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Section 1: Program Overview and Key Contacts

Use this section to identify the correct channel for facility/provider support before scheduling or directing the facility/provider to submit a request.

| Item | Requirement / Detail |
|--------------------------------------|---|
| Program | HI HMSA MCD / HI HMSA BCBS MCD |
| Routine reservations hours | Monday-Friday, 7:45 AM-4:30 PM HST. Closed Saturday, Sunday, and federal holidays. |
| Urgent trips and hospital discharges | Available 24 hours per day, 7 days per week, 365 days per year. |
| Routine Saturday/Sunday appointments | May be booked during regular reservation hours. |
| Facility line | 833-283-6566 |
| Facility fax | 866-475-5745 |
| Air Ops | AirOps@modivcare.com |
| After-Hours | DisPHXAfterhours@modivcare.com |
| TripCare | https://TripCare.modivcare.com/login |
| HMSA facility resources | https://www.modivcare.com/facilities/hmsa/ - access requests, forms, and training videos |

Section 2: Coverage, Eligibility, DME, Forms, and Distance Limits

2.1 Geographic Coverage

- Coverage is for the State of Hawaii.
- Hawaiian Islands included: Niihau, Kauai, Oahu, Maui, Lanai, Molokai, and Hawaii Island (Big Island).
- Counties included: Hawaii, Honolulu, Kauai, and Maui.

2.2 Eligibility Verification

- Modivcare verifies member eligibility upon receipt of the reservation request.

2.3 Limits on Trip Distance

- There are unlimited miles for all trips, including ground and air travel.

2.4 Durable Medical Equipment (DME)

- Members are required to provide all necessary child safety seats, booster seats, DME, and wheelchairs.

2.5 Forms

- Forms are available at <https://www.modivcare.com/facilities/hi/#forms>

Section 3: Covered Modes and Medical Necessity Rules

3.1 Determine the Level of Service

| Category | Covered Mode / Rule |
|---|---|
| No MNF required - Mass Transit (MT) | Mass Transit (MT) is available on Oahu only: The Bus, The Skyline, and The Handi-Van. |
| Mass Transit (MT) distance requirement | Member residence and appointment location must be less than 1/2 mile from a transit stop. |
| MT eligible members | MT is the default level of service. Higher modes require an MNF. |
| Members not MT eligible | Ambulatory is the default level of service. Higher modes require an MNF. |
| MNF required - Mileage Reimbursement | Mileage reimbursement (MR). The member cannot be reimbursed as the driver. |
| MNF required - Ambulatory | Sedan, van, taxi, rideshare (Uber/Lyft), boat/ferry. |
| MNF required - Wheelchair | Wheelchair vehicle. |
| MNF required - Bariatric Wheelchair | Bariatric wheelchair vehicle. |
| MNF required - Stretcher/Gurney | Stretcher/gurney. No medical monitoring or medical equipment can be provided. |
| MNF required - Commercial Air Transport | Commercial air transport for inter-island and Mainland travel. |
| MNF required - Adult escorts | Escorts for members 18 years of age and older require medical need certification via the Provider Medical Certification form/MNF. |
| MNF required – More than one (1) escort to travel with members under 18 | Transport for more than one (1) escort to travel with members under 18 years of age requires a MNF |

Section 4: Routine Appointment Scheduling

4.1 Required Notice

| Travel Type | Minimum Notice | Maximum Advance Notice | Scheduling Options |
|----------------|--------------------------------|---------------------------|--|
| Ground travel | Minimum 2 business days | No maximum advance notice | TripCare for ground requests or call facility line 833-283-6566 for CSR-assisted scheduling. |
| All air travel | Minimum 7 business days | No maximum advance notice | TripCare via Authorization Submission/TRIPCARE Workflow Tool or Travel Request Form emailed to Air Ops at AirOps@modivcare.com when TripCare cannot be used. |

4.2 Routine Ground Travel - Same Island

- Submit the request through TripCare when available.
- If Customer Service Representative assistance is required to call the facility line at 833-283-6566.

4.3 Routine Air Travel - Neighbor Island or Mainland

- Submit the request through **TripCare Authorization Submission/TRIPCARE** Workflow Tool. [See the Step by Step HERE.](#)
- For Mainland/out-of-state travel, confirm HMSA prior authorization is required and must be initiated by HMSA Care Navigator via TripCare.
- **Only when TripCare cannot be used**, the Travel Request Form may be emailed to Air Ops at AirOps@modivcare.com Include After-Hours at DisPHXAfterhours@modivcare.com when appropriate.

Section 5: Same-Day/Urgent Appointment Scheduling

5.1 Categories That Do Not Require Advanced Notice

Advanced notice is not required for the following urgent categories:

- Hospital/Emergency discharges
- Dialysis and dialysis-related appointments
- Wound care
- Chemo/radiation treatments
- Urgent care facilities
- Health plan requests



5.2 Same-Day/Next-Day Ground Travel - Same Island

- Call the facility line at 833-283-6566.
- If the request involves a discharge, follow [Section 6](#).

5.3 Same-Day/Next-Day Air Travel - Neighbor Island

- When TripCare cannot be used for the immediate request, direct the facility/provider to email the form to both AirOps@modivcare.com and DisPHXAfterhours@modivcare.com.
- For urgent issues called into the facility line at 833-283-6566, the agent transfers to Air Ops for immediate assistance.

Section 6: Discharge Requests

6.1 Ground Transport Discharges

- Use the Request Trip tab in TripCare to request ground transportation on the member’s island.
- For inter-island travel, use the Air, Meal, Lodging tab to request a trip.
- **Only if TripCare is unavailable**, call in all ground discharges using the facility line at 833-283-6566.
- Use the facility fax 866-475-5745 only when fax is needed/required.

| Level of Service | Discharge Timing Requirement | Important Notes |
|--------------------------|--|--|
| Ambulatory or wheelchair | Must be requested on the day of discharge. | Modivcare has a 4-hour window to find transportation from the time of discharge. |
| Gurney or bariatric | May be requested 1 day prior to the discharge. | The facility is responsible for updates to the member regarding changes in times or cancellations. |

6.2 Stretcher/Gurney transport:

Oxygen/Equipment

- **Can transport:** Member self-administers oxygen at 2 liters or less.
- **Cannot transport:** Member requires oxygen administration, monitoring, or clinical support during transport. Arrange BLS/ALS.

Stretcher / Medical Equipment

- **Can transport:** Equipment is battery-operated, has sufficient battery life for the trip, and is managed by the member, caregiver, or escort.
- **Cannot transport:** Member requires clinical monitoring/intervention (e.g., suctioning, respiratory treatments, airway management), equipment requires external power, or transportation staff must operate/monitor the equipment. Arrange BLS/ALS.
- **Portable Ventilator Transportation:** Requests for members traveling with a battery-operated portable ventilator in gurney vehicle must be scheduled through the phone reservations process. **Call the Facility Line at 833-283-6566 to complete the required screening and documentation.**

6.3 Flight and Lodging Discharges

- Use the Request Trip tab in TripCare to request ground transportation on the member’s island.
- For inter-island travel, use the Air, Meal, Lodging tab to request the trip.
- **Only if TripCare is unavailable** complete the Travel Request Form.
 - Send the completed form to both AirOps@modivcare.com and DisPHXAfterhours@modivcare.com

Section 7: Travel/Trip Modifications, Missed Flights, and Extended Stays

7.1 Modifications to Existing Trips - 2+ Days

- Submit the modified request through TripCare when available.
- If TripCare cannot be used or the request is air-related and requires email support, send the modification to AirOps@modivcare.com and DisPHXAfterhours@modivcare.com.

7.2 Urgent Modifications

- Call the Air Ops line at 866-379-5228
- The agent transfers to Air Ops for immediate assistance.

7.3 Member Misses a Flight

- Call the facility line at 833-283-6566.
- The agent transfers to Air Ops for immediate assistance.
- After hours, the call routes to the After-Hours team to support real-time travel issues.

7.4 Member Stay Is Extended Due to Medical Reasons

Inter-Island

- Submit modification requests through TripCare if the travel itinerary must be amended due to the medical extension.
- If the facility cannot use TripCare or access the website, the facility may email the form to AirOps@modivcare.com and DisPHXAfterhours@modivcare.com

Out of State

- Refer the facility to HMSA's Medical Management team and follow the current established process.
- If there are follow-up questions, direct the facility/provider to call HMSA at 833-283-6566.

Afterhours

- Urgent after-hours transportation escalations or operational support, please use the following contact information
 - Phone: 833-283-6566
 - Email: DisPHXAfterhours@modivcare.com and AirOps@modivcare.com

Section 8: ER, Pharmacy, Escorts, Minor Travel, and Adult Day Care Rules

8.1 Emergency Room and Pharmacy Trips

| Trip Type | Allowed? | Rule |
|------------------------|---------------------------------|---|
| To Emergency Room | No, except scheduled admissions | Trips are not allowed to the ER unless the trip is scheduled for admission. |
| Between ERs | No | Trips are not allowed between ERs. |
| From ER to member home | Yes | Trips are allowed from the ER to the member's home. |
| Pharmacy stops | No | Pharmacy stops are not allowed. |

8.2 Escorts and Additional Passengers

- Adult escorts require a medical necessity form.
- Escorts for members 18 years of age and older are allowed only based on medical need and require certification via the Provider Medical Certification form/MNF.
- Members under 18 years of age may be accompanied by one adult escort without an MNF.
- More than one adult escort for a minor requires an MNF form.
- For facility/health plan requests, refer to HMSA's Medical Management team and follow the current established process. If there are follow-up questions, call HMSA at 833-283-6566.

8.3 Minor Travel

Members may travel alone without a Consent for Minor Travel Form when the member is:

- A parent or pregnant.
- An emancipated minor.
- A member age 14 through 17 traveling to an appointment for reproductive healthcare, mental health treatment, or counseling services.

For all other minor travel situations:

- A member under age 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 a 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 the time of reservation.

8.4 Adult Day Care Prior Authorization

- Prior authorization is required for Adult Day Care.
- The authorization must be initiated by the HMSA Health Coordinator.
- Facility/provider should engage the health plan.
- The health plan emails travel authorization to HIExceptions@modivcare.com.

Section 9: Air Travel, Meals, Lodging, Grocery Trips, and Kapiolani Lodging

9.1 Inter-Island Air Travel

- Inter-island refers to travel between the islands of Hawaii: Niihau, Kauai, Oahu, Maui, Lanai, Molokai, and Hawaii Island.
- Inter-island includes the counties of Hawaii, Honolulu, Kauai, and Maui.
- Inter-island requests have different requirements than out-of-state air travel requests.
- **Inter-island air travel does not require plan approval** and should be submitted in TripCare by the medical provider/facility.
 - Submit the request through TripCare at <https://TripCare.modivcare.com/login>
 - Only if the facility cannot use TripCare or access the website, the facility may email the form to AirOps@modivcare.com and DisPHXAfterhours@modivcare.com
 - If TripCare access is needed, refer the facility/provider to <https://www.modivcare.com/facilities/hmsa/>.
 - If the facility/provider has trouble with access, refer them to Luis.Larcina@modivcare.com.

9.2 Out-of-State Air Travel (Mainland)

- Mainland refers to the 48 connected states of the United States.
- Mainland does not include travel between the islands of Hawaii.
- Out-of-state/Mainland travel requires prior authorization from the plan.
 - Refer the facility/medical provider to submit a prior authorization to HMSA's Medical Management team and follow the current established process. If there are follow-up questions, direct the facility/provider to call HMSA at 833-283-6566.

9.3 Discharge Air Travel

- Facilities should escalate air travel discharges directly to Air Ops for immediate assistance. Follow [Section 6](#) for discharge handling.

9.4 Meals, Lodging, Grocery Trips, and Kapiolani Trips

- Meals and lodging requests must be included with air travel requests for approval.
- Grocery store trips are covered when a member has approved overnight air travel and needs to visit the grocery store during that travel trip.
- Grocery store trip requests tied to approved overnight air travel are processed only through the Air Ops team.
- Kapiolani Admissions:**
 - Kapiolani provides onsite accommodations for one accompanying parent/guardian. Lodging requests should only be submitted when documented extenuating circumstances prevent the escort from staying at Kapiolani and appropriate approval has been obtained.

Section 10: Medical Necessity Form (MNF) Submission in TripCare

10.1 When an MNF Is Required

- Levels of service requiring MNF include mileage reimbursement, ambulatory, wheelchair vehicle, bariatric wheelchair, stretcher/gurney, and commercial air transport when requested above the default level or otherwise required by program rule.
- Escorts for members 18 years of age and older require an MNF.
- If more than one escort is requested, refer to the Additional Passengers process in [Section 8.2](#).

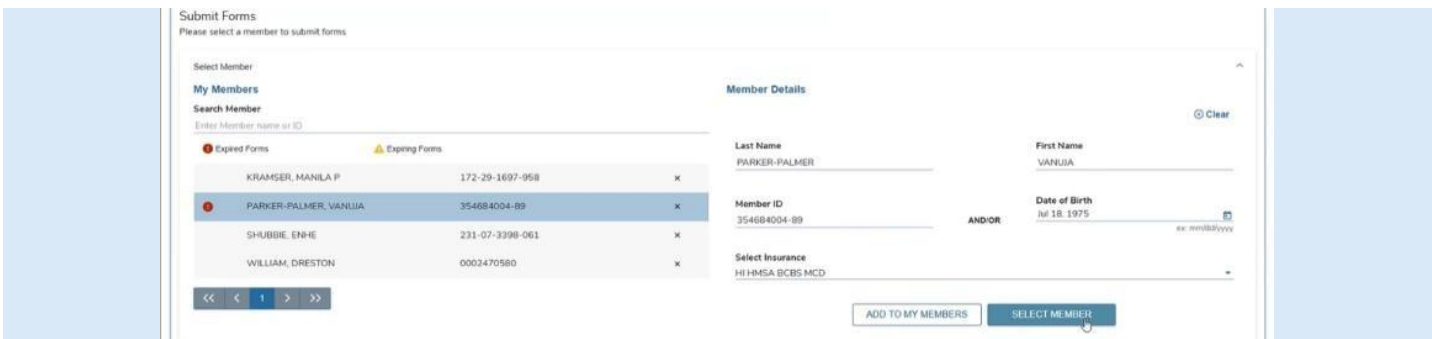
10.2 MNF Submission Process

- All new MNFs should be submitted through TripCare by the member’s healthcare provider/facility.
- If the facility cannot submit the MNF through TripCare, the facility may download the form from <https://www.modivcare.com/facilities/hmsa/>.
- Log into TripCare.
- Once logged in, click Forms along the blue header bar.



Screenshot 1: TripCare Forms option in the header bar.

- Search for the member needing the MNF form or select the member from the dropdown area.
- Click Select Member.



Screenshot 2: Member search/select member area for MNF submission.

- Review any forms already on file for the member.
- To create a new MNF, 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 | <input type="radio"/> | Ambulatory | 2025-05-20 | 2025-05-27 | |
| MNF - LOS | <input type="radio"/> | Ambulatory | 2025-05-21 | 2025-07-21 | |

Submit a Form

Form Type *

Select a Form Type

Hawaii MNF Form

Screenshot 3: Review forms on file and select Hawaii MNF form.

- The screen expands to show the additional fields required to create the new MNF form.
- In Member Details, confirm the member name, ID number, and date of birth are populated.
- Enter the member address and phone number.
- Enter 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 *
VANUJA 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

Screenshot 4: Member Details fields for MNF submission.

- In Transportation Needs, enter the member's specific transportation 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? *

All members under age 18 need an adult escort

Screenshot 5: Transportation Needs fields.

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

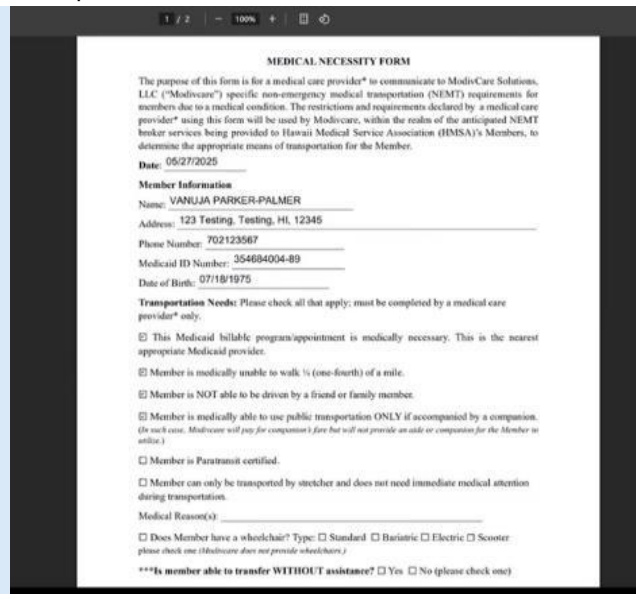
Screenshot 6: Additional transportation needs fields.

- Enter the anticipated date that the member will require this level of service.
- Add the provider name and provider number details.
- Type the provider name as the E-Signature.
- Click the provider attestation box confirming all information is true, complete, and accurate to the best of your knowledge.



Screenshot 7: Provider attestation and submit button activation.

- Once the attestation is checked, the Submit button turns blue.
- Click Submit.
- A PDF version of the MNF form opens for download and the MNF is stored with the Member Forms in TripCare.

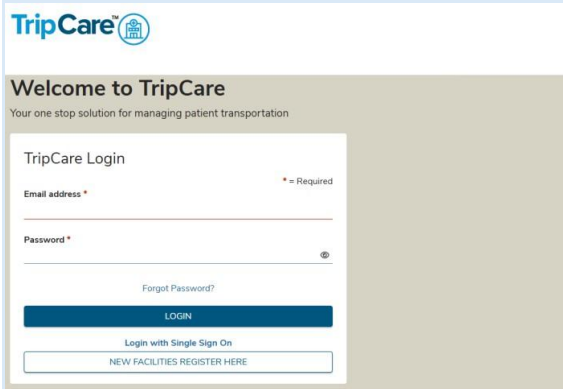


Screenshot 8: PDF version of submitted MNF form.

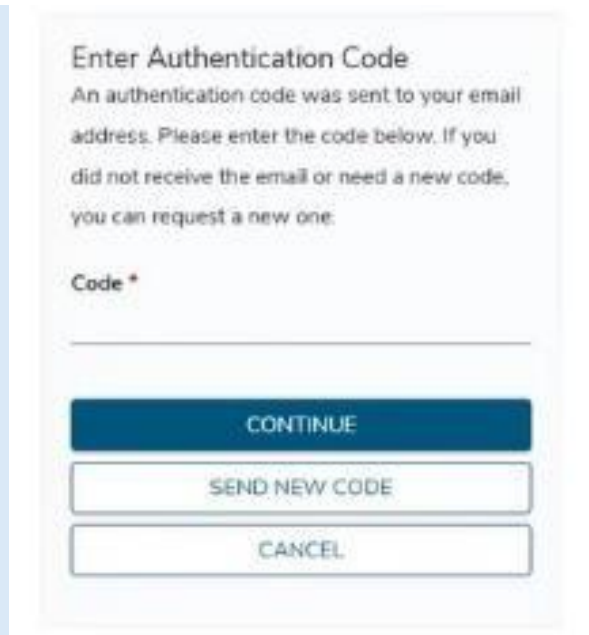
Section 11: TripCare Authorization Submission / TripCare Workflow

11.1 Log In to TripCare

- Go to <https://C.modivcare.com/login>
- Enter TripCare credentials and click Submit.
- Enter the authentication code received in email when prompted.
- Click Continue to move to the TripCare landing page.



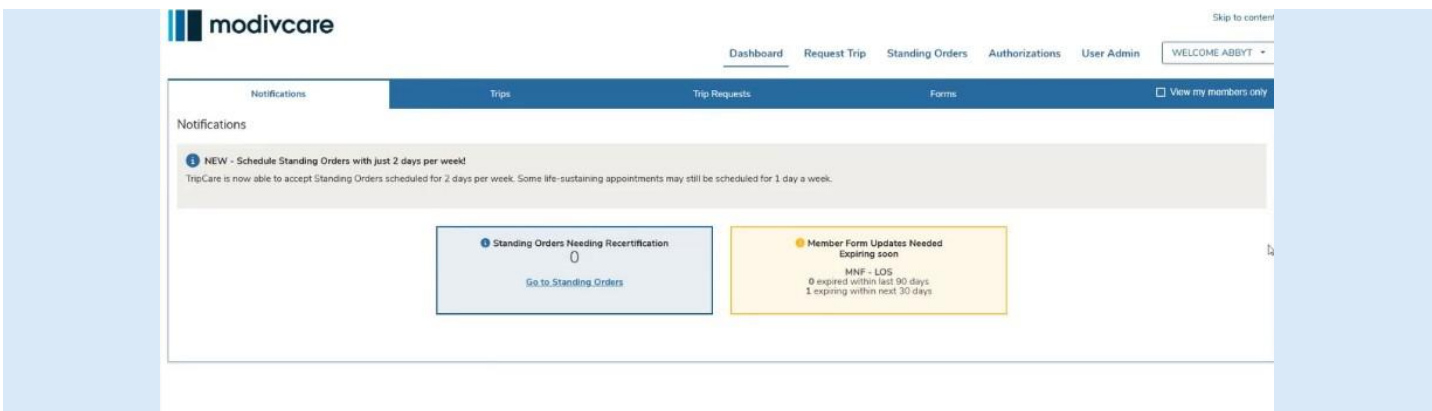
Screenshot 9: TripCare login page.



Screenshot 10: Authentication code prompt.

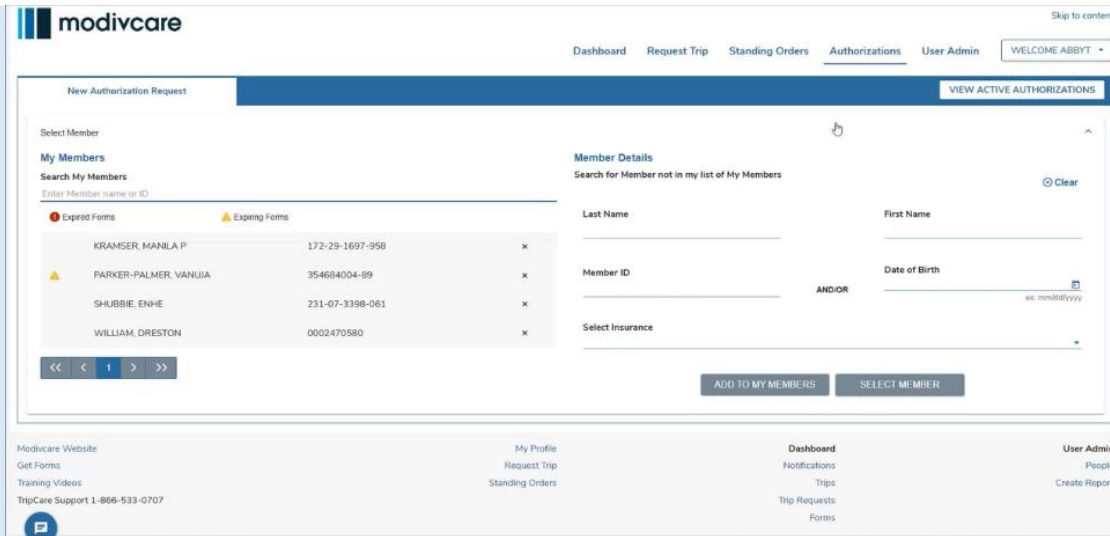
11.2 Start an Authorization

- Once logged in, confirm Authorizations is visible along the top banner. If Authorizations is not visible, contact Modivcare to grant appropriate permissions.
- Click the Authorizations tab.
- Review members linked to the account.



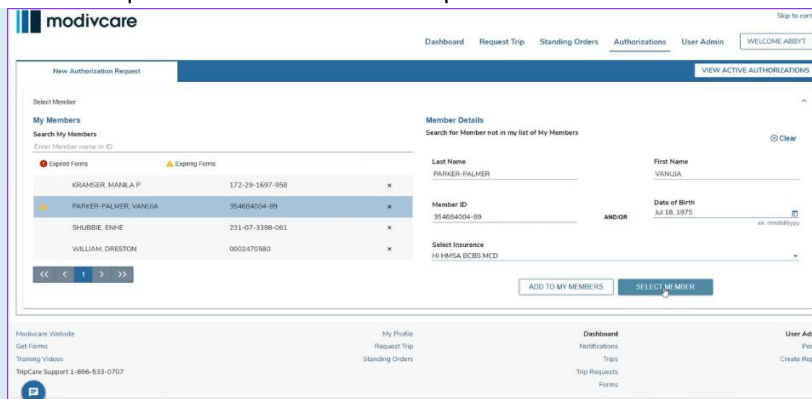
Screenshot 11: Authorizations tab.

- Select the member needing review.
- Click Select Member.



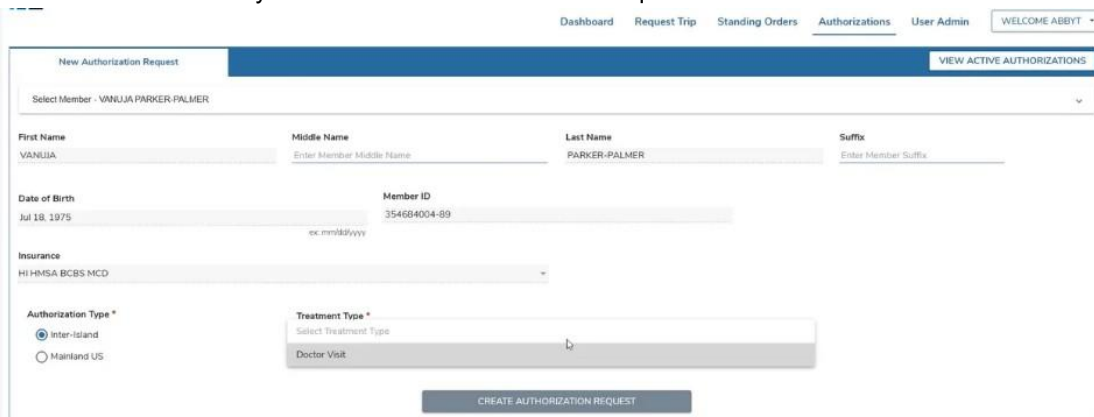
Screenshot 12: Linked members and Select Member button.

- The next screen begins the New Authorization Process.
- Confirm member details populate.
- Complete Authorization Type and Treatment Type. These are required before clicking Create Authorization Request.
- Click Create Authorization Request to move to the next step.



Screenshot 13: Authorization Type and Treatment Type fields.

- TripCare/TRIPCARE notifies you that the Prior Authorization request has been started.

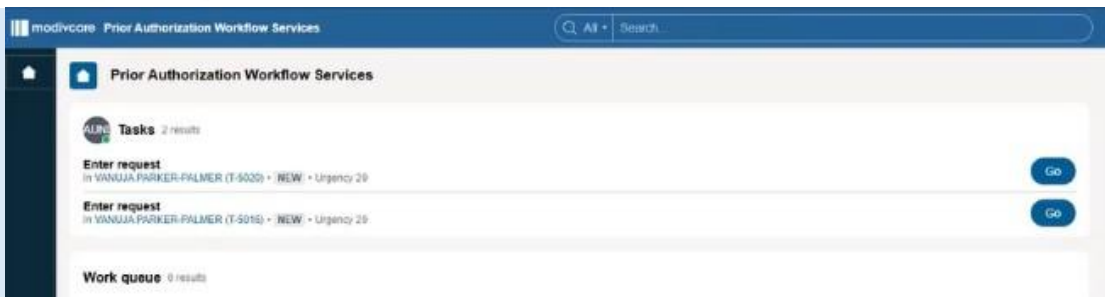


Screenshot 14: Prior Authorization request started message.

- The request populates in workflow Tasks.
- Click GO to continue submission.



Screenshot 15: Workflow Tasks bar.

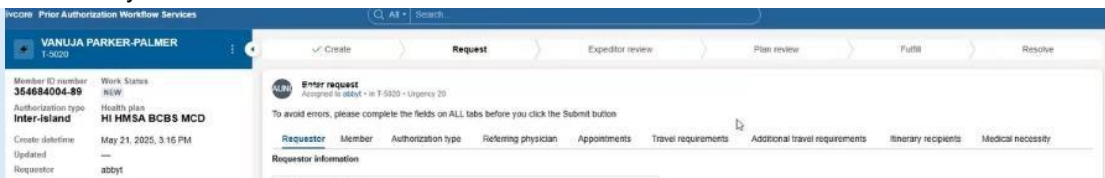


Screenshot 16: Task card with GO button.

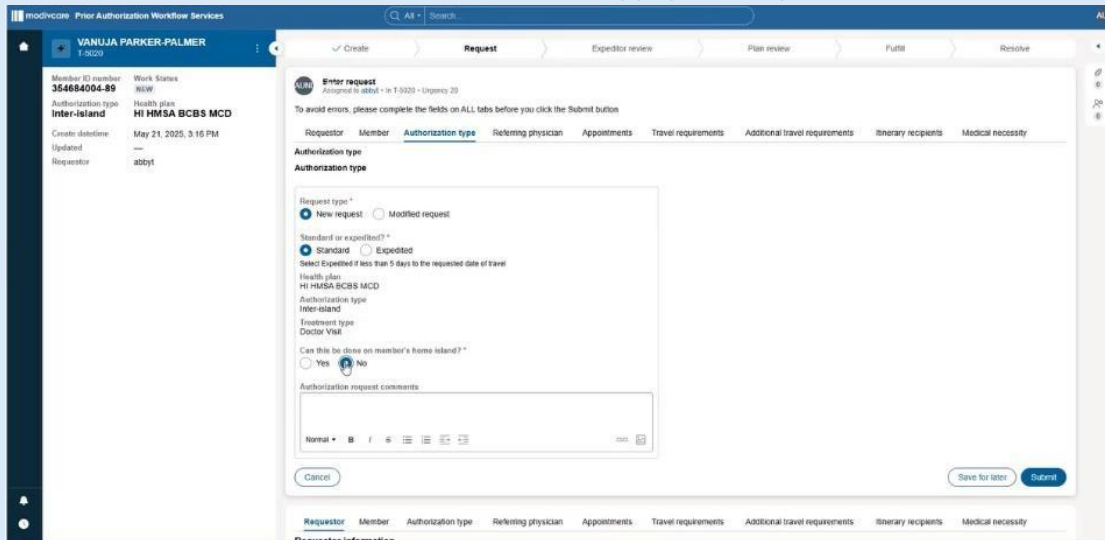
11.3 Complete Required Tabs Before Submission

The next landing page contains tabs that must be completed before clicking Submit. Complete every field on every applicable tab to avoid errors. Use Save if you need to pause before submission and return later.

- Requestor
- Member
- Authorization Type
- Referring Physician
- Appointments
- Travel Requirements
- Additional Travel Requirements
- Itinerary Recipients
- Medical Necessity



Screenshot 17: Authorization landing page and required tabs.



Screenshot 18: Authorization tab fields and save/submit options.

11.4 Authorization Tab

- Use this tab for new requests or modifications to existing requests.
- Select Request Type: New request or Modified request.
- Select Standard or Expedited.
- Confirm health plan, authorization type, and treatment type are pre-populated.
- Indicate Yes or No for Can this be done member's home island?
- Add relevant notes.
- Move to Referring Physicians.

This screenshot shows the 'Authorization' tab in the system. On the left, there is a sidebar with fields for 'Authorization type' (Inter-island), 'Health plan' (HI HMSA BCBS MCD), 'Create datetime' (May 21, 2025, 3:16 PM), 'Updated' (—), and 'Requestor' (abbyt). The main area contains a form with tabs for 'Requestor', 'Member', 'Authorization type', 'Referring physician', 'Appointments', 'Travel requirements', 'Additional travel requirements', 'Itinerary recipients', and 'Medical necessity'. The 'Appointments' tab is selected. The form fields include 'First name *' (John), 'Last name *' (Smith), 'Phone number *' (+1 (614) 123-4567), and 'Fax' (+1). There are 'Cancel', 'Save for later', and 'Submit' buttons at the bottom.

Screenshot 19: Authorization tab Request Type and Expedited/Standard selection.

11.5 Referring Physician Tab

- Populate referring provider details.
- Move to the Appointments tab.

This screenshot shows the 'Enter request' form with the 'Appointments' tab selected. The sidebar on the left shows 'Member ID number' (364684004-89), '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 form has tabs for 'Requestor', 'Member', 'Authorization type', 'Referring physician', 'Appointments', 'Travel requirements', 'Additional travel requirements', 'Itinerary recipients', and 'Medical necessity'. The 'Appointments' tab is active. Under 'Appointment 1', there are sections for 'Provider information' (First name, Middle name, Last name, Suffix, Phone number), 'Treatment information' (Treatment type: Doctor Visit, Medical reason for treatment), and 'Appointment information' (Appointment date, Appointment time, Time you need to arrive at the destination).

Screenshot 20: Referring Physician fields.

11.6 Appointments Tab

- Enter appointment details, including provider details, treatment type, appointment date/time, and medical reason.
- If the appointment requires ground transportation, enter ride information.

This screenshot shows the 'Ride information' section of the form. It includes fields for 'Ride 1', 'Pickup location' (Location name: Market Hotel), 'Country *' (United States), 'Address line 1 *' (145 Test), 'Address line 2', 'City / Town *' (Test), 'State *' (Hawaii), and 'Zip code *' (1234). There is a note 'Enter a valid 5 digit code'. At the bottom, there are radio buttons for 'Requested pickup time' and 'Will call', with 'Will call' selected.

Screenshot 21: Appointment details and ride information.

- Specify whether the ground transport has a requested pickup time or is will-call.
- If a pickup time is needed, enter the pickup time.
- Enter dropoff location details.



Screenshot 22: Pickup time/will-call and dropoff location fields.

- Indicate level of service.
- Indicate whether the pickup/dropoff is member residence or facility.
- Indicate whether gurney or oxygen is needed.
- Use the notes field for any additional considerations.



Screenshot 23: Level of service, residence/facility, gurney, oxygen, and notes fields.

- Add additional rides or appointments when applicable for the member.
- If no additional rides or appointments are needed, continue to Travel Requirements.



Screenshot 24: Add additional rides or appointments option.

11.7 Travel Requirements Tab

- Select Travel Type: Air or Ferry.
- Select Yes or No for Is the travel being reimbursed?
- Select ticket type: One way or Roundtrip.
- Select departure date, departure city, and arrival city.
- Use the notes field for travel considerations.
- Enter medical necessity information if staying more than 1 day.
- Enter the member name.
- Indicate whether the member requires oxygen.

- Indicate whether an escort is required.

This screenshot shows the 'Travel requirements' tab in a web application. It includes a sidebar with member information for 'Inter-Island' and 'HI HMSA BCBS MCD'. The main form area contains the following fields:

- Requestor:** Member, Authorization type, Referring physician, Appointments, **Travel requirements**, Additional travel requirements, Itinerary recipients, Medical necessity.
- Tip 1:** Type of travel? (Air , Ferry , No , Round trip

Screenshot 25: Travel type, reimbursement, ticket type, departure/arrival details, and notes.

This screenshot shows the 'Member name' section of the form. It includes the following fields and options:

- Member name:** As it appears on REAL ID-compliant driver's license or state-issued ID card, or a U.S. passport.
- First name*:** Jane
- Middle name:** (empty)
- Last name*:** Doe
- Suffix:** (empty)
- Member requires portable oxygen?*** (Yes , No , No

Screenshot 26: Member name, oxygen, and escort fields.

11.8 Additional Travel Requirements Tab

- Move to Additional Travel Requirements.
- Indicate whether lodging is required.
- Indicate whether meals are required.
- Indicate whether an escort will be traveling with the member.
- Indicate whether gas reimbursement is needed.
- Indicate whether ground transportation is needed.
- Move to Itinerary Recipients.

This screenshot shows the 'Additional travel requirements' section for member 'VANUJA PARKER-PALMER'. It includes the following fields and options:

- Trips:** Trip 1
- Lodging details:** Is lodging required? (Yes , No , No , No , No , No , Neighbor island , Mainland
- Buttons:** Cancel, Save for later, Submit.

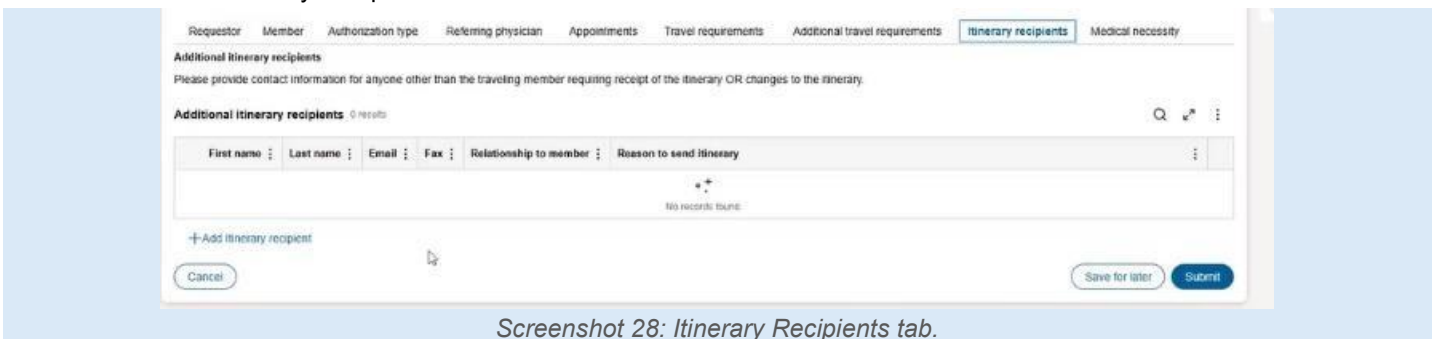
Screenshot 27: Additional Travel Requirements fields.



11.9 Itinerary Recipients Tab

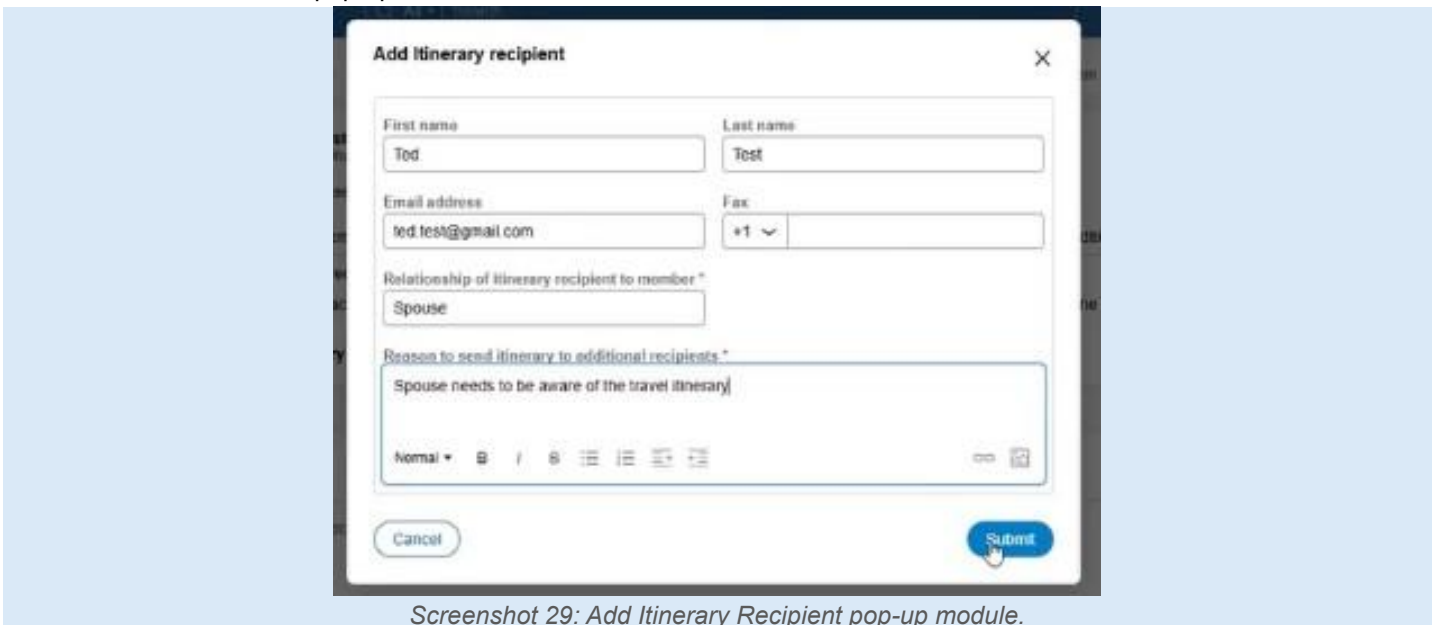
Itinerary recipients are any contacts who need to receive the itinerary or be aware of any changes. Ignore the circled statement shown in the source screenshot and add all necessary recipients, including medical providers, the member, member representatives, care coordinators, and any other necessary contacts.

- Review the Itinerary Recipients tab.



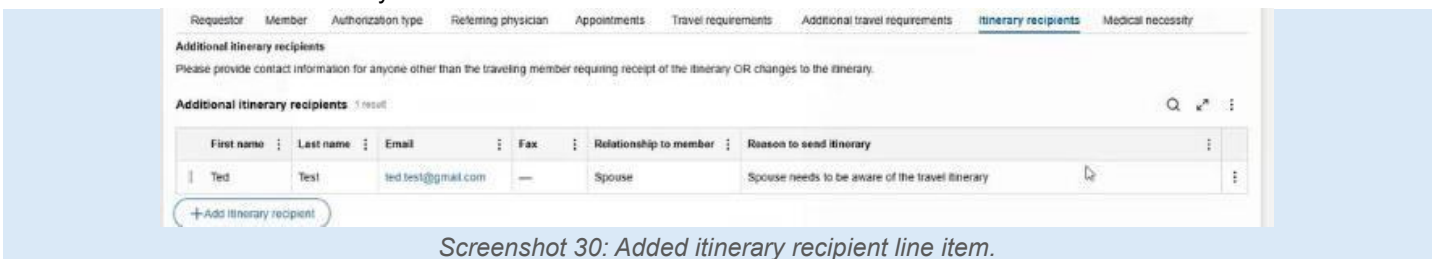
Screenshot 28: Itinerary Recipients tab.

- If an itinerary recipient needs to be added, open the Add Itinerary Recipient module.
- Fill in the recipient information.
- Click Submit on the pop-up box.



Screenshot 29: Add Itinerary Recipient pop-up module.

- After clicking Submit, confirm the new line item appears in Additional Itinerary Recipients.
- Move to Medical Necessity.



Screenshot 30: Added itinerary recipient line item.

11.10 Medical Necessity Tab

The Medical Necessity tab captures Medical Necessity information applicable only to this prior authorization request.

- Move to the Medical Necessity tab.

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

Please indicate Yes to 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 *

Yes No

This is the nearest, appropriate HMSA participating provider and the visit cannot be performed via HMSA's Online Care or Telehealth *

Yes No

Member is medically able to walk 1/2 (one-half) of a mile *

Yes No

Member is able to be driven by a friend or family member *

Yes No

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) *

Yes No

Member is paratransit certified *

Yes No

Member can only be transported by stretcher and does not need, nor is likely to need immediate

Screenshot 31: Medical Necessity tab.

- Make the appropriate selections for the member's needs.

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

Please indicate Yes to 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 *

Yes No

This is the nearest, appropriate HMSA participating provider and the visit cannot be performed via HMSA's Online Care or Telehealth *

Yes No

Member is medically able to walk 1/2 (one-half) of a mile *

Yes No

Member is able to be driven by a friend or family member *

Yes No

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) *

Yes No

Member is paratransit certified *

Yes No

Member can only be transported by stretcher and does not need, nor is likely to need immediate medical attention during transportation

Yes No

Does Member have a wheelchair? (ModivCare does not provide wheelchairs) *

Yes No

Screenshot 32: Medical Necessity selections.

- Move to the Medical Signature section.
- Populate provider details.

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

Month: May, Year: 2025

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

Calendar view showing dates from 27 to 31, with the 21st highlighted.

Cancel

Screenshot 33: Medical Signature section and provider details.

- Once finished, click Submit.
- Confirm the request moves from New to Pending-ExpeditorApproval.

VANUJA PARKER-PALMER
 T-5020

| | | | |
|--------------------|-----------------------|-------------|---------------------------|
| Member ID number | 354684004-89 | Work Status | PENDING-EXPEDITORAPPROVAL |
| Authorization type | Inter-island | Health plan | HI HMSA BCBS MCD |
| Create datetime | May 21, 2025, 3:16 PM | | |
| Updated | abbyt now | | |
| Requestor | Abby Test | | |

Screenshot 34: Pending-ExpeditorApproval work status after submission.

VANUJA PARKER-PALMER
 T-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 5 minutes ago | | |
| Requestor | Abby Test | | |

Screenshot 35: Pending-ExpeditorApproval example.

Section 12: TripCare Status Legend and Cases Sent Back

12.1 TRIPCARE Workflow Status Legend

Use this status legend to determine where the request is in the workflow and who owns the next step.

| Status | Description | Owner |
|-----------------------------|--|--|
| New | Case has been created by receiving information from TripCare/PEGA workflow. Case remains in New status until all details are entered and submitted by the 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 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 because the request is not covered by the health plan or exceeds benefit limits. | Exceptions or HMSA |
| Resolved-Completed | Case has been closed because the trip/travel date has passed. | - |

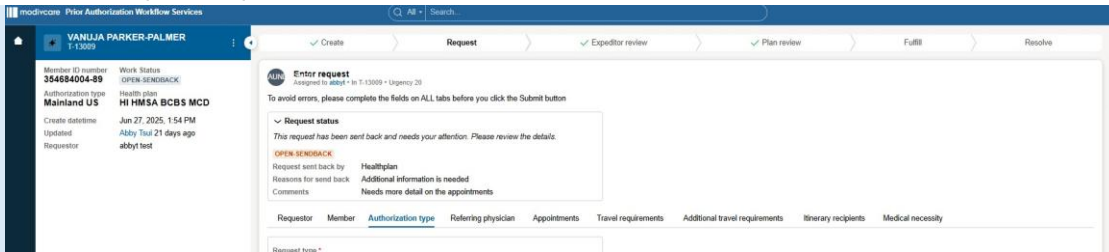
12.2 Cases Sent Back for Additional Information

- Cases may be sent back to the requestor if additional information is needed, if the request contains incorrect information, or if clarification is needed.
- When HMSA or Modivcare sends a request back to the requestor, additional commentary appears in a comments field.
- When a request is sent back for additional information or clarity, it reflects in the workflow as OPENSENDBACK.



Screenshot 36: OPENSENDBACK case example in workflow.

- Click Go on the request in question.



Screenshot 37: Open the sent-back case for review.

- Review the reason and/or comments.
- Correct the request as necessary.
- Re-submit the request.