



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**All Provider Bulletin 339**  
**February 2022**

**TO:** All Providers Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE: Upcoming Changes to MassHealth Nonemergency Wheelchair Van Transportation Services**

### Background

MassHealth is making programmatic changes to how wheelchair van transportation services are provided. Currently, certain wheelchair van transportation for MassHealth members is provided as fee-for-service (FFS) transportation by transportation providers who have contracted directly with MassHealth. See 130 CMR 407.471: *Nonemergency Wheelchair Van*. This will change effective April 1, 2022, when all wheelchair van services currently covered by MassHealth as FFS transportation will be provided as brokered transportation through Human Service Transportation (HST) Office selective contracts with transportation brokers.

This bulletin provides information to transportation providers and all providers who are authorized to submit a PT-1 request form for nonemergency sedan or wheelchair van transportation of MassHealth members through the Customer Web Portal (CWP), including but not limited to:

- Acute Inpatient Hospitals
- Acute Outpatient Hospitals
- Ambulance Providers
- Care Coordinators/MCE Coordinators
- Chiropractors
- Chronic Disease and Rehabilitation Hospitals
- Community Health Centers
- Dentists
- Physicians
- Primary Care Providers
- Psychiatric Hospitals
- Skilled Nursing Facilities
- Specialty Care Providers
- Vision Care and Eye Specialists

Effective April 1, 2022, providers will need to submit a PT-1 request for transportation through the CWP for all wheelchair van transportation. Sedan service will continue to require a PT-1; this is not changing.

### Authorized Submitters (PT-1)

Any MassHealth provider with an active Provider ID (PIDSL) can submit a request to the CWP for wheelchair van or sedan transportation for eligible members needing transportation services to and from MassHealth covered services. To register for the Customer Web Portal (CWP), please visit [www.mass.gov/how-to/how-to-create-a-new-cwp-account](http://www.mass.gov/how-to/how-to-create-a-new-cwp-account). If you have any questions regarding the PT-1 process, how to register for the portal, or how to schedule a transportation appointment for your patient, please contact [providersupport@mahealth.net](mailto:providersupport@mahealth.net).

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MassHealth will offer training sessions covering the transportation changes described in this bulletin, including targeted trainings related to discharge planning. Training materials will also be made available via the MassHealth Learning Management System, which can be accessed at [masshealth.inquisiqlms.com](https://masshealth.inquisiqlms.com).

### **Service Delivery Classification**

The PT-1 form will provide for the following levels of care, depending on the needs of the member.

#### **Curb-to-curb PT-1 (traditional)**

Curb to curb transportation services, with or without attendant/escort (not supplied by transportation provider) via sedan or wheelchair van. Accommodations are limited depending on the member's ability to ambulate independent of enhanced support. These services can be scheduled through the brokerage upon confirmation of an approved PT-1 (PT-1 Number generated upon eligibility verification through the portal (CWP)).

#### **Room-to-room PT-1 (enhanced)**

Room-to-room transportation services, with or without attendant/escort (not supplied by the transportation provider) via sedan or wheelchair van. Accommodations are enhanced to account for the needs of an individual to be safely transported to/from origin, and destination. These services can be scheduled through the brokerage using their preferred or contracted transportation provider upon confirmation of an approved PT-1 (PT-1 number generated upon eligibility verification through the CWP).

#### **Discharge PT-1 (14 day authorization)**

Limited frequency and duration, intended to safely discharge a member to their destination from an inpatient or outpatient setting. This service can be delivered via traditional or enhanced options dependent on the member's need or condition at discharge. This service is single use authorization to safely discharge or transition eligible members via traditional or enhanced services.

### **Eligibility**

MassHealth covers nonemergency transportation to covered medical services for members in MassHealth Standard, CommonHealth, and CarePlus. All other coverage types are subject to existing coverage limitations and criteria for a given plan or program. See 130 CMR 450.105 *Coverage Types*.

### **Members Receiving Care under Hospital Presumptive Eligibility (HPE)**

Once the HPE-trained CAC approves the application, the applicant receives immediate, time limited MassHealth coverage corresponding to the coverage type assigned by the CAC.

For more information on HPE, please see [All Provider Bulletin 290](#).

### **The Medical Necessity Form (MNF)**

An MNF is not necessary when services are furnished through the HST brokerage. An approved PT-1 will be maintained by the HST broker as part of the medical record for a given trip's frequency/duration when sedan or wheelchair van services are provided.

## **Ambulance Transportation**

Emergency and nonemergency ambulance services will remain FFS (non-brokered), and no change will occur to the current process and record keeping requirements. Ambulance providers will continue to verify eligibility on the date of service. They must also continue to maintain all appropriate records including but not limited to the MNF.

## **Authorized Transportation Providers/Vendors**

As of April 1, 2022, a transportation provider must be enrolled with one or both HST transportation brokers in order to be eligible for payment for MassHealth wheelchair van services currently provided FFS. If a wheelchair van provider is currently providing services as MassHealth FFS transportation, the transportation provider must inform its MassHealth clients that their medical provider (primary care or specialist) will need to submit a PT-1 request on their behalf in order to receive wheelchair van services. Particularly for enhanced room-to-room transportation services, the HST broker will seek to honor existing relationships between transportation providers and provider facilities to the extent possible upon learning of such relationships.

## **Transportation Brokers**

The transportation brokers are

- MART for
  - HST Service Area 1 (Western Massachusetts) and
  - HST Service Area 2 (Northeastern Massachusetts, including metropolitan Boston)
- GATRA for HST Service Area 3 (Southeastern Massachusetts).

For a listing of brokers by town, please see [www.mass.gov/doc/find-your-hst-broker/download](http://www.mass.gov/doc/find-your-hst-broker/download). For more information about the selective contracts with MART and GATRA, please see [www.mass.gov/info-details/new-hst-contract-in-effect-as-of-july-1-2021](http://www.mass.gov/info-details/new-hst-contract-in-effect-as-of-july-1-2021).

MART's HST webpage is available at [www.mrta.us/masshealth/about](http://www.mrta.us/masshealth/about), and GATRA's HST webpage is available at [www.gatra.org/masshealth-hst/](http://www.gatra.org/masshealth-hst/) for additional resources and broker-led webinar details.

## **MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## **Questions**

### **Long-Term Services and Supports**

Phone: (844) 368-5184 (toll free)

Email: [support@masshealthtss.com](mailto:support@masshealthtss.com)

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)

Mail: MassHealth LTSS  
PO Box 159108  
Boston, MA 02215

Fax: (888) 832-3006

### **All Other Provider Types**

Phone: (800) 841-2900; TTY: (800) 497-4648

Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)

Fax: (617) 988-8974