



Travel Assistance benefit funds can assist Medicaid Members to get to and from medically necessary appointments should the Member meet certain requirements. Travel Assistance benefits are not intended to cover the full expense of the trip. Use this Reference Guide to understand the rules for travel assistance benefits.

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## Members Must Be Eligible for Travel Benefits

When a Member meets certain requirements, they may request assistance either by mileage or by method of travel. For eligible Members, travel assistance supports several kinds of transportation methods. Depending on the Member's medical needs and cost-effectiveness, the Member may use the following types of transportation:

- Private Automobile (appointments in another town or out of state)
- Taxi
- Shuttle Services
- Lodging (Overnight Stays) (with Exceptions)
- Public transportation, including subsidized public transportation and the Wyoming Rural Transit Program (when available in that county) (City Transit Bus)
- Bus (Greyhound)
- Airline

The Travel Assistance policy is different for children (20 years of age and younger) and adults (21 years of age and older).

## Important Definitions

| Term                         | Definition                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adult Member                 | A Medicaid or State plan active enrolled Member 21 years of age or older.                                                                                                                                                                                                                                                                                     |
| Child Member                 | A Medicaid or State plan active enrolled Member 20 years of age or younger.                                                                                                                                                                                                                                                                                   |
| Emergency funds              | Emergency funds are limited to situations where last minute appointments are needed, such as having to travel out of town with only 24 to 48 hours' notice to plan for the trip. Emergency funds are given to Members prior to the travel dates or dates of service. If an appointment can be rescheduled or it is not an emergency, funds will not be given. |
| Inpatient                    | The child Member is receiving services as an inpatient within a facility, for example a hospital, and will not be staying with the parent or guardian overnight.                                                                                                                                                                                              |
| Local travel                 | Travel for appointments located within 50 miles of the Member's home (100 miles total round trip).                                                                                                                                                                                                                                                            |
| Lodging Providers (Enrolled) | Enrolled lodging Providers are typically house charities that support families with sick children.                                                                                                                                                                                                                                                            |



| Term                             | Definition                                                                                                                                                                                                                                                  |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lodging Providers (Non-enrolled) | Non-enrolled lodging Providers are typically, but not limited to, hotels and motels.                                                                                                                                                                        |
| Mileage calculation              | Mileage is calculated by the shortest distance from town to town using Google Maps.                                                                                                                                                                         |
| Outpatient                       | The child Member is receiving services in an outpatient setting and will be staying with the parent or guardian overnight.                                                                                                                                  |
| Per Diem (Overnight)             | Per day dollar amount to cover part of the expenses incurred for lodging and food.                                                                                                                                                                          |
| Routine appointments             | Appointments Members have known about weeks or months in advance. Members will receive travel payments after the travel dates or dates of service and when the Travel Request Verification is signed, and the correct supporting documentation is received. |
| Travel Request Verification      | Document mailed to Members which lists the travel, appointment dates, and estimated travel payment for the request.                                                                                                                                         |

## Member Eligibility and Medical Necessity

- The Member's plan must have travel assistance coverage for the Member to receive travel reimbursement (refer to the Medicaid and State Program Benefit Plans with Travel Assistance Coverage table).
- The appointment must be medically necessary.
- The appointment must be for medical or dental services covered under the Member's benefit plan.
- Members must be eligible for the dates of service and/or travel dates.
- The appointment must be with an actively enrolled Wyoming Medicaid Provider.

To verify the enrollment status of a Wyoming Medicaid Provider (medical, dental, and charity lodging Provider), go to the following web page: [Wyoming Medicaid \(www.wyomingmedicaid.com\)](http://www.wyomingmedicaid.com) > Member > Find a Doctor, Hospital, or Clinic.

- Only the Member, parent, or guardian listed on the case can make travel requests.



### Medicaid and State Program Benefit Plans with Travel Assistance Coverage

| Benefit Plan | Benefit Plan Description                                           |
|--------------|--------------------------------------------------------------------|
| ADULT        | Medicaid Adult Standard Full Coverage                              |
| CCW          | Medicaid Community Choice Waiver                                   |
| CMHW         | Medicaid Children's Mental Health Waiver                           |
| COAW         | Medicaid Comprehensive Adult Waiver                                |
| COCW         | Medicaid Comprehensive Child Waiver                                |
| KIDA         | Medicaid Child Standard Full Coverage                              |
| KIDB         | Medicaid Child Standard Full Coverage (CHIP expansion)             |
| KIDC         | Medicaid Child Standard Full Coverage (CHIP expansion) with copays |
| PREGNANT     | Pregnant Women Standard Full Coverage                              |
| SUAW         | Medicaid Supports Adult Waiver                                     |
| SUCW         | Medicaid Supports Child Waiver                                     |
| T25          | Title 25                                                           |

### Services Covered

The most cost-effective mode of transportation will be purchased. Medicaid must purchase airline or long-distance bus tickets.

#### Private Automobile or Personal Vehicle Covered Services

|                        |                                                                                                                                                                                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child Eligible?        | Yes                                                                                                                                                                                                                                           |
| Adult Eligible?        | Yes                                                                                                                                                                                                                                           |
| Appointment Location:  | Out of town / Out of state                                                                                                                                                                                                                    |
| Policy & Requirements: | <ul style="list-style-type: none"><li>Member to provide verification of appointment.</li><li>When more than one (1) Member is transported during the same trip, Medicaid will only reimburse mileage per transport, not per Member.</li></ul> |



### Private Automobile or Personal Vehicle Covered Services

- Payment:**
- Member will receive \$0.26 per mile.
  - Mileage is determined as the shortest distance from town to town using Google Maps.

### Taxi Covered Services

**Note: Must be an active enrolled Medicaid Provider.**

**Child Eligible?** Yes

**Adult Eligible?** Yes

**Appointment Location:** Within the same town or county

**Policy & Requirements:**

- Contact the Customer Service Center and select the Travel Request option to be transferred to Member Services for assistance.

**Payment:**

- Provider will submit the claim to be reimbursed.
- Medicaid will audit to ensure the Member attended the appointment for the travel date of service.

### Shuttle Services (non-taxi) Covered Services

**Note: Must be an active enrolled Medicaid Provider.**

**Child Eligible?** Yes

**Adult Eligible?** Yes

**Appointment Location:** Varies by Provider

**Policy & Requirements:**

- Contact the Customer Service Center and select the Travel Request option to be transferred to Member Services for assistance.

**Payment:**

- Provider will submit the claim to be reimbursed.
- Medicaid will audit to ensure the Member attended the appointment for the travel date of service.



### Lodging (Overnight) – Child is Outpatient Covered Services

**Child Eligible?** Yes

**Adult Eligible?** No

**Appointment Location:** Out of town / Out of state

**Policy & Requirements:**

- Mileage between town to town must be more than 400 miles roundtrip **or** the child or children have multiple appointments on consecutive days and the mileage is 150 miles or more between town to town.
- Medicaid will reimburse for one (1) parent or guardian attending the appointment(s) with the child.

**Payment:**

- **\$50.00 per night:** One (1) parent or guardian attending the appointment and one (1) Child outpatient and staying at a lodging Provider that is not enrolled with Medicaid, such as hotel or motel; reimbursement is for per diem expenses and is limited to \$25.00 per person, per day, to be used for commercial lodging; **or**
- **\$10.00 per night:** One (1) Child outpatient and staying at an active Medicaid enrolled lodging Provider, such as Ronald McDonald House or house charity, or lodging covered by a third-party, such as charity funds or accommodations provided by a Children's Hospital.
- **\$15.00 per night:** Additional Child or Children attend the appointments **and** have medical appointments with the same travel dates or dates of service **and** more than one (1) child has appointments staying at a lodging Provider that is not enrolled with Medicaid, such as a hotel or motel. This \$15.00 per night is in addition to the \$50.00 per night.
- **\$0.00:** Additional Child or Children attend the appointments **and** have medical appointments with the same travel dates or dates of service **and** more than one (1) child has appointments staying at an active Medicaid enrolled lodging Provider, such as Ronald McDonald House or house charity.

### Lodging (Overnight) – Child is Inpatient Covered Services

**Child Eligible?** Yes

**Adult Eligible?** No

**Appointment Location:** Out of town / Out of state



### Lodging (Overnight) – Child is Inpatient Covered Services

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy &amp; Requirements:</b> | <ul style="list-style-type: none"><li>• Mileage between town to town must be more than 400 miles roundtrip <b>or</b> the child or children have multiple appointments on consecutive days and the mileage is 150 miles or more between town to town.</li><li>• Medicaid will reimburse for one (1) parent or guardian attending the appointment(s) with the child.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Payment:</b>                   | <ul style="list-style-type: none"><li>• <b>\$25.00 per night:</b> One (1) Child inpatient in a facility overnight, such as a hospital, and one (1) parent or guardian is staying at a lodging Provider that is not enrolled with Medicaid, such as a hotel or motel <b>or</b></li><li>• <b>\$5.00 per night:</b> One (1) Child inpatient in a facility overnight, such as a hospital, and one (1) parent or guardian is staying at an active Medicaid enrolled lodging Provider, such as Ronald McDonald House or house charity.</li><li>• <b>\$15.00 per night:</b> Additional Child or Children attend the appointments <b>and</b> have medical appointments with the same travel dates or dates of service <b>and</b> more than one (1) child has appointments staying at a lodging Provider that is not enrolled with Medicaid, such as a hotel or motel. This \$15.00 per night is in addition to the \$25.00 per night.</li><li>• <b>\$0.00:</b> Additional Child or Children attend the appointments <b>and</b> have medical appointments with the same travel dates or dates of service <b>and</b> more than one (1) child has appointments staying at an active Medicaid enrolled lodging Provider, such as Ronald McDonald House or house charity.</li></ul> |

### Public Transportation - (such as Wyoming Rural Transit Program or City Transit Bus) Covered Services

|                                   |                                                                                                                                                                                                                                                             |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Child Eligible?</b>            | Yes                                                                                                                                                                                                                                                         |
| <b>Adult Eligible?</b>            | Yes                                                                                                                                                                                                                                                         |
| <b>Appointment Location:</b>      | Within the same town or county                                                                                                                                                                                                                              |
| <b>Policy &amp; Requirements:</b> | <ul style="list-style-type: none"><li>• Contact the Customer Service Center and select the Travel Request option to be transferred to Member Services for assistance.</li></ul>                                                                             |
| <b>Payment:</b>                   | <ul style="list-style-type: none"><li>• A punch card may be purchased by the State to be picked up by the Member.</li><li>• The Member is to only use the punch card for trips to and from medical and dental appointments to enrolled Providers.</li></ul> |



### Bus (Greyhound) Covered Services

**Child Eligible?** Yes

**Adult Eligible?** Yes

**Appointment  
Location:** Out of town / Out of state

**Policy &  
Requirements:**

- Provider verification of Medical Necessity prior to ticket purchase.
- Tickets will be purchased for the child and one (1) parent or guardian.

**Payment:**

- The State will make the arrangements and purchases bus tickets.
- Member, or parent or guardian will receive itinerary from the Call Center.

### Airline Covered Services

**Child Eligible?** Yes

**Adult Eligible?** No (unless emergent situation where the adult is unable to obtain transportation, such as life flight to a facility and no available transport home)

**Appointment  
Location:** Out of town / Out of state

**Policy &  
Requirements:**

- Provider verification of Medical Necessity prior to ticket purchase.
- Tickets will be purchased for the child and one (1) parent or guardian.

**Payment:**

- The State will make the arrangements and purchases airline tickets.
- Parent or guardian will receive itinerary from the call center.





## Exceptions

### Psychiatric Residential Treatment Facility Exceptions

**Note:** Additional travel requirements apply to parents or guardians traveling to a Psychiatric Residential Treatment Facility (PRTF) to admit a child, to attend family therapy, or when the child is discharged. All travel to a PRTF requires prior approval from the State.

|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Child Eligible?</b>            | Yes - The Member being admitted to the PRTF is a child, 20 years or younger                                                                                                                                                                                                                                                                                                                                                           |
| <b>Adult Eligible?</b>            | No                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Appointment Location:</b>      | Out of town / Out of state                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Policy &amp; Requirements:</b> | <ul style="list-style-type: none"><li>• The PRTF Provider is enrolled and active with Wyoming Medicaid.</li><li>• Travel requests are only paid every other month for family therapy.</li><li>• Member Services will request Medical Necessity from the PRTF Provider to meet the prior approval requirement.</li></ul>                                                                                                               |
| <b>Payment:</b>                   | <ul style="list-style-type: none"><li>○ See Private Automobile payment information above under Services Covered.</li><li>○ See Greyhound Bus payment information above under Services Covered.</li><li>○ See Airline payment information above under Services Covered.</li><li>○ See Lodging Inpatient information above under Services Covered.</li><li>○ See Lodging Outpatient information above under Services Covered.</li></ul> |

### Emergency Travel Policy

**Note:** Emergency Funds are limited to situations where the Member is eligible for travel benefits and last-minute appointments are scheduled due to an immediate need, and Members are given little to no notice to plan to travel long distances or for long stays. After confirming the medical necessity for the appointment, these funds are given to the Members before the appointment date. Following the appointment, the Member must submit evidence that they attended the appointment and original receipts for any lodging expenses incurred. The Travel Request Verification provides specific instructions for submitting verifications after the appointment(s) take place.

**Important!** Routine appointments or appointments that are known about weeks or months in advance are not eligible for emergency funds. Refer to the policy above to determine if the Member can enter the travel request to receive payment after the appointments are attended.



### Emergency Travel Policy

**Child Eligible?** Yes

**Adult Eligible?** Yes

**Appointment Location:** Out of town / Out of state

**Policy &  
Requirements:**

**Emergency Fund Requirements:**

- The medical or dental Provider must be enrolled and active with Wyoming Medicaid.
- The total of the emergency funds request must be more than \$100.
- Emergency funds are not given if the transportation reimbursement is less than \$100.
- The Provider will be contacted to verify the appointment is scheduled and was scheduled on short notice and is an emergent situation.
- The appointment cannot be rescheduled.
- **Limit:** Emergency fund payment is limited to one (1) per 30 days per Member (not per family).
- No other emergency fund payments were paid to this Member in the last 30 days.
- No additional funds will be issued until all verification information is received and processed for previous emergency fund payments. The Member needs to submit all the correct paperwork to close the previous request. This paperwork could be signing the Travel Request Verification, attaching the appointment verification, a letter, or hotel or other lodging receipt, and mailing all documents to have this emergency fund travel request closed.

**Payment:**

Once the Provider verification is complete and the other requirements above are met, the State will be notified of the Member's request and if all requirements are met, they will create a check for the Member to pick up.

Members can only pick up emergency funds in Cheyenne, WY. Otherwise, depending on the timeline and Member location, a check may be sent via FedEx to the closest Public Health Nursing office, along with the Travel Request Verification for the Member to pick up.

**Note:** Routine appointments or appointments that are known about weeks or months in advance are not eligible for emergency funds. Refer to the policy above to determine if the Member can enter the travel request to receive payment after the appointments are attended.



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## Services Not Covered

Travel assistance **does not cover:**

- Reimbursement of an airline ticket after it has been purchased by the Member.
- Mileage for local travel within the town or city where the Member lives.
- Additional travel expenses such as parking costs, toll charges, gas, car maintenance, laundry, phone calls, car rentals, or taxi rides from the airport.
- Transportation of a family member or friend to visit a Member or consult with the Member's physician or other Provider of medical services, unless the transportation is to visit a Member under age twenty-one (21) and the visit is medically necessary.
- Transportation to pick up prescriptions from a pharmacy.
- Transportation of a resident of a nursing facility.
- Transportation of a Member in response to detention ordered by a court or law enforcement agency.
- Transportation requested more than 30 days after the date of the Member's appointment, unless the Member is made retroactively eligible.
- Transportation to a waiver service. Transportation is included in the fee for waiver services. Please speak to your waiver Provider if necessary.
- Transportation that has already been paid for by a third-party, such as charity funds or accommodations provided by a Children's Hospital.

## Requesting Travel Assistance

Most eligibility is determined monthly. For example, eligibility starts at the first of the month, April 1, June 1, and so on. Travel requests can be made:

- Within the same month of eligibility, **or**
- Approximately five (5) business days prior to the following month for requests for the next month, **or**
- For appointments that were attended within the last 30 days

**Exception:** If a Member were to be made retroactively eligible for Medicaid or State plan that has travel assistance benefits, they may be eligible to receive reimbursement for appointments older than 30 days. Contact the Customer Service Center and select the Travel Assistance option to be transferred to Member Services to determine if they may qualify for this exception. All exceptions are verified and approved by the Benefits Quality Control Manager with the Division of Healthcare Financing.



**Check your eligibility or make your travel requests through the Customer Service Center or online with the self-service options at [myHealthPortal \(www.wyomingmedicaid.com\)](http://www.wyomingmedicaid.com). Refer to the Medicaid and State Program benefit plans listed above.**

Contact the Customer Service Center at 1-855-294-2127, Monday - Friday between 7 am – 6 pm Mountain Time, and select the Travel Assistance option.

Access to myHealthPortal is available 24/7.

## What to Expect After Making a Travel Request

A Travel Request Verification will be mailed to the Member's address on-file with Medicaid after the Member makes the travel request.

Follow the instructions included with the Travel Request Verification and attach the required documentation such as appointment verification, lodging receipts, or letters, (refer to the Medicaid Verification Requirements by Type of Travel section below for details) to receive prompt payments.

Travel assistance checks or Electronic Funds Transfer (EFT) payments are reimbursed after the appointments(s) are attended and the Travel Request Verification with the proper documentation have been received, verified, and processed.

- **Exception:** An additional authorization step applies to travel requests to a Psychiatric Residential Treatment Facility (PRTF).

The Travel Request Verification and supporting documentation requires final approval from the State prior to releasing payment.

Once the Member receives their Travel Request Verification notification from the State, Members have one (1) year from the date of travel to submit their completed Travel Request Verification with all the required documents and receipts to receive payment. If the completed Travel Request Verification and documentation is received after one (1) year, the travel payment request will be denied.

Travel payments are typically made within 30 days of receipt of a completed Travel Request Verification with all the correct documents supporting the travel request and when the Member, parent, or guardian receiving the payment and their W-9 on-file is not inactive.

Travel payments may take up to 120 days for new Members, parents, or guardians who are completing the W-9 Form for the first time or completing a W-9 Form due to a change of address or new bank account number.

## Driver Attestation

### Driver's Certificate

The Member or beneficiary is required to complete the driver's certificate when requesting travel or mileage reimbursement. All four statement checkboxes (A – D) must be selected and the driver's certificate must be signed and dated.

### Driver Attestation:

Minimum Driver Requirements: Approved transportation providers (individual drivers) must attest to the following by selecting the checkbox next to each statement, and providing documentation to support compliance with each requirement, if requested.

- ☐ A. Each transportation provider (individual driver) is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Social Security Act) and is not listed on the exclusion list of the Inspector General of the U.S. Department of Health and Human Services;
- ☐ B. Each such individual driver has a valid driver's license;
- ☐ C. Each individual driver agrees to report to the state Medicaid program any violation or violations of state drug law; and
- ☐ D. Each individual driver agrees to disclose to the state Medicaid program their driving history, including any traffic violations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Medicaid Verification Requirements by Type of Travel

Members are required to provide verification the appointment was attended and lodging receipts as outlined in the following sections.

The verification must be on the Provider's letterhead and include the following:

- Member name
- Member date of birth
- Dates of service the Member attended appointments or was inpatient in a hospital or other facility
- Signed by the Provider or Provider's staff

## Mileage Reimbursement for Private Automobile or Personal Vehicle

Members must attach the Provider's verification that the appointment was attended to the Travel Request Verification to receive mileage reimbursement.



## **Lodging Overnight Verification Requirements (no faxes or copies)**

1. Members must attach the Provider's verification that the appointment was attended to the Travel Request Verification, **and**
2. Members must provide documentation whether the child is Inpatient or Outpatient, **and**
3. Members must provide documentation when one or more additional children have appointments and are staying overnight, **and**
4. Members must provide receipts or other documentation as defined by type below:
  - **Hotel, Motel, or Other Lodging:** Original hotel, motel, or other lodging receipts for overnight stay must be receipts from the lodging facility and cannot be from a third-party booking company (for example, Priceline, Expedia, or Trip Advisor)
  - **Hospital or Facility:** When a parent or guardian stays in the hospital or facility with the child (child is inpatient), a letter from the hospital or facility, or the parent or guardian stating they stayed in the hospital with the child – including the dates of service, child's name, Provider signature (such as nurse or billing office), and parent or guardian signature
  - **Charity Lodging:** Original receipt from Ronald McDonald House or other Medicaid enrolled charity house

## **Airline and Bus (Greyhound)**

**Reminder!** The airline or bus tickets were purchased for the Member and one (1) parent or guardian. Medicaid will not reimburse a Member for purchasing airline or bus tickets.

If a scheduled appointment is cancelled or rescheduled and tickets have already been purchased, do not cancel or change the dates of your tickets. Contact the Call Center and an agent will assist you in completing the necessary steps.

Members still receive a Travel Request Verification, and they must attach the Provider's verification that the appointment was attended, along with any lodging receipts, to receive lodging reimbursement. Refer to the Lodging Overnight Verification Requirements section above for the required receipts or documentation by type.



## Requirements to Receive Travel Payments

When a Member receives the Travel Request Verification, they must sign it, attach the required supporting documents per travel type, and if applicable, complete the enclosed W-9 Form. Once ready to mail, they must place all appropriate documents in the provided postage paid envelope and return to the State.

When to Complete a W-9:

- This is the Member's first Travel Payment
- The Member has a change of address or a change in their bank account number. If so, the Member must complete a new W-9 to update information to receive future payments for travel assistance.
- The Member has not received travel payments for many months and may have become inactive. The Member needs to complete a new W-9. Contact the Customer Service Center and select the Travel Assistance option for direction.

Members must complete or have a W-9 on file to receive payments for travel assistance.

Member payment takes place after the dates of service and is based on the Member signing the Travel Request Verification and submitting the correct documentation such as appointment verification documents, letters, lodging receipts, or W-9 Form, as needed for each travel request.

## How to Get Help

For questions on the Travel Assistance policies and procedures, contact the Customer Service Center, M-F from 7 am – 6 pm, at 1-855-294-2127 and select the Travel Assistance option to be transferred to Member Services.