

Iowa Total Care Medicaid Meals and Lodging Reimbursement Guidelines

The purpose of these guidelines is to provide guidance on daily rates members may receive for meals and lodging during certain transportation trips coordinated by Access2Care. **Detailed receipts that include dates, times and addresses are required for all meals and lodging reimbursements.**

Access2Care LLC. (“A2C”) serves eligible Iowa Total Care (ITC) Medicaid members by coordinating non-emergency medical transportation (NEMT) services to and from a member’s medical appointments.

If travel is required outside the county where a member lives, a member may be reimbursed for meals and lodging for the time period when they travel to and from the appointment.

Scheduling: If a member wants to be reimbursed for meals and lodging, the member **must have their trip scheduled through A2C**. Members must call **1-833-404-1061** and select the ITC prompt for transportation to make trip reservations. The trip is to be scheduled **in advance of an appointment**.

When contacting A2C, the member will need to provide the following information full name, home address, date of birth, telephone number, and Medicaid ID number. An A2C Operator may also request additional information to verify the trip, such as physician name, physician address, and phone number. Each time a trip is scheduled, the A2C Operator provides a unique Trip Confirmation ID Number(s). **The Trip Confirmation ID number(s) is required to be provided on the Iowa Total Care Medicaid Meals and Lodging Claim Form.**

Reimbursement Rates

Meals – Meal are reimbursed for ITC members when their medical appointment(s) require them to **travel out of their county of residence and more than 50 miles one-way** and be absent from their current residence or pick up location for an extended period of time. Meals are not reimbursed for time periods when a member is staying in a location for reasons unrelated to scheduled travel for medical appointments.

Meals are reimbursed based on the maximum allowed by the Iowa Department of Human Services. The member must submit receipts to be reimbursed for each meal and cannot be paid above the maximum amount allowed. Daily meal rates are provided in the table below:

Meal	Requirement	Meal Maximum
Breakfast	A member who departs before 6:00 am and returns prior to lunch may be reimbursed actual expenses up to the allowable maximum for breakfast.	\$5
Lunch	A Member who departs after 6:00 am and returns before 7:00 pm may be reimbursed actual expenses up to the allowable maximum for lunch.	\$8

Breakfast and Lunch	A Member who departs before 6:00 am and returns after lunch, but prior to 7:00 pm may be reimbursed actual expenses up to the maximum for breakfast and lunch.	\$5 + \$8 = \$13
Dinner	A Member who departs after lunch and returns after 7:00 pm may be reimbursed actual expenses up to the allowable maximum for dinner.	\$15
Lunch and Dinner	A Member who departs before lunch and returns after 7:00 pm may be reimbursed actual expenses up to the allowable maximum for lunch and dinner.	\$8 + \$15 = \$23
All Meals In a Day	A Member who departs prior to 6:00 am and returns after 7:00 pm may be reimbursed actual expenses up to the allowable maximum for all three meals.	\$5 + \$8 + \$15 = \$28

Lodging - Lodging expenses are reimbursed for ITC members when their medical appointment(s) and related travel require them to **travel out of their county of residence and more than 50 miles one-way** when the round trip and for needed medical service cannot be completed in the same day and an overnight stay is required. Lodging expenses must be approved at the time the trip is scheduled with A2C.

Reimbursement rates are based on lodging costs in the primary city where medical services are received. If the city is not specified in the table below, the standard rate of \$77 will be used for all other locations in surrounding states.

Primary Destination	County	Lodging Maximum
Omaha, NE	Douglas	\$93
Rochester, MN	Olmsted	\$95
All other trips	All Counties	\$77

Lodging reimbursement will not be paid when the member stays in the home of a relative or friend, or if a stay is for reasons unrelated to scheduled travel for medical appointments.

The member must submit receipts to be reimbursed for each overnight stay and cannot be reimbursed above the maximum amount allowed by the Iowa Department of Human Services. .

Attendants/Medically Necessary Escorts: Meal and lodging reimbursements may also be made to an attendant or medically necessary escort accompanying the member during the trip. The member's physician/medical provider must sign the Iowa Total Care Medicaid Meals and Lodging Claim Form verifying the attendant/escort is medically necessary for their costs to be reimbursed. Both the member and the attendant/escort must submit their receipts on the same reimbursement form.

Reimbursement Processing: A2C will mail the Iowa Total Care Medicaid Meals and Lodging Reimbursement Policy and Iowa Total Care Medicaid Meals and Lodging Claim Form to the member prior to the medical appointment. The Policy and Claim Form may also be found on the Iowa Total Care website at: www.iowatotalcare.com

A2C processes claims for meals and lodging after they receive a completed and signed reimbursement form with receipts for the meals and/or lodging.

Instructions:

1. Fill in all of the blanks on the Iowa Total Care Medicaid Meals and Lodging Claim Form completely and legibly except for areas requiring a physician/medical provider signature, which should be completed by your physician or a representative from their office.
2. Ensure the Dates of Transport and Trip Confirmation ID Number(s) indicated on the form are accurate. A2C will verify your reimbursement request corresponds to a scheduled trip entered in the system.
3. Put information for one round trip only on the reimbursement form. Each time you request reimbursement for meals or lodging, a fully completed form must be returned to A2C.
4. Attach all (member and attendant/escort, if applicable) detailed receipts to include dates, times, and addresses for meals and/or lodging to the reimbursement form.
5. Mail the **original signed form and receipts to: Access2Care, 525 SW 5th Street, Suite E, Des Moines, IA 50309-4501**. Processed and paid reimbursement forms are not returned. Please retain a copy if you want one for your records.

Additional Reimbursement Processing Requirements:

1. Iowa Total Care Medicaid Meal and Lodging Claim Forms received more than 120 days past the Member's appointment date will be denied. Reimbursement forms returned for additional or incomplete information must be resubmitted within 30 days. A2C will process payments within 10-20 business days of A2C's receipt of a fully completed and, signed Iowa Total Care Medicaid Meals and Lodging Claim Form.
2. Payment will be issued by check in the member's name and sent via U.S. Mail to the member's address.
3. A2C may deny a claim for meals and/or lodging if the trip is not scheduled through A2C or if the destination is not a facility that delivers Iowa Medicaid covered services.
4. Claim forms submitted with incomplete information will not be processed until all requested information is received.
5. The trip must be scheduled with A2C at least two (2) business days prior to the appointment. Exceptions are made for urgent needs on a case-by-case basis.
6. Requests for review regarding meals and lodging reimbursement or denied reimbursements must be submitted within 30 days of the date on the Notice of Decision letter.

Make copies of the claim form if you will need to submit more than one. . **The member's physician/medical provider must sign each reimbursement form in order for the member to be paid.** Unsigned forms will not be processed and will be returned via US Mail. Please call the A2C Operators at **1-844-521-9948** if you have any questions about claims.

Iowa Total Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. | Iowa Total Care cumple con las leyes federales de derechos civiles aplicables y no discrimina en base a la raza, el color, el país de origen, la edad, la discapacidad o el sexo.

Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call 1-833404-1061 (TTY: 711). | Usted tiene a su disposición, sin costo alguno, servicios de asistencia de idiomas, ayudas y servicios auxiliares, material impreso en letra más grande, traducción oral y otros formatos alternativos. Para obtener esto, llame al 1-833-404-1061 (TTY: 711). | 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如需获得这些服务，请致电 1-833-404-1061 (TTY: 711).