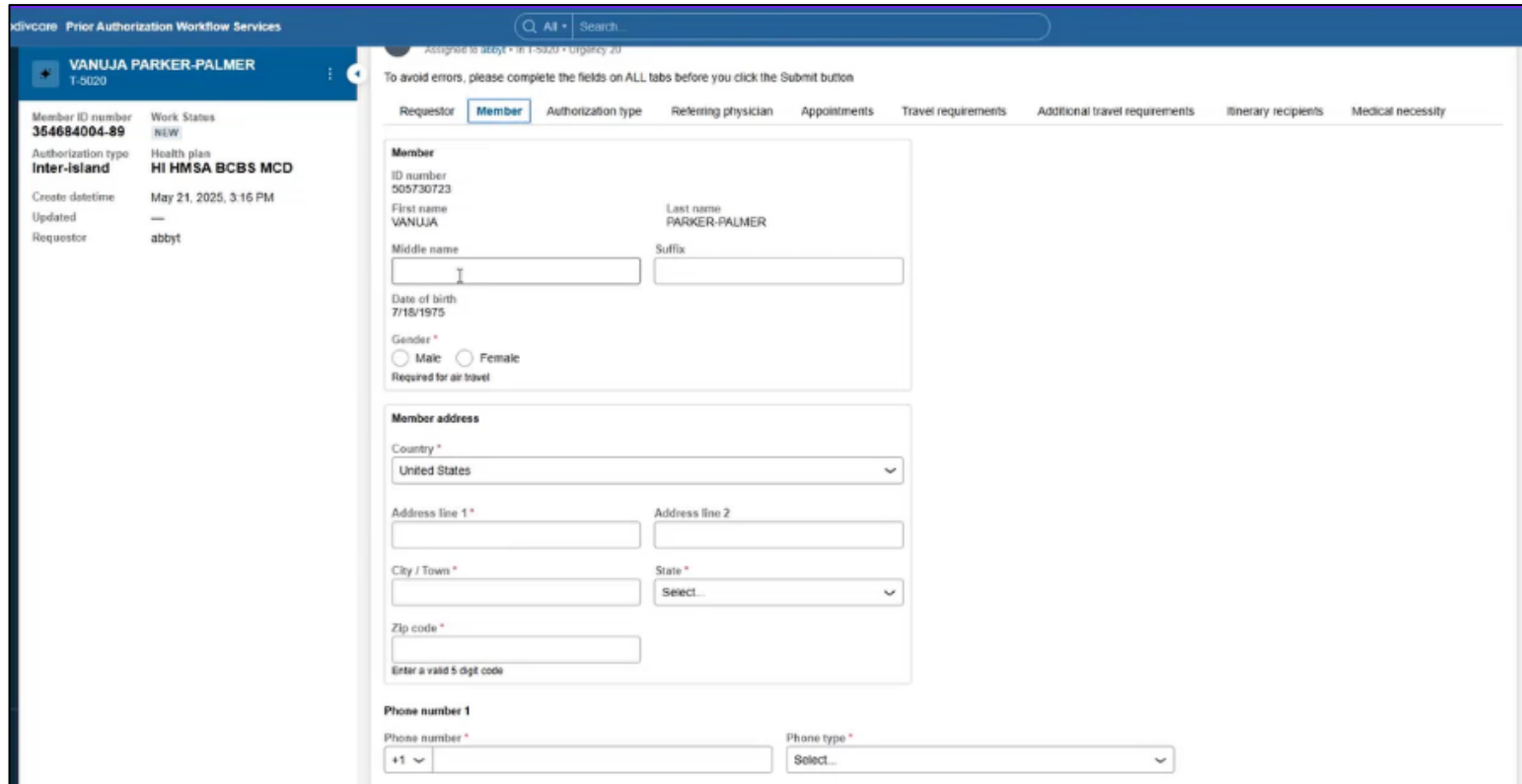
Once finished with the Requestor details, please move to the next tab, Member.

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Member Tab

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.

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

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.

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Referring Physician

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

Appointments

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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: 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:

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	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: You also have the ability to add additional rides or appointments if applicable for that particular member. If no additional rides or appointments are needed, continue to the Travel Requirements tab. Please proceed to next page to continue submission workflow.
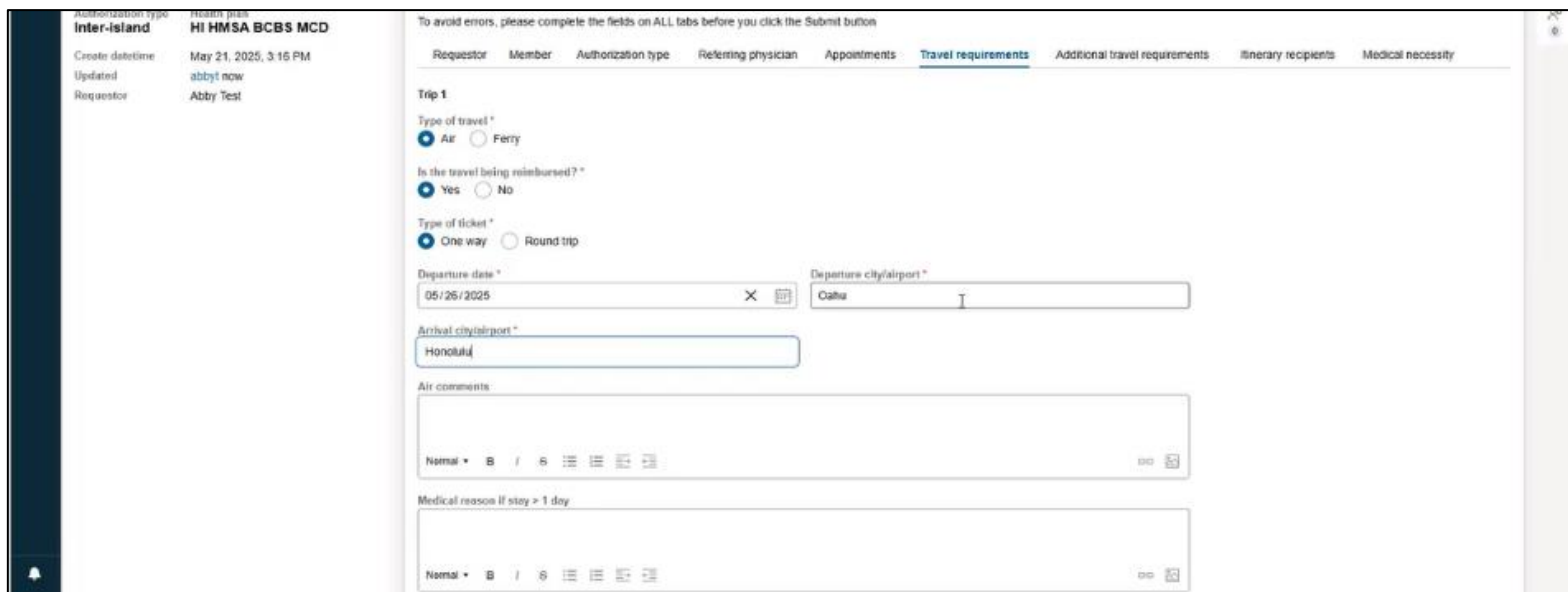
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Travel Requirements:

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:
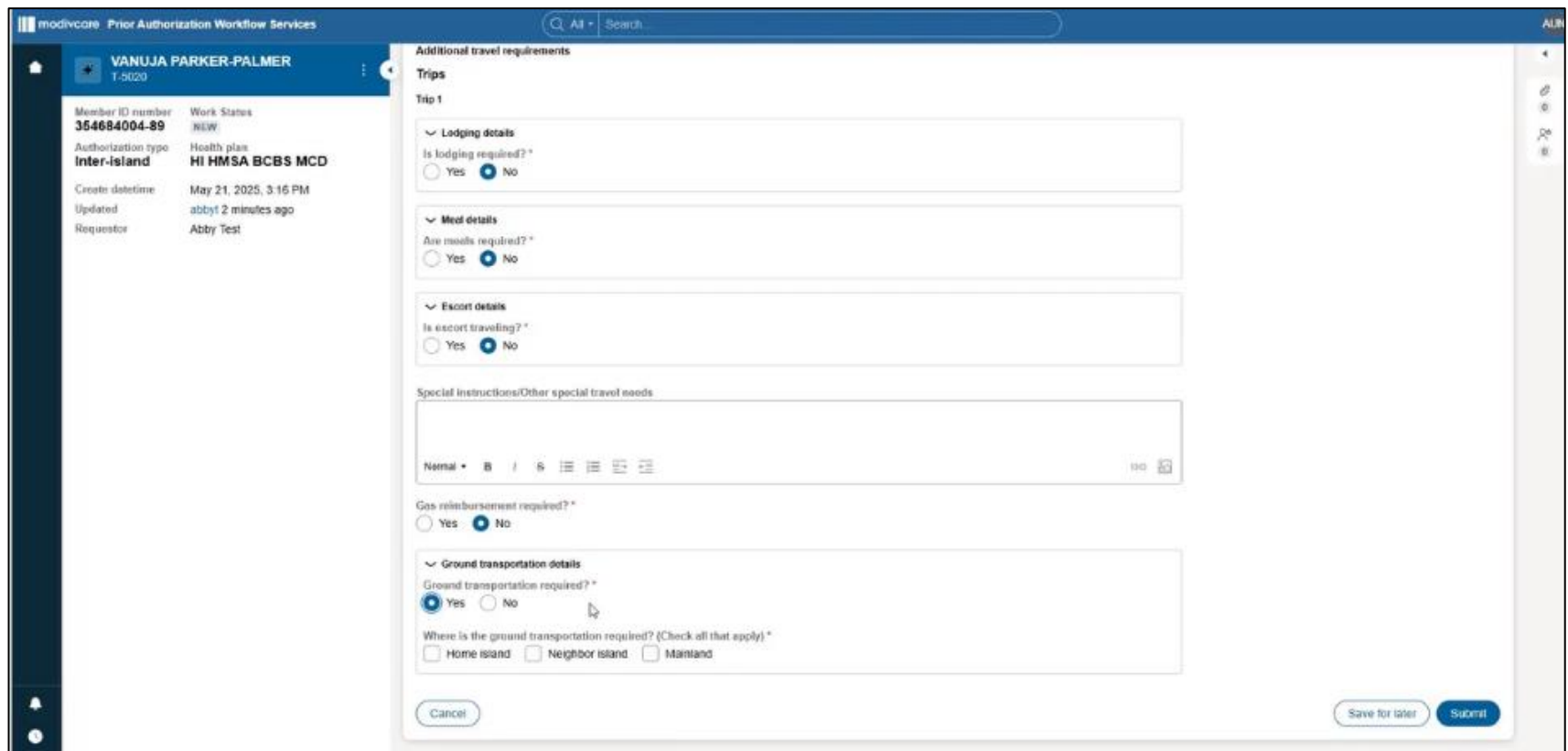
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Next moved to the "Additional Travel Requirements" tab.

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 grand transportation is needed:

Next move to the "Itinerary Recipients" tab.

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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.

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

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

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

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

Medical Necessity

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

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	• Disregard the first two options (on file or attach) and continue to populate the form. After making your selections, move to the Medical Signature section and populate the provider details:

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

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

PEGA Workflow Status Legend

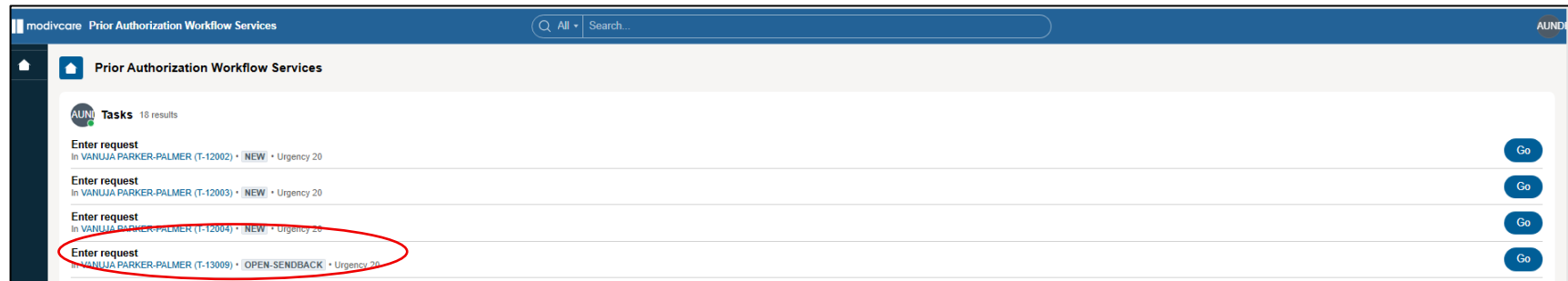| Status	Description	Owner
New	Case has been created by receiving information from TripCare/PEGA workflow. (Case will remain in "New" status until all details entered and submitted by requestor.)	Requestor
Pending-PlanApproval	Case has been submitted for review and HMSA needs to approve.	HMSA/Plan
Pending-ExpeditorApproval	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).	—

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Cases Sent Back for Additional Information

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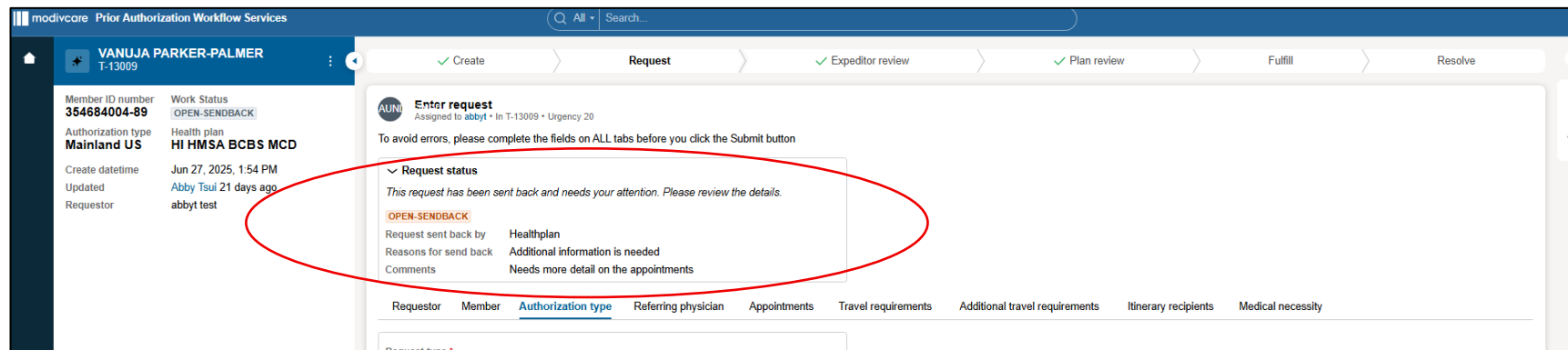
When a request is sent back for additional information/clarity, it will reflect in your workflow as "OPEN-SENDBACK" as indicated in the example below:

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

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