

interChange Provider Important Message

Attention All Providers

This Important Message (IM) is being published for all providers who contact the Medicaid transportation broker to schedule non-emergency medical transportation on behalf of a Connecticut Medical Assistance Program member.

Due to the nature of non-emergency ambulance trips, it is imperative that transportation providers are provided with details of exactly where the member is and where they are going to. Please have the following information available before calling to schedule transportation. Trips without the complete information are subject to denial.

- Member's Medicaid ID #
- Member's Full Name
- Member's Date of Birth
- Valid Phone Number to reach the Member
- Appointment Date
- Appointment Time
- Pickup Address including building number, apartment, floor
- Drop-off Address including the following:
 - Doctor or clinician's name
 - Doctor's/clinician's phone number
 - Facility Name
 - Full Address of Appointment including suite or office number
- If the appointment is reoccurring (i.e. MWF at 2pm)
- Any other information needed to ensure the proper equipment, provider and services are arranged to appropriately transport the member - see examples below:
 - Need for a cardiac monitor.
 - Use of a ventilator or need for suctioning.
 - Use of an IV drip.
 - Identification of the patient's weight.
- If a Companion/Attendant/Aide/Parent will be with the member