

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Jerry Kimkowski
	Organizational Unit: Developmental Disabilities Program		Organizational Unit: Opportunity Resources, Inc
	Address: 111 Sanders, Helena, Mt.		Address: 514 Front St. Ste D, Conrad, Mt 59425

1. TYPE OF REQUEST: Follow-up to Verbal Request - Date of Verbal Request: Written Request

2. STATEMENT OF QUESTION OR ISSUE: **Can a provider bill an Individual personally for a ride of 106 miles round trip and than bill his ICP residential integration line for a local ride of 1 mile the same week? Isn't the reimbursement based on 22.95 miles? If that is the case, should the provider be tracking the local or short trips so they could use the remainder of the 22.95 and apply it to the longer trips so the individual is not being billed for the entire ride since they are already paying for 22.95 from their ICP?**

For example: A provider bills client GK's Residential Integration Line of ICP for \$7.58 for a trip to the local store on 3/24, a distance of 1 mile roundtrip. On 3/25, client GK wants a trip to Great Falls to go out to eat at Pizza Hut, a round trip of 106 miles. The provider is then billing GK, not the ICP, for the 106 miles at .33 cents per mile.

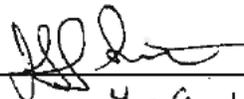
In this scenario it appears the client is being double billed for some of the mileage.

So my question is:

Shouldn't the provider only be able to bill GK personally for mileage above and beyond the 22.95 miles in a given week since he is already paying for up to that with his Residential Integration line of ICP? If this is the case, than the provider would need to track mileage in any given week.

22.95 miles allotted through ICP, GK transported 1 mile, therefore 21.95 miles need to be deducted from the longer trip that same week. 106 minus 21.95= 84.05 miles to be billed to GK rather than the entire 106 miles.

3. ANSWER: Yes, the provider can bill the service recipient since the 106 miles is not a Medicaid supported transportation service. Their cost plan can be billed for the 1 mile roundtrip to the local store under Residential Integration. This would not be double billing because both transportation supports are not Medicaid only the one to the local store is a Medicaid reimbursable transportation activity. If the individual has other residential integration needs the same week the provider must accommodate them up to the remaining miles without any additional charge to the individual's cost plan.

Approved and issued by:

 _____ (Program Director)
 Date: 4-8-11

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