



Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711 or 800-947-3529

www.forwardhealth.wi.gov

**WISCONSIN MEDICAID
SPECIALIZED MEDICAL VEHICLE (SMV) TRANSPORTATION
SERVICES INFORMATIONAL**

VEHICLE INFORMATION

1. Specialized Medical Vehicle Information Chart, F-01300. Fill out **completely**, including the sections below the listed vehicles.
2. Attach one of the pages from the SMV provider's current Wisconsin Department of Transportation (DOT) Motor Bus/Human Service Vehicle Inspection Report (DOT form SP 4162) for **each** vehicle listed on the Specialized Medical Vehicle Information Chart. The District Inspectors should give both carbonless copies of this three-ply form to the SMV provider, (per DOT Headquarters). Send either of these pages (not a photo copy). Human service vehicle (HSV) inspections must be done annually. The HSV approval dates on all vehicles must be less than 12 months before Wisconsin Medicaid receives all inspection forms **and** the effective date of certification or reinstatement. Each vehicle must be inspected and approved as an HSV by the DOT. A copy of this DOT form is attached (for an example only).

To obtain an HSV appointment for the SMV provider's vehicles, contact the state patrol district office. The SMV provider may visit the DOT Web site at www.dot.wisconsin.gov/about/locate/sp/offices.htm for a district map.

3. Attach proof of current vehicle insurance. Each vehicle identification number (VIN) on the Specialized Medical Vehicle Chart **must** exactly match the VIN(s) on the HSV forms and insurance policy and binder (if binder was sent initially for temporary certification). If the VINs are not included because the policy is for "blanket coverage," the letter from the insurance company must explain that the provider's insurance covers all vehicles and the VINs are not listed in the policy. When Wisconsin Medicaid is notified of a policy lapse, the SMV certification will be canceled.
4. The Specialized Medical Vehicle Information Chart and Motor Bus/Human Service Vehicle Inspection Report, can be submitted on equivalent paper or computer format, must contain every item listed under DHS 105.39, Wis. Admin. Code, and will be subject to review and approval. This could cause a delay in processing. Do **not** send actual completed weekly inspection reports to Wisconsin Medicaid.

DRIVER INFORMATION

1. Specialized Medical Vehicle Driver Information Chart, F-01301. Fill out **completely**, including section below the listed drivers.
2. Current basic Red Cross first aid cards (or equivalent) for each driver is needed. The date of training **must be within 36 months** of when the correctly completed Driver Chart is received **and** the effective date of certification or recertification.

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A copy of a driver's current license as an emergency medical technician, registered nurse, licensed practical nurse, or physician assistant will be accepted in place of a first aid and/or cardiopulmonary resuscitation (CPR) card. However, dated evidence of continuing education, which includes first aid within past 36 months and current CPR certification must be attached to the license copy.

If any first aid or CPR card does not include the training date, a signed letter from the instructor, or the instructor's agency, verifying the training date(s) **must** be attached.

COMPANY INFORMATION

1. Notarized Affidavit (must be notarized to be valid).
2. Certificate of Worker's Compensation Insurance. This is necessary when an SMV company does either of the following:
 - Employs three or more employees; or
 - Has less than three employees but pays more than \$500 in payroll within a calendar quarter.
3. Federal regulations stipulate that a provider may not be assigned more than one provider ID for the same services at one location. Thus, if the physical address for the office location where required SMV records (i.e., weekly vehicle inspection reports, members' disability certifications) are kept is the same as another SMV provider, a written statement of explanation is required. It **must** include the following:
 - Why separate SMV providers operate at the same address.
 - The officers of each.
 - A statement attesting that each operates completely separate.
 - That the payee name and IRS number is not/will not be the same.

FUTURE CHANGES IN THE SMV PROVIDER'S COMPANY

The SMV provider is required to report changes in provider status, such as ownership (requires new application) or provider name or vehicles **before the changes occur**. Changes must be sent in writing to Wisconsin Medicaid Provider Maintenance. These changes include the following:

- For all vehicles that are added to transport Medicaid members, the provider **is required to** submit an updated Specialized Medical Vehicle Information Chart, HSV approval forms, **and** new insurance documentation with VINs that exactly match the Specialized Medical Vehicle Information Chart and HSV forms, **unless the policy is for "Blanket Coverage" before** the vehicles are used or no later than 14 calendar days of the first day of service. Wisconsin Medicaid will send notice of approval for the added vehicle(s) and effective date(s).
- Any changes in insurance other than annual renewals. (If changing insurers or obtaining a new replacement policy, the complete insurance documentation on the insurance checklist must be submitted.)
- Changes in drivers, their current first aid and Cardiopulmonary Resuscitation (CPR) cards, and documentation of seizure training and training in the use of all ramps, lift equipment, and restraint devices of all the provider's vehicles must be maintained in the SMV provider's files.

- For a change of ownership, the new owner must apply as a new SMV provider to obtain a “replacement” provider ID to submit claims for dates of service (DOS) on and after the change of ownership date. The seller’s provider ID will be canceled effective one day before the ownership change date, which will allow payment of claims for DOS before the change in ownership date.

PROVISIONAL CERTIFICATION

Note: All new SMV providers certified **or** reinstated after a one-year lapse and providers who have had a change of ownership will be approved for provisional certification. Medicaid staff will schedule an audit before the certification expires. **No** electronic billing will be approved before the audit is conducted and completed and the provider approval granted to bill electronically. The provisional certification and audit applies to the new owner(s) from a change of ownership. Provisional certification varies from temporary certification, which is approved for any SMV provider when an insurance binder is sent as documentation before the actual policy is received.

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