



## Secure Transportation Post Transport Policies and Procedures for Illinois

Prior authorization is generally required for all Non-Emergent Transportation Services. If it is not possible to obtain prior authorization, post authorization may be requested. Post authorization is typically granted for services occurring outside of normal operating hours or when there is not enough time to call in for prior authorization.

Occasionally, hospitals or other facilities may reach out to a licensed transportation company directly to provide transportation. In the event the transportation provider cannot contact Secure Transportation for prior authorization, they may accept the transportation on behalf of the medical provider and contact Secure Transportation directly for a post transport authorization (reference) number after completing the transport.

The following conditions must be met in order for a provider to qualify for a post transport authorization (reference) number and reimbursement:

- The member must be eligible for transportation on the date of service.
- Transportation meets Health Plan's pre-determined treatment/trip as defined in the statement of work.
- Non-emergency medical transport.

This policy excludes non-covered services including but not limited to emergent ambulance needs and transportation by ambulance (BLS, ALS) to an emergency department.

Transportation fees must be in conjunction with agreed upon rates between the provider and Secure Transportation or the State Medicaid Reimbursement Schedule if no rate agreement has been made. Any additional fees must be first approved by Secure Transportation.

Transportation providers seeking post transport reimbursement must contact Secure Transportation via phone at (877) 775-7312 or email at [PostAuthIL@SecureTransportation.com](mailto:PostAuthIL@SecureTransportation.com). Post transport requests must be submitted to Secure Transportation within 20 business days from the date of service and include the following:

- i. Member Name
- ii. Member Date of Birth
- iii. Member's Plan ID
- iv. Pick-up Facility Information (Facility Name, Facility Address, Facility Phone Number)
- v. Drop-off Facility Information (Facility Name, Facility Address, Facility Phone Number)
- vi. Transportation Information (Date of Service, Pick-up Time, Drop-off Time, Level of Service, vehicle license plate)

Requests submitted after 20 business days will be denied unless the following exception is met with supporting documentation:

- DHS FCRC received the patient's application for one of the Medicaid programs, but an approval has not been issued as of the date of service. In such cases, the post authorization must be received within 90 calendar days following the application approval.

Provided that all information is deemed correct and eligible, a trip authorization (reference) number will be provided. If member eligibility cannot be determined, the reimbursement request will be denied.

Receipt of a prior or post reference number does not guarantee payment. Payment is made based on member's eligibility at time of service, benefits, and all applicable standards during review.



To be eligible for reimbursement, transportation providers must submit all claims, including claims that are corrected and resubmitted within 180 days from the date of service, or within 24 months from the date of service when Medicare or its fiscal intermediary first adjudicates the claim. Additionally, transportation providers must submit a clean claim (error-free) that includes, but limited to:

- The assigned Secure Transportation reference number.
- Submitted verifiable documentation of transport for ambulance such as a patient care report with the member's signature including the pickup and drop off location information.

The above information must be mailed on a CMS HCFA 1500 form to Secure Transportation or may be electronically submitted after onboarding and training have been conducted.

Secure Transportation  
Attn: Partner FFS Billing  
3780 Kilroy Airport Way, Suite 220  
Long Beach, CA 90806

While it is the provider's responsibility to verify eligibility, once the claim is received by Secure Transportation's Encounters Department, Secure Transportation will confirm that the member was eligible to receive services and the reference number is correct. If the member was not eligible or CMS HCFA 1500 form has missing or invalid information, a written notice will be submitted to the provider detailing the reason for the denial.

Secure Transportation will reimburse providers in accordance with the guidelines outlined in the Transportation Provider Agreement.

If the transportation provider is not in Secure Transportation's approved Partner Network, an account must first be created. Transportation providers should be prepared to provide the following documents:

- Partner Application
- Rate Agreement
- W-9
- Business Associate Agreement
- Certificate of Insurance
- All Partner Onboarding Required Documentation

Mileage calculations are based on Google Maps, shortest distance.

Secure Transportation will deny any reimbursement request if submission for the trip and/or trip payment fails to meet the guidelines described in the policy. Transportation providers have the right to appeal the denial if the request to appeal is received by Secure Transportation within 30 business days from the date of denial.

A written request for an appeal must be mailed to Secure Transportation at:

Secure Transportation  
Attn: Claims Appeal Department  
3780 Kilroy Airport Way, Suite 220  
Long Beach, CA 90806

Secure Transportation reserves the right to update this policy, with or without notice, in conjunction with changes made to the Illinois Department of Healthcare and Family Services (HFS) Handbook for Transportation Providers.