

GAS REPAYMENT PROCEDURES FOR DRIVERS

Member Requirements:

An Optima Family Care member must be eligible for Medicaid non-emergency transportation (NEMT) on the date of service and have a confirmed trip set up through Verida.

Driver Requirements:

1. The driver must submit completed repayment forms for each trip requested.
2. If the driver's Social Security Number (SSN) was not provided when the trip is booked, the driver must put their SSN on the form. This is **required** for payment.
3. The driver must submit a valid mailing address and phone number for payment to be sent.
4. If preferred, the driver can be reimbursed by direct deposit. A direct deposit form must be filled out and sent in with the repayment form (see attached). Payment will be faster if this method is used.

Scheduling:

1. Trips must be scheduled **before** the appointment (standing order requests are already set up, unless the normal appointment dates change).
2. To schedule a ride, Verida Call Center Representatives are available Monday through Friday 6 a.m. to 6 p.m.:
 - Optima Family Care (Medallion 4.0, Medicaid) 1-877-892-3986
 - Optima Health Community Care (MLTSS) 1-855-325-7558
 - Optima Medicare/D-SNP 1-866-381-4860 (live representative available until 8PM on normal business days)

NOTE: If the driver is driving multiple members out of the same household for an appointment on the same date and to the same facility, the driver will **only** be reimbursed for one member in that household.

Gas Repayment Request Forms:

1. Must be signed at the time of each service. Duplicate signatures are not allowed.
2. The member (or guardian) and the driver must sign the Gas Repayment Request Form.
3. The doctor section must be filled out by the health care provider by printing and signing their name and contact phone number.
4. The form should be returned for repayment within 180 days of the medical service date to:

Verida, Inc.
843 Dallas Highway
Villa Rica, GA 30180
Fax: 678-669-7483

(Faxes only accepted from health care provider's office)

•Incomplete forms will be returned to driver

•Photo of form is accepted; picture must be clear to read

Repayment Information:

1. **Payment will be denied** for all Gas Repayment Request Forms received more than 180 days past the date of the medical service.
2. Gas Repayment Request Rate is \$0.40/mile based on the miles from member's home to appointment and from appointment to member's home, as stated in our routing system. Repayment isn't provided for the ride to/from the driver's home.
3. Gas repayments are released on Fridays one week after the submission is received, as long as all documentation is received on time. *If the payment release date falls on a holiday, payment will be released on the next business day.*
4. Gas repayments to medical appointments or pharmacies are only covered within a reasonable distance from the recipient's home based on the availability of like services in the area.
5. All out-of-area and out-of-state gas repayments require prior authorization*.

*This excludes travel to/from Duke University Hospital, Children's Hospital of Philadelphia, and Children's Hospital, Washington DC. SNP members restricted to 30 mile radius from home.