



MILEAGE REIMBURSEMENT PROCEDURE

Scheduling transportation and being reimbursed through LogistiCare's Mileage Reimbursement Program is easy! The Medicaid member, a friend, a neighbor or relative will be reimbursed for street or road mileage from a member's residence to the service site and the return trip.

The member or member's responsible party will need to call 866-386-8331 to schedule transportation for mileage reimbursement prior to the appointment. When scheduling mileage reimbursement trips, the member will need the physical address, telephone number and name of the treating physician or facility at which he/she has the appointment. Additionally the member will need the name, mailing address and telephone number of the person who will be driving (A customer service representative will need this information when scheduling the mileage reimbursement trip). The member will need to document the reference number that is given at the completion of the call. Mileage reimbursement trip logs will be mailed to the member. The member should notify the customer service representative when additional mileage reimbursement trip logs are needed.

In order for the driver to be reimbursed, he/she will need to complete the following information on the mileage reimbursement trip logs:

- Driver Name—name of person driving
- Driver Mailing Address— address, city, state and zip code (this is where the mileage reimbursement check will be mailed)
- Driver Relationship to Member—Example: friend, neighbor or relative
- Driver Telephone Number—telephone number of the person driving
- Driver's License Number —license number of the driver
- Driver Signature—driver must sign the statement on the form certifying that all requirements (driver and vehicle) meet the laws and regulations of the Commonwealth of Virginia
- Member Name—name of the Medicaid Member
- Member's Medicaid Number—member's ID number as it appears on his/her Medicaid card
- Circle Yes or No as to whether or not this is a standing order appointment. If yes, circle the days traveled weekly
- Trip Date—document the date of the appointment
- Trip/Job Number — document the reference number given when scheduling the mileage reimbursement trip request
- Facility/Medical Provider Name & Phone No.—document the name and phone number of the treating facility/doctor the member is scheduled to see.
- Physician/Clinician Signature—have the physician's office sign to verify attendance
- Total Miles—document the total miles of the trip from the Medicaid member's residence directly to the facility/doctor's office. The shortest distance will be



verified and paid. (The mileage from the driver's residence to and from the Medicaid member's residence will not be reimbursed)

- ❑ Signature—at the bottom of the mileage reimbursement trip log, the driver must sign their name, certifying that the information is true, correct and accurate
- ❑ Mail completed mileage reimbursement trip log(s) to the address listed on top of the log (LogistiCare Mileage Reimbursement, P. O. Box 248, Norton, VA 24273)

Once LogistiCare has received the mileage reimbursement trip log(s), all documented information will be verified by the Claims Department. After the completion of the verification process, payments will be issued based on the date that the claims department received the mileage reimbursement trip log(s). A mileage reimbursement payment schedule is enclosed and payments are made based on the received date by the claims department. Payment is mailed on the 1st and 15th of every month. If the 1st or 15th day of any month falls on a weekend or holiday, payments will be issued on the next working weekday. Payments made on the 1st and 15th will be made for all amounts properly submitted for payment.

If the mileage reimbursement trip log is not submitted properly the request will be denied. Notification will be sent explaining the reason for the denial. Corrected mileage reimbursement trip logs can be resubmitted for payment.

If there is disagreement with the action taken, the driver may file for an appeal. A request for an appeal must be submitted in writing within 30 days of receipt of LogistiCare's notice of denial. The appellant may write a letter or complete the enclosed Appeal Request Form.

A copy of the denial notice should be included with the appeal request.

Mail the completed and signed appeal request form to:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, Virginia 23219
Appeal requests may also be faxed to:
(804) 371-8491

Please call LogistiCare at 866-386-8331 if there are any questions.

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