




STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

September 25, 2006

MEMORANDUM

ACS M06-17

TO: All Active MQD Providers

FROM: Wesley Mun, Acting Med-QUEST Division Administrator 

SUBJECT: REVISED DHS FORM 208

Effective October 1, 2006, the Med-QUEST Division (MQD) has revised the DHS Form 208 "Prior Authorization Request for Air Transportation, Lodging, Meals and Ground Transportation" and "Instructions". (See attached). Destroy all old DHS 208 forms (Rev. 06/04).

The 208 approval process remains the same. Please refer to the ACS M04-07 memorandum dated June 21, 2004. (See attached). Through this Memo, you are being reminded to have the original 208 be reviewed and signed by the referring physician. Stamped physician's signature or duplicated signature is not acceptable. Also, you need to submit the 208 at least 14 days prior to the scheduled medical appointment. If request is Urgent or Emergent, medical conditions criteria must be met.

Thank you for your cooperation.

Attachments

- Regular
- Urgent
- Emergent

| PRINT CLEARLY AND LEGIBLY | | RECIPIENT INFORMATION | | | | |
|---|---|---|--|---|--|---|
| 1. Recipient's Medicaid ID No. | 2. Recipient's Name (Last, First, Middle) | | 3. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 4. Date Of Birth (MM/DD/YYYY) | | |
| 5. Mailing Address | | | | | | |
| 6. City, State, Zip Code | | | 7. Contact Person | | 8. Day Time Phone Number | |
| REFERRING PHYSICIAN INFORMATION | | | | | | |
| 9. Physician Name (Last, First, Middle) | | | 10. Provider ID No. | 11. Phone No. | 12. Fax No. | |
| 13. Physician Signature | | | 14. Contact Person At Office | | 15. Date | |
| APPOINTMENT INFORMATION | | | | | | |
| 16. Treatment/Description Of Medical Service | | | | | | |
| 17. Medical Reason For Treatment | | | | | | |
| 18. Prior Authorization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | 19. Can The Procedure Be Done On Your Island? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If No, Explain Why: | | |
| Appointment Details | 20. Rendering Physician/Hospital | | 21. Rendering Provider ID No. | | 22. Rendering Provider Phone No. | |
| | 23. Scheduled Date Of Medical Service | | 24. Start Time (Date/Time Recipient Must Be Present) | | 25. End Time (Date/Time Of Release) | |
| | 26. Physical Address Of Medical Service | | | | | |
| Appointment Details | 27. Rendering Physician/Hospital | | 28. Rendering Provider ID No. | | 29. Rendering Provider Phone No. | |
| | 30. Scheduled Date Of Medical Service | | 31. Start Time (Date/Time Recipient Must Be Present) | | 32. End Time (Date/Time Of Release) | |
| | 33. Physical Address Of Medical Service | | | | | |
| TRAVEL REQUEST INFORMATION | | | | | | |
| 34. Departure Date | | 35. Return Date | | 36. Medical Reason For Stay Longer Than 1 Day | | |
| 37. Departure City/Airport | | | 38. Arrival City/Airport | | 39. Type Of Ticket (One-Way And/Or Round-Trip) <input type="checkbox"/> One Way <input type="checkbox"/> Round Trip | |
| 40. Attendant Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | 41. Name Of Adult Attendant (As Listed On Valid Picture ID) | | | 42. Medical Reason For Attendant | | |
| 43. Oxygen Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, <input type="checkbox"/> Nasal or <input type="checkbox"/> Mask; O ₂ Flow Rate _____ | | | 44. Wheelchair Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Own Wheelchair, What Type: | | 45. Other Special Travel Needs | |
| 46. Ground Transportation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 47. Lodging Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 48. Meals Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| THIS SECTION TO BE COMPLETED BY THE MED-QUEST DIVISION | | | | | | |
| 49. Determination: <input type="checkbox"/> Incomplete (See Comments) <input type="checkbox"/> Denied (See Comments) <input type="checkbox"/> One-Way <input type="checkbox"/> Round-Trip | | Attendant/Companion: <input type="checkbox"/> Yes <input type="checkbox"/> No | Ground Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Lodging: <input type="checkbox"/> Yes <input type="checkbox"/> No | Meals: <input type="checkbox"/> Yes <input type="checkbox"/> No | Special Travel Needs: <input type="checkbox"/> Yes (see comments) <input type="checkbox"/> No |
| 50. Control # | | | | | | |
| 51. Section/Unit # | | 52. Worker's Name | | 53. Worker's Phone | | 54. Worker's Fax |
| 55. Comments | | | | | | |
| 56. DHS Medical Consultant Signature | | | | | 57. Date | |

Non-Emergent and Non-Urgent Conditions: If within 14 days fax to 208 Processing, Toll Free 1-866-486-8031 or 792-1098
 Otherwise mail to CCMC, P. O. Box 2818, Aiea, HI 96701

Emergency or Urgent Conditions: Fax Toll Free 1-866-486-8031 or 792-1098

INSTRUCTIONS

DHS FORM 208 (Rev. 07/06) PRIOR AUTHORIZATION REQUEST FOR AIR TRANSPORTATION, LODGING, MEALS AND GROUND TRANSPORTATION

PURPOSE:

DHS Form 208 is used only when Fee-For-Service (NON QUEST) recipients need inter-island commercial air transportation. Inter-island medical travel is approved when medical services associated with the travel request cannot be obtained on the recipient's island of residence. Travel must be for medical reasons. Examples of medical reasons are treatments, consultations, surgery, follow up visits, hospital admissions and discharges.

REQUESTING PHYSICIAN:

Print clearly and legibly.

Check right hand corner box whether medical travel is Regular, Urgent or Emergency.

Emergency: Medical conditions are those conditions that are manifested by ACUTE conditions of sufficient severity (including severe pains) such that a prudent layperson, who possesses average knowledge of health and medicine, could reasonably expect that absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman and/or unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

Urgent: Medical conditions are conditions that require medical care within 2 business days. If the care is not received during this time, a person's life or health may be jeopardized.

Box 1-6: Complete all **RECIPIENT INFORMATION** section. You can obtain the information from the recipient's Medicaid identification card.

Box 7-8: Contact person should be the client or person who is responsible for the client. The phone number should be a daytime number that is listed or a cellular phone number.

Box 9-12,
14-15: Complete **RERERRING PHYSICIAN INFORMATION** section. Self-explanatory.

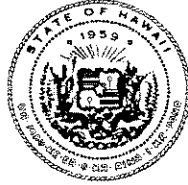
Box 13: Form must be signed by **REFERRING PHYSICIAN**. Pre-signed and stamped signature is not acceptable.

- Box 16-19: Complete **APPOINTMENT INFORMATION** section. List only agreed treatments, procedures, dates, and appointment times with the rendering provider. Clearly describe the Medical Service, treatment, procedure or surgery the recipient is about to receive and list the Medical Reason for the request. Can the procedure be done on your island, If No, Explain Why.
- Box 20-33: Complete and provide all Appointment Detail information. If more than 2 scheduled appointments, another 208 form has to be completed starting from box 1-4 and 20-33.
- Box 34-48: Complete **TRAVEL REQUEST INFORMATION** section. List accordingly to the needs of the recipient's temporary place of stay. Provide Departure Date, Return Date and Medical Reason For Stay Longer Than 1 Day. Indicate Departure City/Airport, Arrival City/Airport and Type Of Ticket. Indicate if Attendant Required, if "Yes", Name of Attendant and Medical Reason For Attendant. Examples: Recipient is a minor, baby; mentally retarded, wheelchair bound. Specify if Oxygen is required, if "Yes", whether Nasal or Mask and provide the Flow Rate. Indicate if Wheelchair Required; If client owns wheelchair, what Type of Wheelchair (e.g., Manual, Electric, Battery, etc.) and Other Special Travel Needs. Indicate if Ground Transportation, Lodging, or Meal(s) will be required.

DHS MEDICAL CONSULTANT'S DETERMINATION:

- Box 49-57: Do not complete this section. Section to be completed by the Med-QUEST Division, Medical Standards Branch.

Copy of medical consultant's determination and authorization will be faxed or mailed to the requesting physician and to the recipient's worker.



STATE OF HAWAII
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Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

June 21, 2004

MEMORANDUM

ACS M04-07

TO: All Active MQD Providers

FROM: Steven S. Kawada, Med-QUEST Division Assistant Administrator

SUBJECT: CHANGES TO SUBMITTING FORM 208 – INTERISLAND AIR
TRANSPORTATION TRAVEL REQUEST

The Med-QUEST Division (MQD) is pleased to announce that Community Case Management Corp. (CCMC) has been awarded a contract to make arrangements for interisland air travel, ground transportation, meals and lodging associated with inter-island travel authorized by the MQD. Thus, effective July 1, 2004, CCMC will make all non-emergency inter-island travel arrangements for aged, blind and disabled recipients covered under the Fee-For-Service Medicaid Program.

Please note that CCMC will only make arrangements for inter-island (in-state) travel. Out of state travel arrangements will continue to be made by the MQD.

CCMC is a Hawaii-based agency that is knowledgeable in making inter-island air travel arrangements. In fact, it currently is the agency that makes arrangements for inter-island air travel for dental services for Medicaid and QUEST recipients.

The major changes in the 208 approval process are as follows:

- You will be faxing your requests for authorization to CCMC at Toll Free 1 (866) 486-8031 for Neighbor Islands and 792-1098 for Oahu;
- You will be receiving faxes of approved travel by fax from CCMC; and
- The arrangements for ground transportation, meals and lodging approved by the MQD will be made by CCMC and NOT by the patient's worker.

The requirements for submission and approval of inter-island air travel will change minimally. For your review these requirements applicable from July 1, 2004, are as follows:

- Travel must only be for medical reasons (treatments, appointments, follow-up visits, etc.);
- Inter-island travel will only be approved if the medical service associated with the travel request cannot be obtained on the recipient's island of residence. If another Medicaid provider on the recipient's island of residence provides the medical service, the recipient should consult that provider;
- Airlines will not accept approved Form 208s as ticket vouchers;
- Recipients CANNOT make their own travel arrangements and will not be reimbursed for ticket expenses if they paid for their airfare and associated charges;
- Once airfare and associated arrangements have been made, changes CANNOT be made except if these relate to medical reasons. Examples: Patient cannot travel on the scheduled day because surgery was canceled because of patient illness; medical condition of the patient requires additional appointments that cannot be made on the day of scheduled travel; patient's condition has improved and he/she no longer needs to receive the off-island service, etc.;
- The Form 208 - Air Transportation Request (refer to attached) has been revised to indicate a new P.O. Box and fax number;
- The completed Form 208 should be faxed to CCMC at Toll Free 1 (866) 486-8031 for neighbor islands and 792-1098 for Oahu if travel is requested at least 14 days before the appointment date;
- If you faxed the 208 Form, you do not need to mail it;
- Incomplete Form 208s will be returned;
- The role and need for companion/attendant travelers must be explained upon submission of the travel request. The MQD will approve no more than ONE (1) attendant. Minors require an adult attendant. For adults, the attendant must be an adult and must be able to provide physical assistance to the patient (if needed);
- Special travel needs (seating, gate-to-plane assistance, etc.) must be indicated upon request of travel authorization. Type of oxygen flow device (mask or nasal tube) and the O₂ flow rate must be provided upon submission of travel request at least 7 days in advance;
- Requests for non-emergent and non-urgent travel received less than 14 days in advance will be returned. Due to the decreasing availability of flights, it is important for travel arrangements to be made in advance so that recipients will be able to travel to their scheduled appointments;

- If the appointment needs to be rescheduled, submit a new Form 208 at least 14 days from the new appointment date; and
- To expedite the processing of the Form 208, make appointments for medical visits from Tuesday to Thursday between 8:00 a.m. to 1:00 p.m.

The procedure for completing and submitting the Form 208 to MSB for review is described below:

Do not submit more than one (1) travel request for each Form 208. Example: Recipient will have radiation therapy at least three (3) times a month and will travel back to the island of residence between each session, then three (3) 208 Forms must be submitted.

For Non-Emergent and Non-Urgent Conditions (i.e., Regular)

Step 1: Complete each item on the Form 208. Check the “Regular” box at the top right corner of the Form 208. If the patient does not have a telephone, provide the name and daytime telephone number or cellular number of someone who can relay a message to the patient in Boxes 9 and 10.

Step 2: You should complete the Form 208 at least 14 days before the scheduled appointment. Please fax the Form 208 to:

CCMC

FAX: 1 (866) 486-8031 (Neighbor Islands)

792-1098 (Oahu)

If the travel request is approved by MQD, CCMC staff will notify the provider (see attached memorandum) and make travel arrangements for the recipient and (if approved) an attendant and notify the recipient. If the travel request is denied by MQD, CCMC will notify the recipient and provider.

For Emergency Medical Conditions

Definition: Emergency medical conditions are those conditions that are manifested by ACUTE conditions of sufficient severity (including severe pain) such that a prudent layperson, who possesses average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman and/or her unborn child) in serious jeopardy, or cause serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

If the Medicaid recipient meets the above criteria AND services to treat the emergency conditions are not available on the island of residence AND the recipient can safely travel on a commercial airline, please use the following procedure:

Step 1: Please print or type required information. Complete each item on the Form 208. Check the "Emergent" box at the top right corner of the Form 208. If the patient does not have a telephone, provide the name and daytime telephone number or cellular number of someone who can relay a message to the patient in Boxes 9 and 10.

Step 2: Fax the completed Form 208 to CCMC.

For Urgent Medical Conditions

Definition: Urgent medical conditions are conditions that require medical care within 2 business days. If the care is not received during this time, a person's life or health will likely be jeopardized.

If the Medicaid recipient meets the above criteria AND services to treat the urgent medical condition are not available on the island of residence AND the recipient can safely travel on a commercial airline, please use the following procedure:

Step 1: Complete the Form 208. Check the "Urgent" box at the top right corner of the Form 208. If the patient does not have a telephone, provide the name and daytime telephone number or cellular number of someone who can relay a message to the patient in Boxes 9 and 10.

Step 2: Fax the completed Form 208 to CCMC.

If the travel request is approved by MQD, CCMC staff will notify the provider and make travel arrangements. If the travel request is denied by MQD, CCMC will notify the recipient and provider.

Examples of situations that do NOT qualify as EMERGENCY or URGENT medical conditions:

- The Medicaid recipient has a routine appointment (including non-urgent follow-up visit) with a provider and a Form 208 was not submitted timely;
- The Medicaid recipient has an appointment for an elective procedure scheduled more than 14 days before the date of travel and the Form 208 was not submitted timely; and
- The Medicaid recipient has an appointment with a provider or has changed an appointment date, and a Form 208 has not been submitted at least 14 days before the new appointment.

All Active MQD Providers

June 21, 2004

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In order for an eligible recipient's travel to be covered by the State, this process for submitting the Form 208 must be followed exactly. For your information, a copy of the notice to recipients concerning these changes and a copy of the itinerary format is attached.

Finally, if you become aware of situations where a recipient will be unable to make his appointment, the appointment has been cancelled, the appointment has been rescheduled, or the recipient was a no-show for the appointment, please contact CCMC at 1 (866) 486-8030 for Neighbor Islands and 792-1051 or 792-1052 on Oahu so that the travel can be cancelled. Recipients will be informed that if they travel to another island and fail to show up for their appointment, they will be committing fraud, and the Department will seek repayment of the travel costs.

Thank you for your cooperation.

Attachments