Who is National MedTrans?

Introduction
We Are…

**Mission**
Helping people live healthier lives and helping make the health system work better for everyone.

**Vision**
Be the most trusted name in healthcare.

**Consumers**
Deliver simplicity and earn trust.

**Community Care System**
Be a catalyst for person-centered, community-based health transformation.

**State Partners**
Be the recognized leader in delivering person-centered, community-based health transformation.
Our Mission

Connecting Members to Better Health
National MedTrans was founded in 2005 in NYC, and became a wholly owned subsidiary of UnitedHealth Group Incorporated in 2017. Our sole focus is managing non-emergency medical transportation (NEMT) benefits.

What does this mean? It means we coordinate NEMT for individuals who do not have an alternative means to get to their medical appointments. Be it by livery sedan, mass transit, or wheelchair van, we ensure that our members receive quality and timely services and with the appropriate mode of transportation.
Medicaid 1,576,259 Lives
Medicare 305,865 Lives
MLTC 124,484 Lives
Specialty 918,565 Lives

*As of April 2019. Specialty includes: PACE, Duals, SNP
4.3M calls per year
7.9M trips per year
Geography based dispatch
7 languages
1. Member can schedule trip request by contacting National MedTrans trip request line, as demonstrated above
2. Member can schedule trip request via National MedTrans member portal
3. Member can schedule trip request directly with transportation provider, as approved, trained, and setup by National MedTrans
High level glance into the Provider Portal
ONLINE TRAINING AND RESOURCES

- Provider Manual
- Trip Scheduling
- Trip Logs
- Provider Portal Training Videos
  - Accept & Reject Trips
  - Appeals
  - Attestation
  - EOP
  - Manifest
  - Marketplace
Attesting Trips

1. Access Trip Tab
2. Select Date Range
3. Select Trips (attest for an individual driver)
4. Attest

*Attestation is driver specific. Attest for trips for each driver separately.
### Required Fields:

- Recipient’s (Member) name
- Recipient’s Medicaid number
- Recipient’s address
- Destination
- Departure date and time
- Arrival time
- Driver’s name
- Comments regarding the trip
- Vehicle number
- Driver/Member signatures

### Trip Log

**Non-Emergency Medical Transportation Log**

<table>
<thead>
<tr>
<th>Member Name &amp; Trip #</th>
<th>Pick-up Address (Include City)</th>
<th>Destination (Include City)</th>
<th>Pick-up Time (In Military Time)</th>
<th>Drop-off Time (In Military Time)</th>
<th>Driver’s Signature</th>
<th>Member’s Signature</th>
<th>Name of Accompanying Adult or Escort</th>
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</thead>
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</table>

**Driver’s Comments:**

\[
\text{Driver/escort Signature:} \quad \text{Date:} \\
\text{Parent/guardian signature (if applicable):} \quad \text{Date:}
\]
CONTACT US

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Thank you!