



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



**MassHealth
All Provider Bulletin 157
August 2006**

TO: All Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
Re: Requesting Nonemergency Transportation for a Member Online

Online Prescription for

MassHealth providers can now complete and submit Prescription for Transportation (PT-1) requests online using the MassHealth Web site. Although MassHealth providers may continue to submit requests manually on the paper PT-1, we encourage you to submit your requests online through our secure Web portal to streamline the process of requesting transportation for a member.

This bulletin describes this new feature and includes a quick-reference guide with instructions on how to complete the PT-1 request online.

Online Advantage

The online PT-1 offers increased efficiency in submitting and managing PT requests. Using the online PT-1 allows you to access and complete the form any time you log in to your Customer Service Web Account, and prompts you to ensure that you complete all the required fields.

The online PT-1 also saves you time by automatically filling the fields with the provider and member information.

**Customer Service
Web Account**

To use the online PT-1, you must have a Customer Service Web Account, and you must meet the regulatory requirements for requesting nonemergency transportation (see the MassHealth transportation regulations at [130 CMR 407.421\(C\)](#)).

For information about setting up a Customer Service Web Account, or to obtain access to an existing account, see All Provider Bulletin 156 (August 2006).

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**Accessing the
Online PT-1**

To use the online PT-1, you will need your case-sensitive username and password that MassHealth e-mailed to you. Go to www.mass.gov/masshealth and click on Request Transportation for a Member in the Online Services box on the right side of the screen (or click on Information for MassHealth Providers, then on MassHealth Customer Services, then on Request Transportation for a Member). Click Log in. This brings you to the MassHealth Account Management screen. Enter your case-sensitive username and password into their respective fields on the MassHealth Account Management screen, then click Log in.

After you have logged in, click PT-1 Request Management from the MassHealth Menu on the right side of the screen. **Please Note:** Access to the PT-1 Request Management tool will not appear in the MassHealth Menu if you do not have the appropriate permissions.

After a successful login, you can create a new request, view the status of a previous request, or update an existing request by following the system prompts. See the attached quick-reference guide for brief instructions on completing and submitting the PT-1 online.

Questions

If you have any questions about the information in this bulletin or quick-reference guide, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

How to Complete and Submit the PT-1 Online

Login

1. Go to www.mass.gov/masshealth.
2. Click Request Transportation for a Member in the Online Services box on the right side of the screen.
3. Click Log in. This brings you to the MassHealth Account Management screen.
4. Enter your username and password.
5. Click LOGIN. This brings you to the Edit My Profile screen.
6. Click PT-1 Request Management from the MassHealth Menu on the right side of the screen.

Create a PT-1 request

7. Click CREATE NEW PT-1.
8. Enter and/or verify your provider number.
9. Click CONFIRM.
10. Enter the prescriber's information in the Prescriber Address screen. Select a correspondence address from the address drop-down menu or check the box to indicate that you want to use a different address and enter the desired address in the appropriate fields (see Figure 1).
11. Click CONTINUE.
12. In the next screen, enter the member's MassHealth ID number (see Figure 2).
13. Select the type of PT-1 request.
14. Click NEXT.
15. Verify the member's information in the next screen. If you need to select a different MassHealth member, click TRY DIFFERENT MEMBER. Click CONFIRM MEMBER INFO to confirm the MassHealth information is correct. If any of the member information is incorrect, click INVALID MEMBER INFO to make the necessary changes, and then click CONTINUE.
16. Enter the provider and/or facility name (see Figure 3). Click FIND to search for the provider. Your search results will appear at the bottom of the page. Select COPY for the provider in the search results. If this is the same information that appears in the Prescriber Address screen, click the Copy same address as Prescriber checkbox. Indicate whether the treating facility is within the member's locality.
17. Click CONTINUE.
18. Enter the medical treatment type, duration, and frequency of treatment in the Facility Medical Treatment Service Description screen.
19. Click CONTINUE.
20. Answer all questions on the next screen.
21. Verify (or update) the member's pick-up address in the Member Pick Up address section (see Figure 4).
22. Click CONTINUE.
23. Review and verify the information displayed in the Facility Summary Verification screen. To change any of the information, click EDIT. To continue, click SUBMIT.

MassHealth Prescription for Transportation Form (PT-1)

Enter Prescriber Address

Please verify where PT1 correspondances should be sent:

Prescriber Information

Title: XXX

First Name: JENNIFER MI: L

Last Name: SMITH

Company Name:

Phone Number: 800 - 841 - 2900 Ext.:

Prescriber Correspondance Address

Please choose from one of the addresses below:

Address: - Choose One -

Or, enter a new address below:

Attention: J SMITH Street: 55 SUMMER ST

City: BOSTON State: MA Zip: 02110

CONTINUE

Figure 1: Enter Prescriber Address Screen

MassHealth PT-1 Request

MassHealth Prescription For Transportation Form

Welcome to the MassHealth Prescription For Transportation Online. In this form, you will be able to submit Prescription for Transportation forms (PT1) electronically. Please enter the MassHealth member number and indicate the type of this request. Then, press next to continue.

MassHealth Member Number: 1234567

PT1 Request Type:

New Form

Renewal

Address Change

Increase in Visits

Alternate Pick-Up Address

NEXT

Figure 2: Enter Member's ID

MassHealth PT-1 Request

Treating Provider - Facility Information

Status: PENDING VERIFICATION Request Type: New Form

Please indicate the location information of the Facility or Treating Provider where the MassHealth member will be seen. You can press the "Find" button to lookup Provider information by name. Your search results will appear at the bottom of the page. Press "Continue" when ready.

Name and Location of Treating Provider Facility

First Name: PROVIDER'S NAME Last Name:

Facility: FIND

Copy same address as Prescriber.

Attention: Address 1: PROVIDER'S ADDRESS

City: State: Zip:

Phone Number: - - Ext.:

Is the treating facility within the member's locality (city or town of residence or adjacent city or town)?

Yes

No - Please Explain:

CONTINUE

Figure 3: Treating Provider-Facility Information

24. In the PT-1 Form Request Summary screen (see Figure 5), the status will be pending and a confirmation number will be given. Keep this number for your records. The member will receive a letter approving or denying the request.

View an existing PT-1

1. Follow Steps #1-6.
2. Click VIEW EXISTING PT-1.
3. Enter your provider number in the Provider ID field and any other identifying information in the applicable fields. Check the Show only PT-1s created by me box to display all current PT-1 requests.
4. Click SEARCH.
5. Click VIEW next to the desired PT-1 Request.

The screenshot shows the 'MassHealth PT-1 Request' form. At the top, it says 'Facility Medical Treatment Service Description'. Below that, a status bar indicates 'Status: PENDING VERIFICATION' and 'Request Type: New Form'. The main section asks 'Please answer the following questions: Is there a medical reason why the member (or guardian if accompanying a minor) is unable to use public transportation?' with radio buttons for 'Yes' and 'No'. Below this is a text box for 'If yes, please explain:'. Another section asks 'Please answer the following questions. If there is an alternate pick-up address, please specify it where stated below. This is the address where the MassHealth member will be transported to and from.' It includes questions about wheelchair van needs and escort requirements, each with 'Yes' and 'No' radio buttons. The 'Member Pick Up address' section contains fields for 'Address 1:', 'Address 2:', 'City:', 'State:', and 'Zip Code:'. A 'CONTINUE' button is at the bottom.

Figure 4: Facility Medical Treatment Service Description Screen

The screenshot shows the 'MassHealth Prescription for Transportation Form (PT-1)' screen. It has a header 'Status of previous PT1 request on records'. Below that is the 'PT1 Status View' section with the instruction: 'In order to view previous PT1 requests, please narrow your search by entering as much information as possible about your previous requests. You can press the "Search" button when ready.' The search form includes fields for 'Provider ID:' (with '1234567' entered), 'Confirmation Number:', 'Member First Name:', 'Member Last Name:', 'Member MassHealth ID:', and 'Expiration MM/YYYY:'. There is a checkbox for 'Show only PT-1s created by me' and a 'SEARCH' button.

Figure 5: Status of a Previous PT-1 Request Screen