

Gas Reimbursement Program Driver Enrollment How-to Guide

Louisiana Healthcare Connections offers a benefit called *gas reimbursement* for individuals who drive members to and from medical appointments. Before drivers can receive gas reimbursement payments, they must first enroll in the program. No trips will be approved until the driver's enrollment is complete.

To enroll as a driver in the gas reimbursement program, follow these steps:

1. Complete and sign the attached Driver Enrollment Form.
*For help filling out the form, call LogistiCare at **1-877-564-5665** (Hearing loss: 1-866-288-3133), Monday through Friday, from 8 a.m. to 5 p.m.*
2. Make copies of the following documents:
 - Your current and valid driver's license**
(Please note the driver and member must live at different addresses. Driver's physical address must match the address on the driver's license. Post office boxes will not be accepted.)
 - Your current and valid auto insurance card**
 - Your vehicle registration**
3. Send the Driver Enrollment Form and copies of your documents in **one envelope** to:
LogistiCare
ATTN: Compliance
12234 N. Interstate 35
Plaza 35, Building B, Suite 175
Austin, TX 78753
4. After LogistiCare gets your driver's completed form and document copies, they will call your driver to let them know their enrollment is complete. Your driver will receive payment each time you mail a completed Gas Reimbursement Form to LogistiCare. You can call LogistiCare to get copies of the Gas Reimbursement Form. Or you can find the form at myLARide.net/downloads.

If you have any questions about your transportation benefits, please call Member Services at 1-866-595-8133 (Hearing loss: 711), Monday through Friday, 7 a.m. to 7 p.m.

Thank you for being a member of Louisiana Healthcare Connections.

Driver Enrollment Form

The purpose of the form is to include you in the gas reimbursement program.

Fill out the whole form using blue or black ink.

Please print all information clearly.

Please mail the original form with your signature to LogistiCare.

Keep a copy for your records.

Relation to member		Telephone Number:(if we need to contact you)	
<input type="checkbox"/> Friend <input type="checkbox"/> Family Member		()	
<input type="checkbox"/> Other (please describe): _____			
<i>Must match Driver's License</i>			
Last Name :		First Name:	Middle Initial:
Social Security Number:		Date of Birth:	
Driver's License Number: <i>(Please attach a copy of driver's license).</i>		License Issue Date: MM/DD/YYYY	License Expiration Date: MM/DD/YYYY
Physical Address: <i>This is where you live. It is also where your payment will be sent. (You must give a street address. PO boxes will not be accepted.)</i>			
<i>Number and Street</i>		<i>City</i>	<i>State Zip Code</i>

Vehicle & Insurance Information		
Vehicle Identification Number (VIN): <i>VIN of vehicle used to drive members.</i>		License Plate Number:
Auto Insurance Policy: <i>Please attach a copy of your insurance card. The vehicle used to transport the member must be listed on insurance policy.</i>		Policy Issue Date: MM/DD/YYYY
		Policy Expiration Date: MM/DD/YYYY

Medicaid Member Information		
Names of Medicaid members you will be driving: <i>You may include no more than five members. If you wish to change your list, you must re-submit your enrollment.</i>	Medicaid ID #:	Medicaid member's Date of Birth: <i>MM/DD/YYYY</i>
1.		
2.		
3.		
4.		
5.		

Terms and Conditions of Participation

1. Before you drive a Medicaid member to their appointment, the member must first get approval for the ride and a Trip Number from LogistiCare. The member can schedule their trip by calling LogistiCare at 1-877-564-5665, (Hearing loss: 1-866-288-3133), Monday through Friday, from 8 a.m. to 5 p.m.
2. At the appointment, the doctor will stamp or sign the Gas Reimbursement Form.
3. You will get one gas reimbursement payment for each round trip even if you are driving more than one member.
4. LogistiCare will use a computer program to determine the shortest distance in miles that your trip should take. The amount of your gas reimbursement payment is based on this mileage calculation. You will be paid per mile. The rate of payment per mile is based on the current mileage rate for state employees. This rate is set by the Louisiana Legislature.
5. All payments to drivers will be reported by LogistiCare to the Internal Revenue Service (IRS).

6. You must maintain a current and valid driver's license, auto insurance, vehicle inspection and vehicle registration to remain enrolled in the program.
7. The completed Gas Reimbursement Form must be submitted within 365 days from the date you gave the member the ride. Forms received after this deadline will not be paid. *For example, if the ride was given on January 1, the form must be **received** by LogistiCare no later than December 31.*

Attestation:

By signing below, I promise that the information provided in this application is true and correct. I have read the above terms and conditions. I understand that I must obey these terms and conditions to participate in the program.

I understand I must keep my own copies of all documentation to support any gas reimbursement claim. I understand that the Louisiana Department of Health (LDH) and LogistiCare have the right to review any gas reimbursement claim to make sure it can be paid. They also have the right to request more information from me about any trips sent in for reimbursement.

Signature of Gas Reimbursement Driver

Date

Required Attachments:

- A copy of your current and valid driver's license
- A copy of your current and valid auto insurance card
 - A copy of your vehicle registration

Mail this form and the required attachments to:

LogistiCare
ATTN: Compliance
12234 N. Interstate 35
Plaza 35, Building B, Suite 175
Austin, TX 78753