

MTM | State of Wisconsin Dept. of Health Services



September 3rd, 2026

Quarter 3 TAC

Program Review Period: Q2 2026

DHS Updates

Q2 2026 Operations Review

- Quality Assurance, Complaints
- Unsuccessful Trips
- Network Management
- Gas Mileage Reimbursement
- Call Center

Agenda

Highlighted Discussion Topic:

Program Forms

- Level of Need (LON) Form
- Minor Member Parental / Facility Consent Form(s)
- Distance Verification Form (DVF)
- Meals & Lodging Form
- Form Information

Appendix

NEMT Vendor Transition: The Basics

- Wisconsin State Law requires DHS to conduct a fair and competitive procurement process to select an NEMT vendor on a regularly scheduled basis.
- On May 21, 2026, the Department of Health Services issued the “notice of intent” to select [Verida, Inc.](#) as the new NEMT vendor.

NEMT Vendor Transition: What Do Members and Providers Need to Know?

- Members and Providers do not need to do anything differently right now.
- DHS will continue to provide updates about the transition as more information is available.
- The vendor transition will not change the NEMT services members are eligible for.

NEMT Vendor Transition: How to Learn More and Stay Informed

- You can learn more here: [visit the NEMT vendor transition page.](#)
- You can sign up to receive NEMT emails related to the transition here: [Sign up to receive emails](#)
- You can learn more about Verida, Inc., here: [Verida, Inc.](#)

Operations Review

Q2 2026

Review Period - Q2 2026

Unique
Members

- 46,527



Trips

- 921,497



Calls Taken

- 259,650



Vehicles

- 4,432



Transportation
Providers

- 314

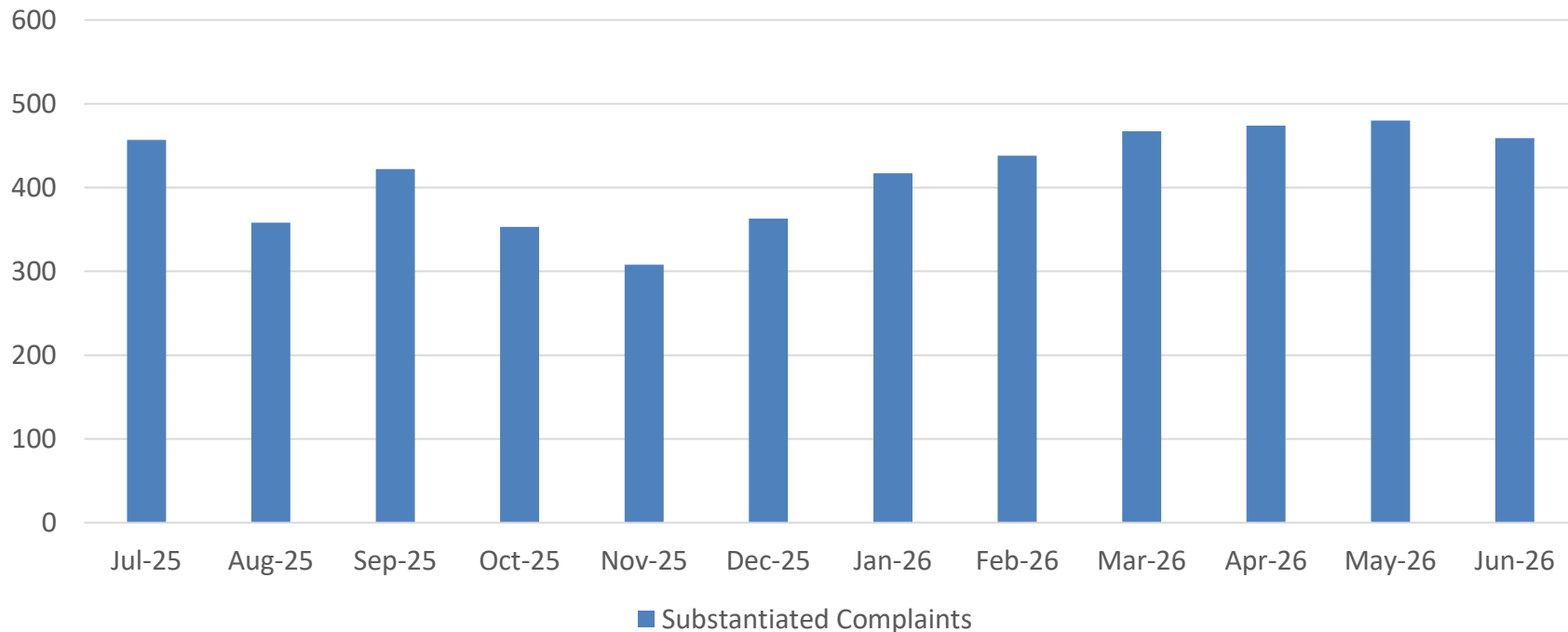


Independent
Driver Providers

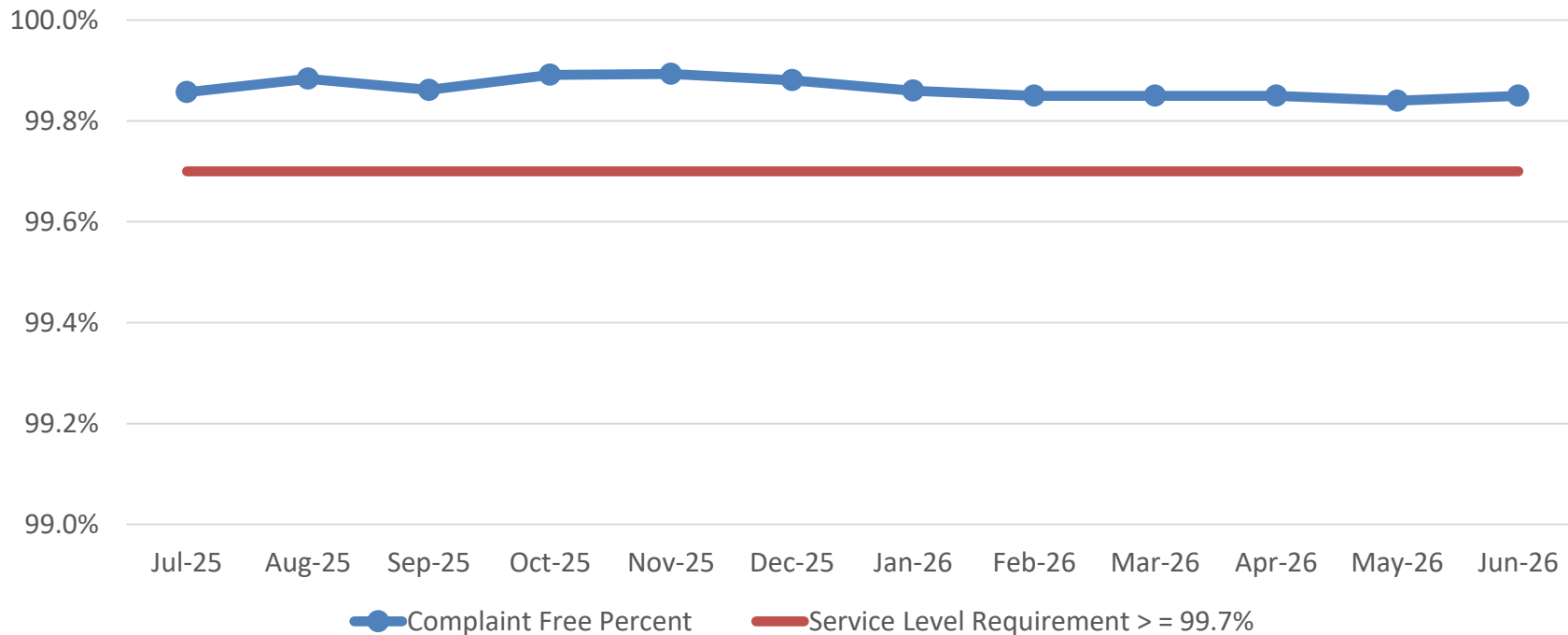
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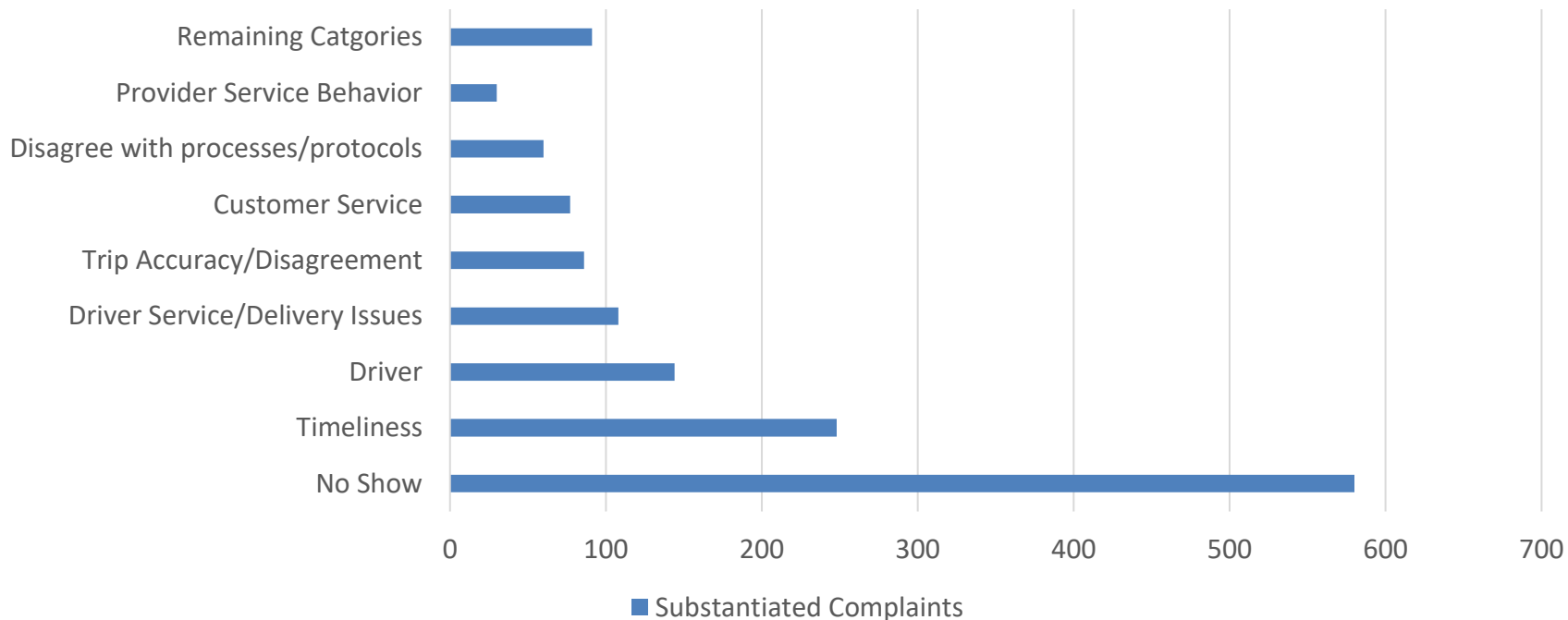
Quality Assurance: Substantiated Complaints



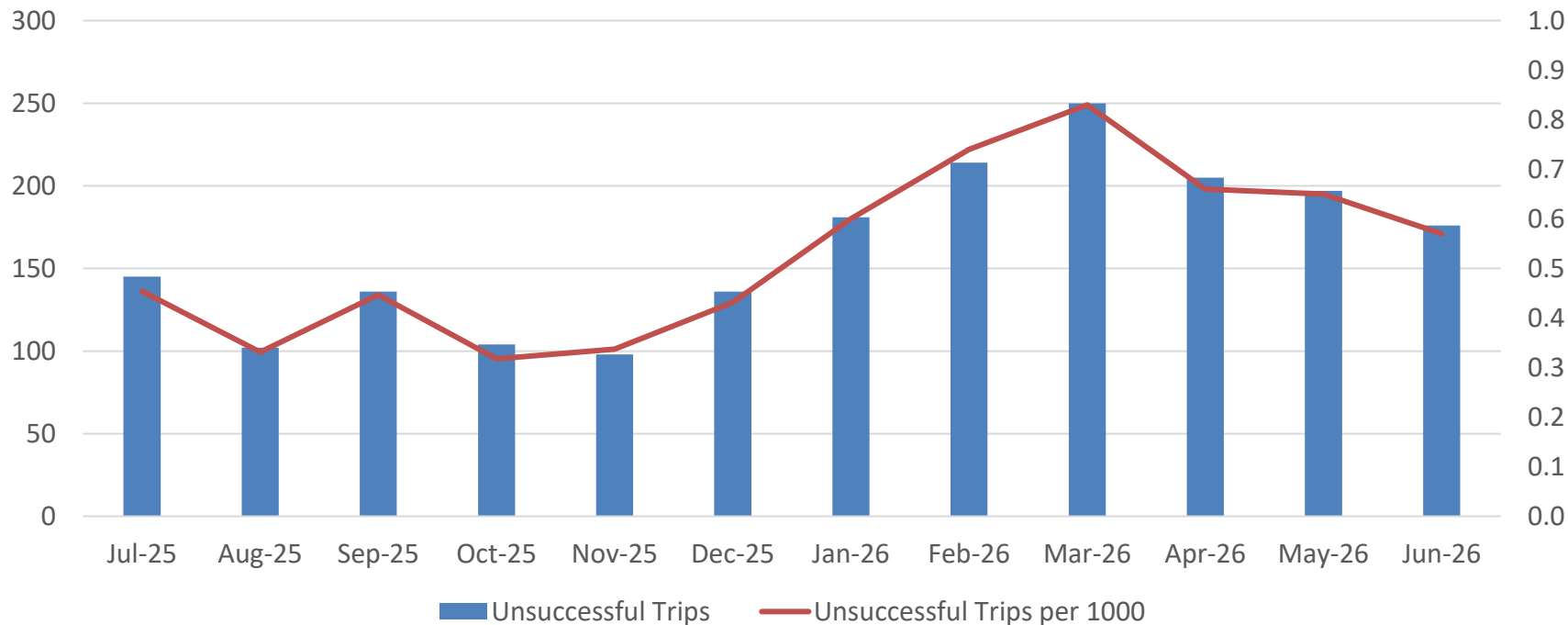
Quality Assurance: Complaint Free Percent



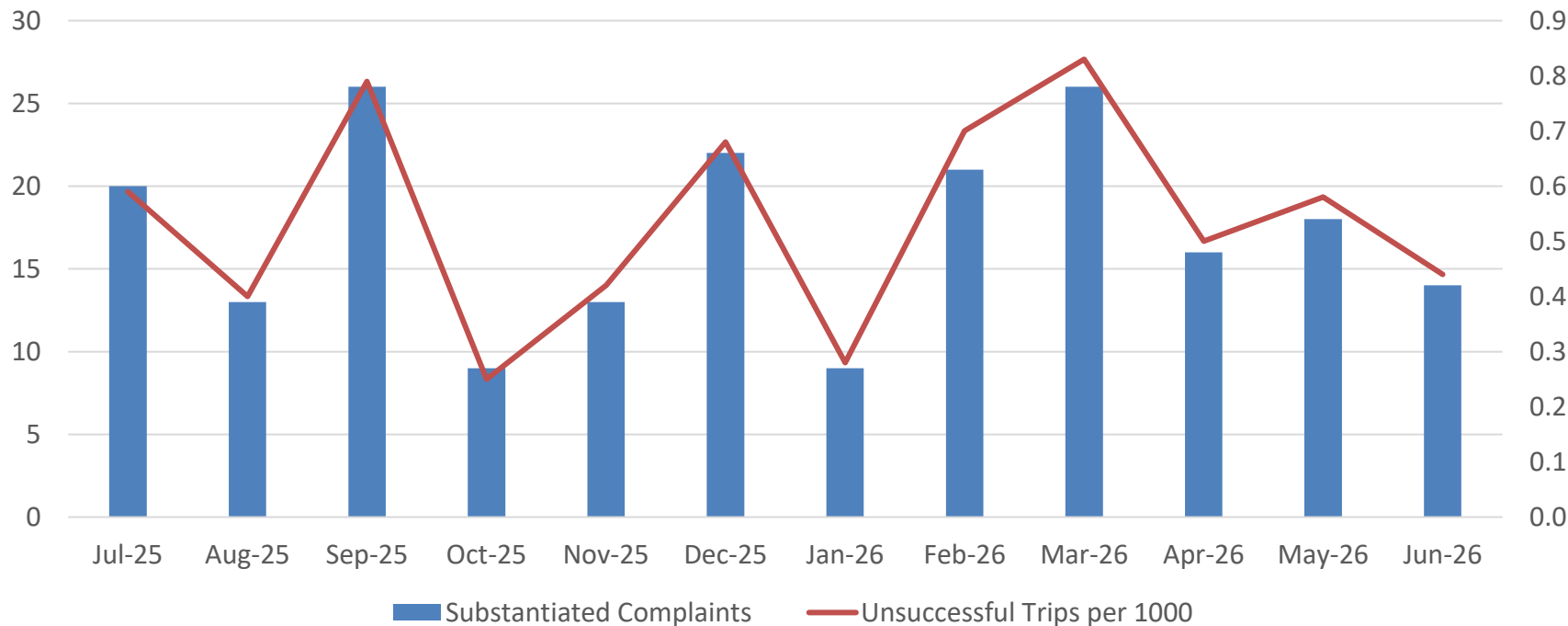
Quality Assurance: Complaints by Category (Q2)



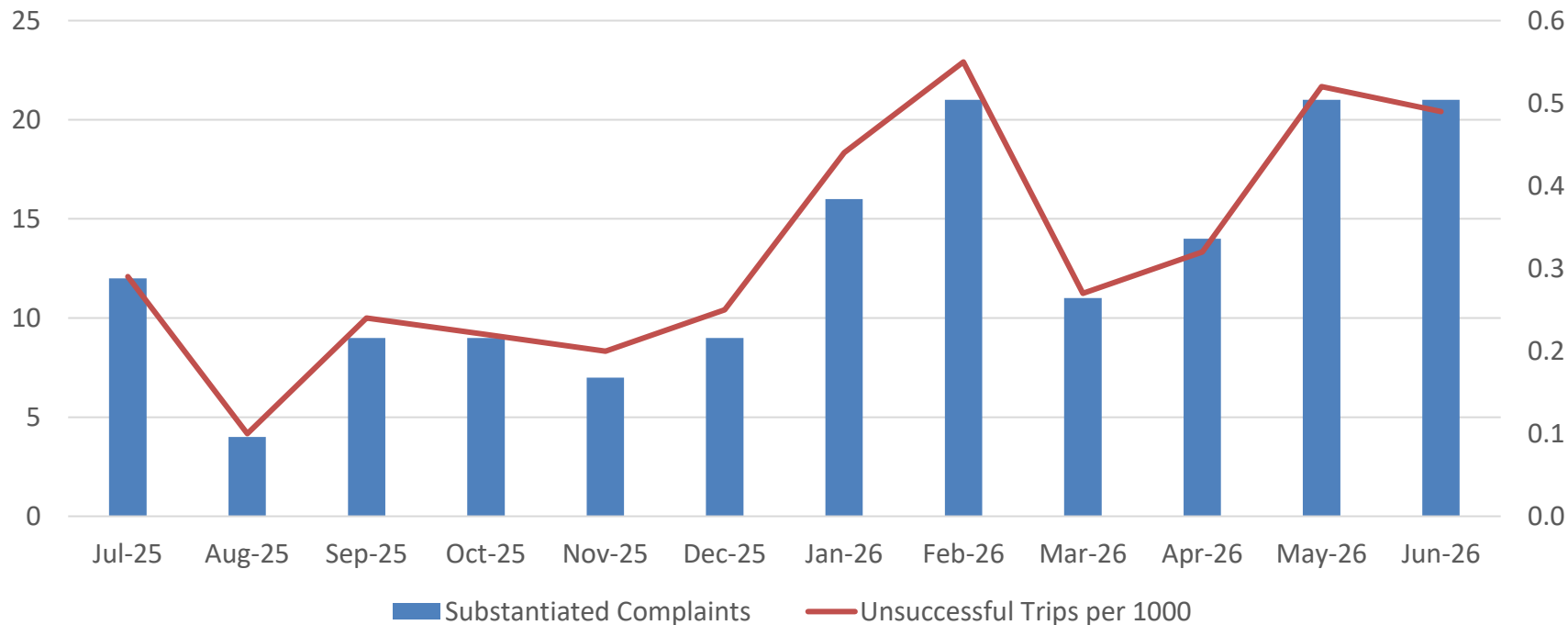
Unsuccessful Trips: Program Level



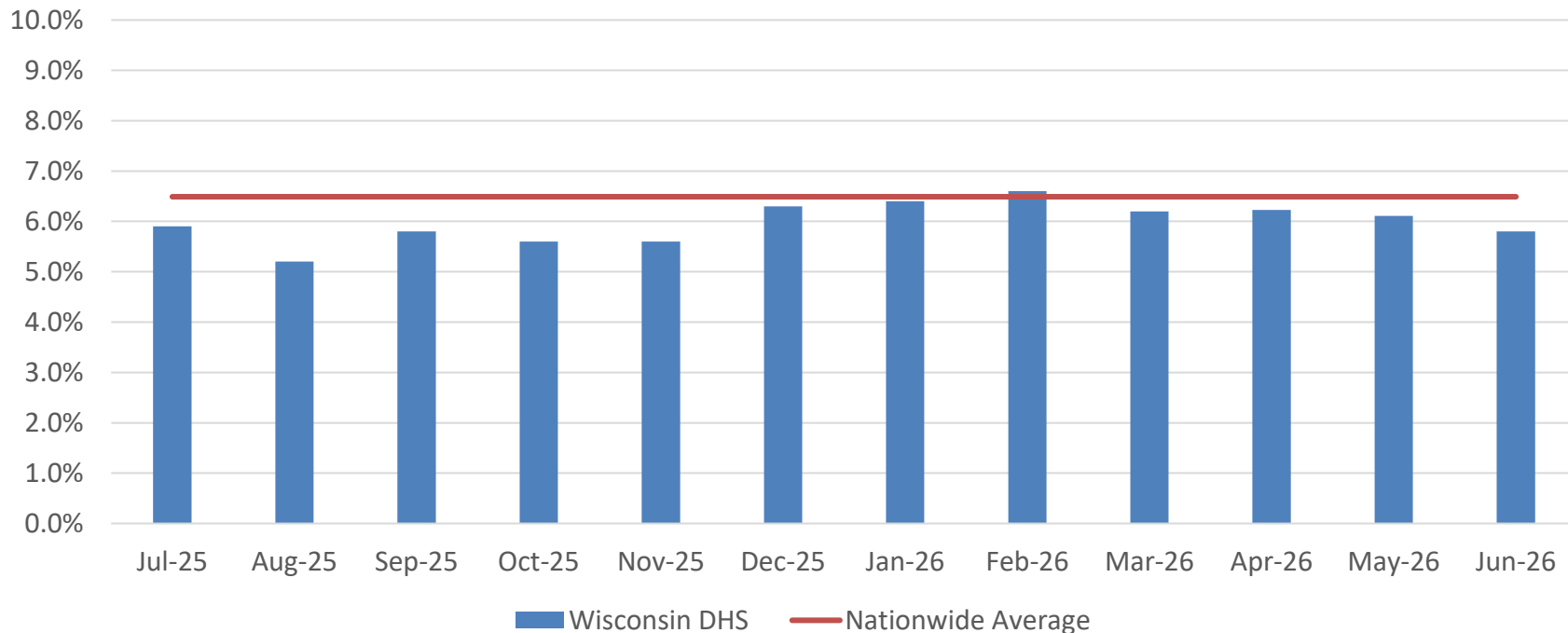
Unsuccessful Trips: Critical Care Trip Level



Unsuccessful Trips: Minor Trip Level



Transportation Provider: Turnbacks



Gas Mileage Reimbursement 1/2

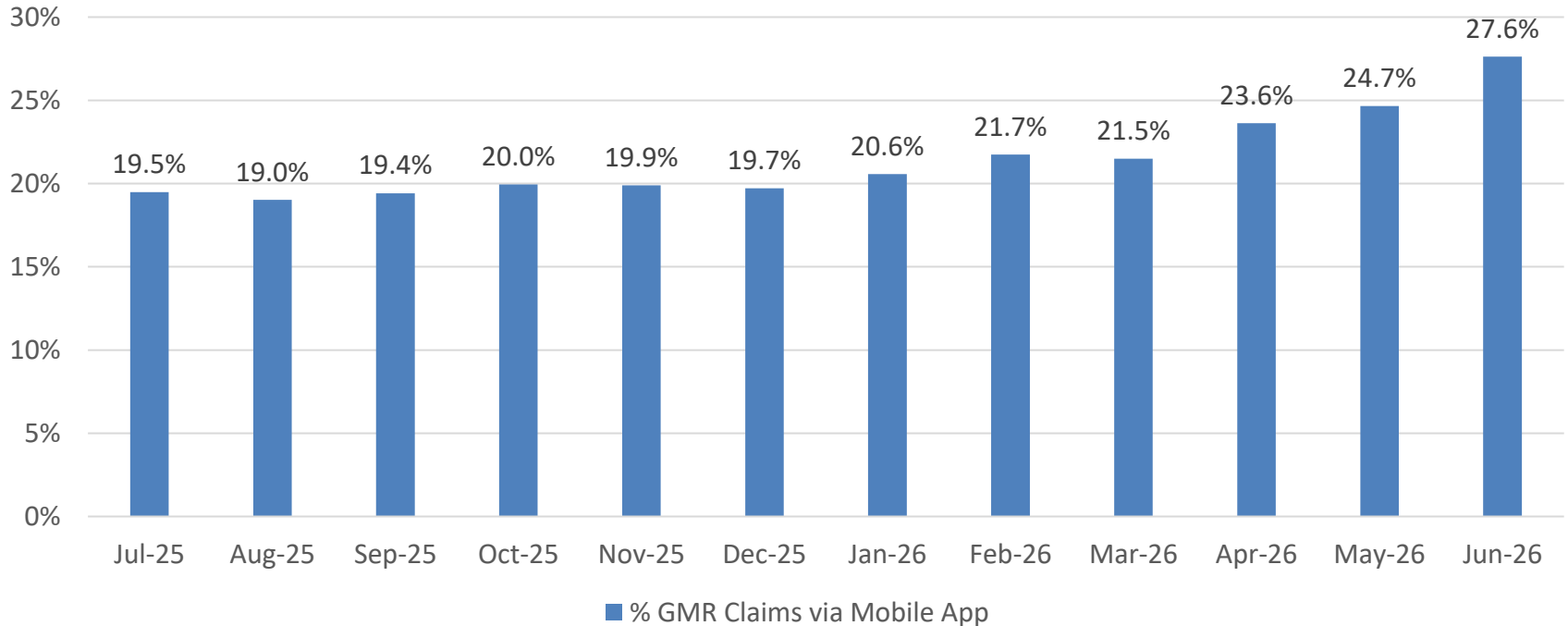
Members have two options to submit Gas Mileage Reimbursement (GMR) claims:

- Paper Trip Logs
- Online via the MTM Link Mobile App (“**I’m here**” functionality)

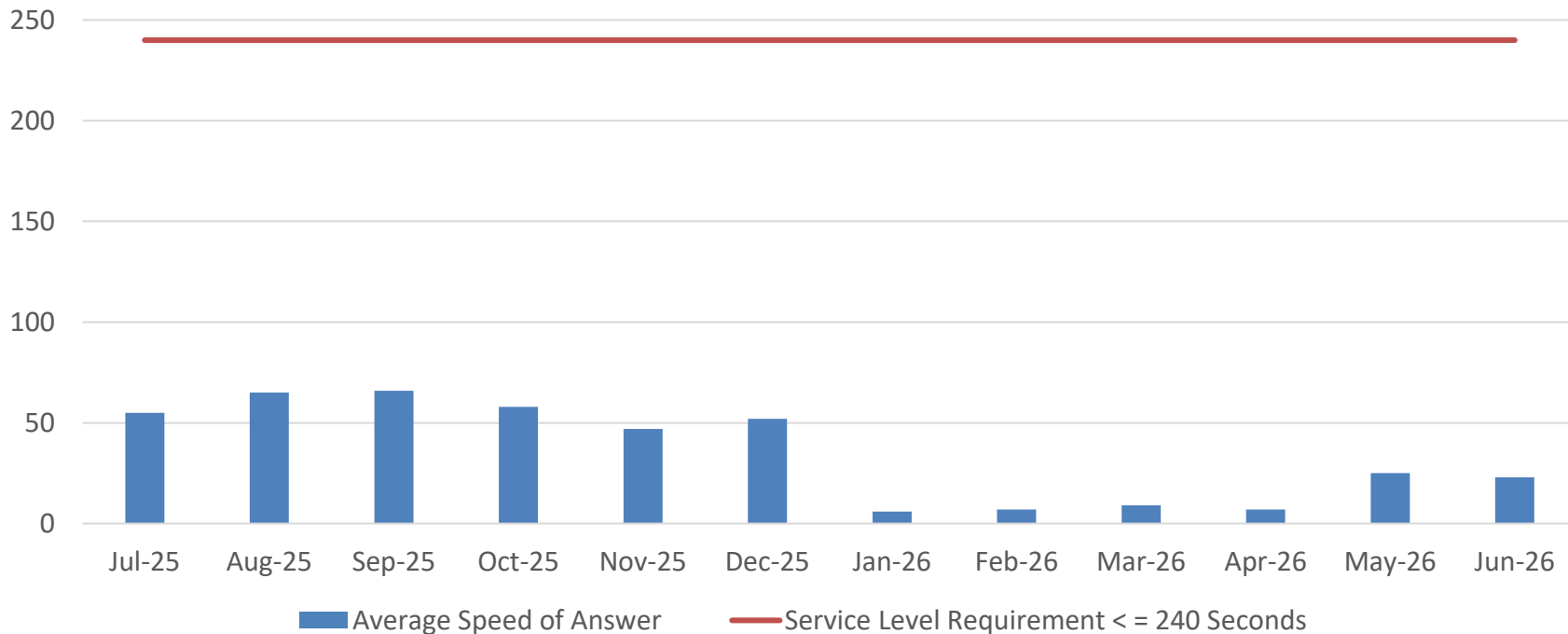
MTM Link Mobile App claim submissions:

- Use GPS technology to create a digital trip log
- Are received immediately by MTM and processed efficiently, resulting in faster reimbursements to members

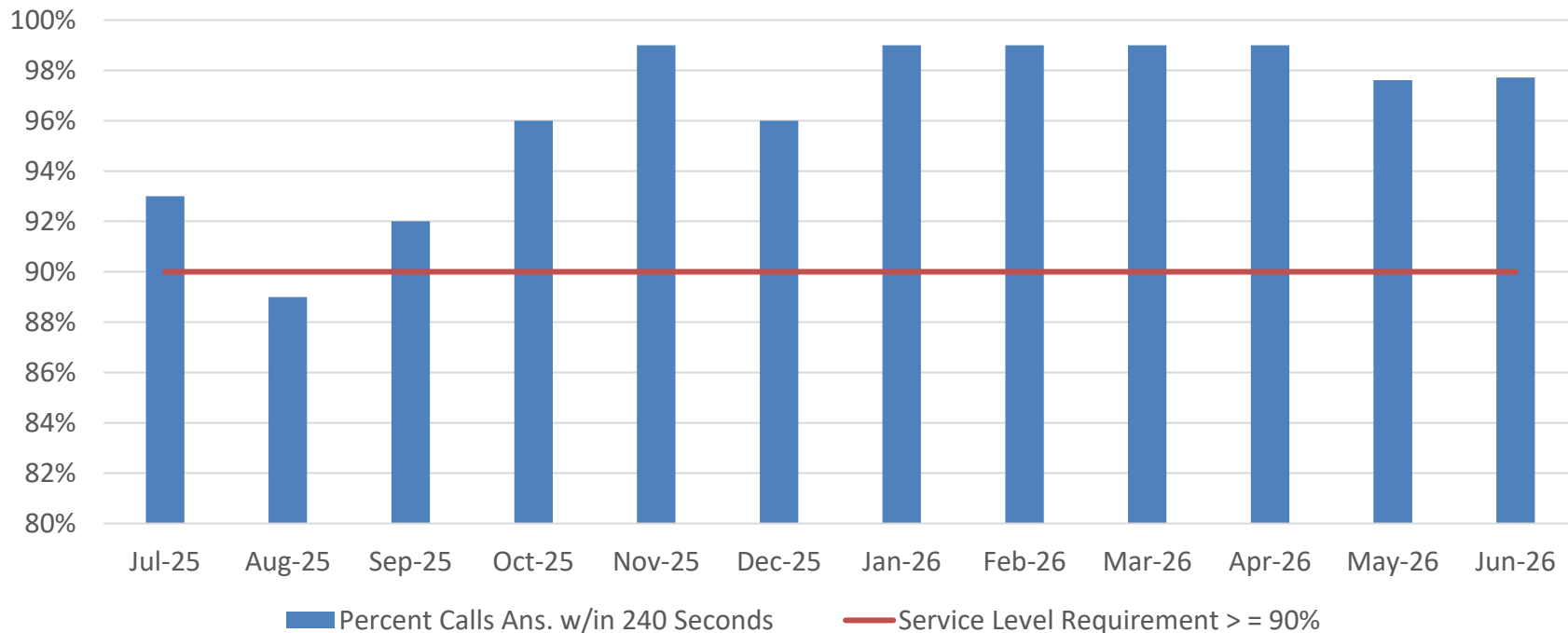
Gas Mileage Reimbursement 2/2



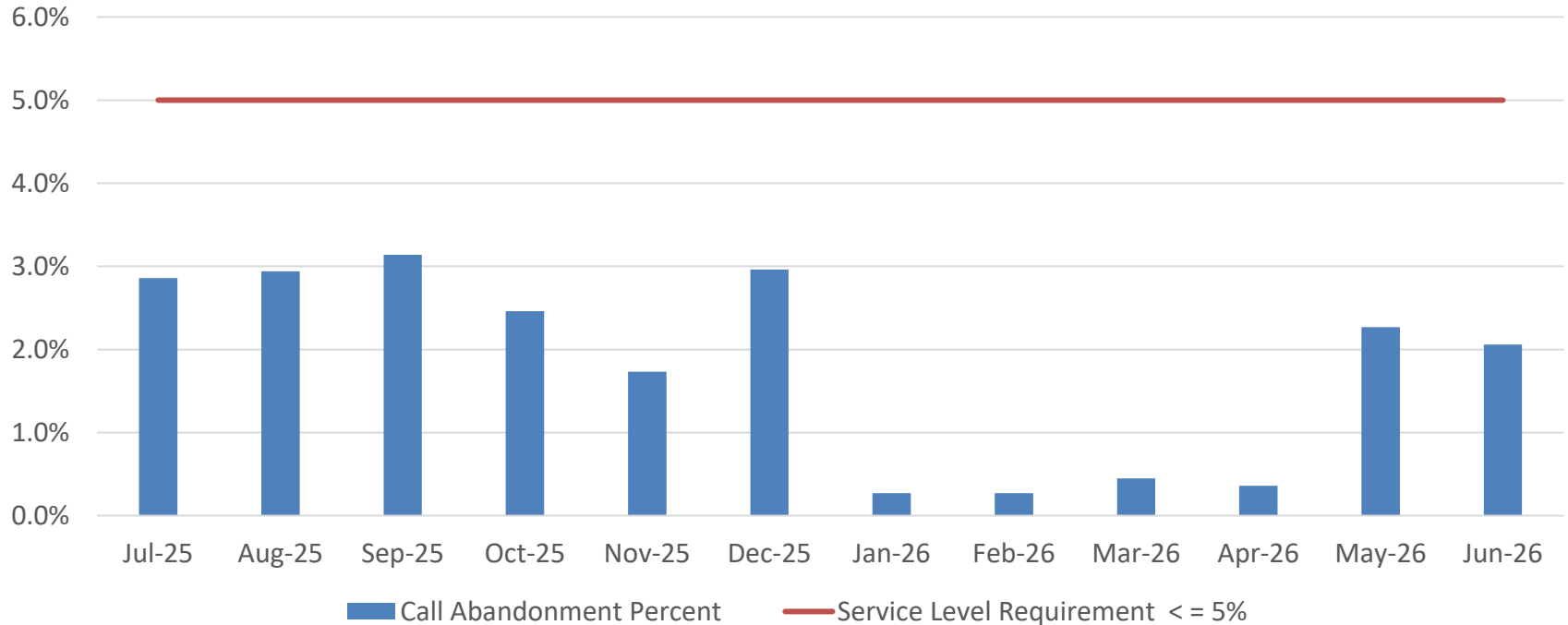
Call Center: Average Speed to Answer 1/2



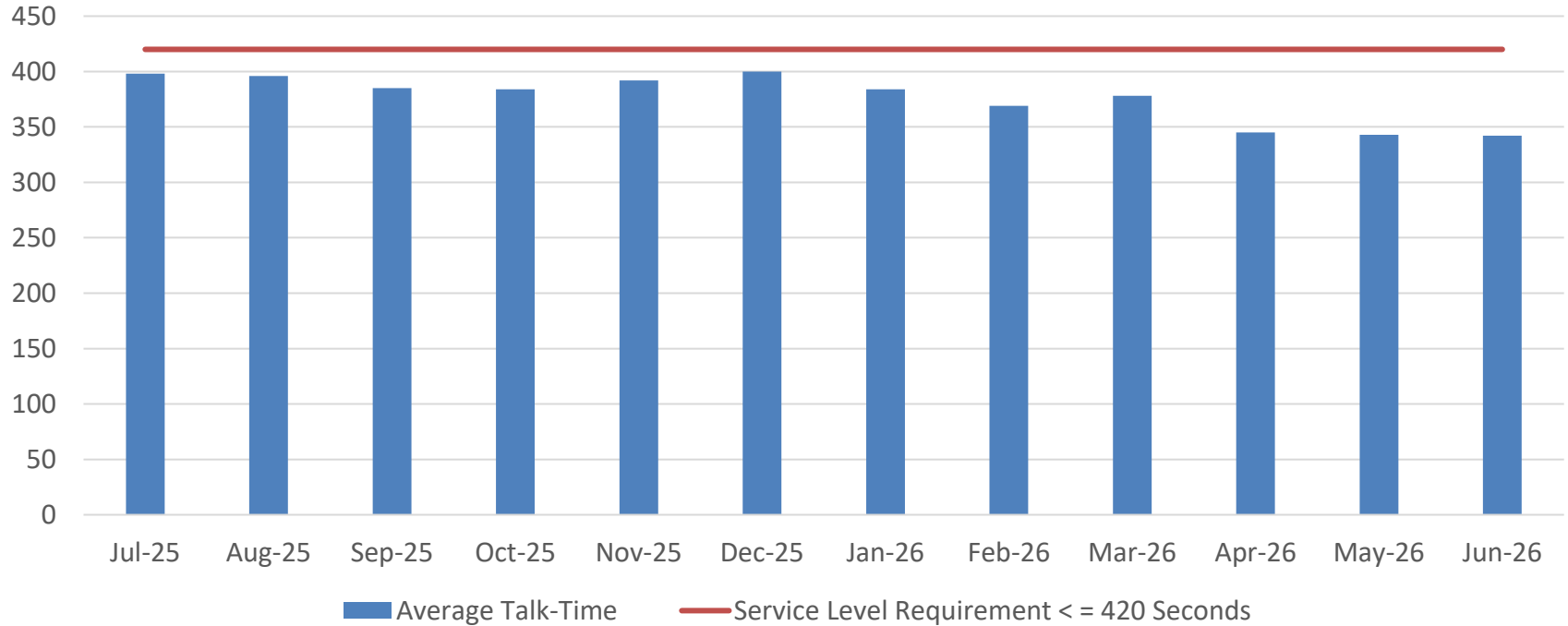
Call Center: Average Speed to Answer 2/2



Call Center: Call Abandonment Percent



Call Center Talk Time SLA



Highlighted Discussion Topic

Program Forms

Program Forms

Form Review

- Level of Need (LON)
- Distance Verification (DVF)
- Meals & Lodging
- Parental Consent
- Parental Exception Consent
- Facility Consent

Additional Information

- Where to find forms
- How to submit completed forms
- Electronic (online) forms

Level of Need (LON)

Purpose: Documents the most appropriate transportation mode based on a member's functional abilities.

Completed by: Health Care Professionals

Available Forms:

- Level of Need (LON) Form
- Level of Need (LON) Form: Ambulance and Stretcher



L.O.N.
Level of Need Assessment Form
Facility Fax:

Dear Health Care Professional:

Our office has received a request for non-emergency medical transportation for a Wisconsin Medicaid or BadgerCare Plus member. This form will be used to determine the patient's most appropriate mode of transportation based on his or her functional abilities and limitations, including whether this individual is able to use public transportation. Your role in completing this form is critical to ensure patients receive the correct mode of transportation. Please fill out this Level of Need Assessment (LON) form legibly and completely, providing any supporting information as needed.

Patient Info	First Name:	Last Name:	Date of Birth:	
	ForwardHealth ID #:		Phone #:	
	Address:		City:	State: Zip:
Physical Abilities and Equipment	Can patient ambulate for up to a 1/2 mile (with or without the use of any assistive devices)? ☐ Yes ☐ No			
	Does patient use any of the following assistive devices or utilize equipment that impairs mobility? ☐ Walker ☐ Crutches ☐ Cane ☐ Portable Oxygen ☐ Service Animal ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Medical Leg Brace ☐ Other _____			
	Does patient require assistance of trained personnel in order to effectively use the assistive devices? ☐ Yes ☐ No			
	Can patient self-transfer from wheelchair into vehicle? ☐ Yes ☐ No			
	Can patient stand for a prolonged period of time? ☐ Yes ☐ No			
Cognitive/Sensory Abilities	Does the patient have problems with alertness, memory issues, sensory issues, or confusion that would limit their ability to use a certain mode of transportation? ☐ Yes ☐ No		Mental and Behavioral Health	Does the patient have any mental/behavioral health limitations that would affect the member's transportation? ☐ Yes ☐ No
Assistance Learning	MTM offers training to members who need assistance learning how to navigate the public transportation system. Would this member benefit from one-on-one training on how to use public transportation? ☐ Yes ☐ No			
Diagnosis and Transport Info	Diagnosis and description that supports transportation limitations, such as high-risk pregnancy, recent surgery or hospitalization, etc. (MUST PROVIDE, if applicable):			Transportation limitation is: ☐ Temporary through (date): _____ ☐ 1 month ☐ 3 months ☐ 1 year ☐ 3 years
	If patient is pregnant, what is the expected due date? _____			
Additional Comments:				
Health Care Professional Info	Printed name and credentials:		Phone #:	
	Signature:			

Questions? Please call MTM at 866-907-1493.
Please fax this completed form to: **888-506-7708, ATTN: Contact Center**
This form must be received no less than two business days prior to the appointment to ensure the appropriate mode of transportation.

8383 Greenway Blvd, Suite 400, Middleton, WI 53562 | Phone: 866-907-1493 | www.mtm-inc.net/wisconsin
Last Update: May 1, 2024

Distance Verification (DVF)

Purpose: Documents clinical justification for travel to a health care facility more than 100 miles from a member's residence.

Completed by: Health Care Professionals

Applicable When:
Requested travel exceeds 100 miles.



Distance Verification Form

Member's referring or rendering health care provider must complete this form.

Member's Name: _____ D.O.B.: _____

Member's ForwardHealth ID: _____ Appt. Date: _____

Referring or Rendering Health Care Provider: _____

Phone #: _____

You have referred and/or will be treating the above-named member at: _____

(Name of health care provider, facility, and address of facility).

The member named above is requesting transportation to seek health care at a distant Wisconsin Medicaid/BadgerCare Plus health care provider. Please list reason why this member cannot be seen by a health care provider nearer to their home: _____

Please provide specific medical services and doctor types/specialties: _____

Is this a one-time authorization? ☐ Ongoing treatment? ☐

If ongoing treatment, please specify end date of approval: _____

Referring/Rendering Health Care Provider's Signature _____ Date _____

Referring/Rendering Health Care Provider's Address _____ National Provider ID (Required) _____

Please fax this completed form at least 2 business days prior to the appointment. MTM cannot arrange transportation to the requested location until we review and process this document.

Fax: 888-506-7708
Attn: Contact Center

8383 Greenway Blvd, Suite 400, Middleton, WI 53562 | Phone: 866-907-1493 | www.mtm-inc.net/wisconsin
Last Update: May 1, 2024

Meals & Lodging

Purpose: Documents the information required to arrange accommodations for long-distance travel.

Completed by: Health Care Professionals

Additional Information:
Completed in addition to the Distance Verification Form.



Wisconsin DHS Meals and Lodging Form

MEMBER INFORMATION		
Member's Last Name:		Member's First Name:
Name of Parent, Legal Guardian, or Medically Necessary Escort:		Member's Phone Number:
Member's Street Address:		
City:	State:	Zip:
ForwardHealth ID:		Date of Birth:
DESTINATION INFORMATION		
Facility Name:		Facility Phone:
Street Address:		
City:	State:	Zip:
Reason for Trip/Appointment:		Admit? ☐ Yes ☐ No
Appointment/Admit Date:		Appointment/Admit Time:
SERVICES REQUESTED		
☐ Lodging	Date(s) Needed:	
☐ Meals	Number of Days:	Please Note: Authorizations for member's meals/lodging are valid for a maximum of four weeks without re-verification of need. MTM will initiate the re-verification process.
PERSON COMPLETING FORM		
Name:		Title:
Phone Number:		Email or Fax Number:
Mail, fax, or email the completed form to MTM's Member Travel Department at:		
Mail: MTM, Attention: Member Travel Dept, 16 Hawk Ridge Circle, Lake St Louis, MO 63367		
Fax: 877-406-0658		
Email: cm-wiM&L@mtm-inc.net		

Parental Consent

Purpose: Documents parent or guardian consent for a minor member (ages 4 through 15) to travel without a parent or caregiver present.

Completed by: Parent / Guardian

Available Forms:

- Parental Consent Form: Children Age 4-11
- Parental Consent Form: Children Age 12-15



Parental Consent Form

1. I, _____ residing at _____ (address)

hereby affirm that I am the legal parent or guardian of the following minor child.

Home Phone: _____ Cell Phone: _____

Child's Full Name: _____ Child's Age: _____

Child's Date of Birth: _____ Child's ForwardHealth ID Number: _____

I give MTM permission to arrange rides for my child without an adult escort to and from their Medicaid and BadgerCare Plus appointments.

2. _____ (name of child) is fully capable of being transported without an adult escort and will follow all rules communicated by the driver. I understand that if my child does not follow the rules, MTM will no longer transport my child without a parent or caretaker. I also understand that this is a shared ride program; therefore other members may also be traveling with my child.

3. I agree to ensure that _____ (child's name) will be ready for their pickup for their trip to their appointment and will be able to get themselves to the specified pickup location at the scheduled time.

4. I agree to inform MTM if there are changes or cancellations to my child's appointments or the locations for pick up or drop off. In addition to myself, I authorize the following persons to make changes to my child's rides (Please provide names, relationship, and contact information): _____

5. I agree to contact MTM within 48 hours if for any reason I cease being the legal parent or guardian of _____ (name of child) and to inform MTM of the name and address of the new legal parent or guardian. I will cancel unescorted rides that were to occur under this consent during any time after I cease being the legal parent or guardian.

6. This Parental Consent Form goes into effect when I sign it. I understand it will stay in effect until I write to MTM and ask that this agreement is canceled or until someone else with authority writes and asks that the agreement is canceled.

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Relationship to Child _____ Date _____

Mail or fax this form to MTM at:

Mail:
MTM
ATTN: Contact Center
16 Hawk Ridge Drive
Lake Saint Louis, MO 63367

Fax:
888-506-7708

16 Hawk Ridge Drive, Lake Saint Louis, MO 63367 | Phone: 866-907-1493 | www.mtm-inc.net/wisconsin
Last Update: May 1, 2024

Parental Exception Consent

Purpose: Documents parent or guardian consent for a minor member (ages 4 through 11) to temporarily travel without other minor member(s) or attendant in the vehicle.

Completed by: Parent / Guardian

Additional Information:
Completed on an as-needed basis in addition to the Parental Consent Form.



Parental Exception Consent Form

1. I, _____ residing at _____ (address)

hereby affirm that I am the legal parent or guardian of the following minor child.

Home Phone: _____ Cell Phone: _____

Child's Full Name: _____ Child's Age: _____

Child's Date of Birth: _____ Child's ForwardHealth ID Number: _____

I give MTM permission to arrange rides for my child in instances in which a shared ride option is not available. I understand and acknowledge that this means my child may be transported without other children present when traveling to and from their Medicaid and BadgerCare Plus appointments. This exception form is only valid for one 30-day exception.

2. _____ (name of child) is fully capable of being transported without another child present and will follow all rules communicated by the driver.

3. I agree to contact MTM within 48 hours if for any reason I cease being the legal parent or guardian of _____ (name of child) and to inform MTM of the name and address of the new legal parent or guardian. I will cancel unescorted rides that were to occur under this consent during any time after I cease being the legal parent or guardian.

4. This Parental Exception Consent Form goes into effect when approved by MTM and the Department of Health Services. This exception form is valid 30 days from the first date of unattended minor travel following approval from the Department of Health Services.

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Relationship to Child _____ Date _____

Mail or fax this form to MTM at:

Mail:
MTM
ATTN: Contact Center 16 Hawk Ridge
Drive
Lake Saint Louis, MO 63367

Fax:
888-506-7708

Online:
<https://www.mtm-inc.net/wisconsin/>

Facility Consent

Purpose: Authorizes a minor member (ages 4 through 11) to temporarily travel without an attendant or other minor member(s) in the vehicle.

Completed by: Health Care Professionals

Additional Information:
Completed on an as-needed basis in addition to both the Parental Consent Form and the Parental Exception Consent Form.



Facility Consent Form

1. I, _____ (name), _____ (title), a duly authorized representative of _____ (facility name), and with knowledge and authority to sign this Facility Consent Form, hereby affirms that the following minor child receives treatment at our facility:

Child's Full Name: _____ Child's Age: _____

Child's Date of Birth: _____ Child's ForwardHealth ID Number: _____

Based on our knowledge of this youth we believe this individual (circle one):

Is

Is not

able to be transported without an attendant or another child present in the vehicle.

2. This Facility Consent Form goes into effect when approved by MTM and the Department of Health Services. This exception form is valid 30 days from the first date of unattended minor travel following approval from the Department of Health Services.

Signature _____

Printed Name _____

Title _____ Date _____

Mail or fax this form to MTM at:

Mail:
MTM

ATTN: Contact Center 16 Hawk Ridge
Drive
Lake Saint Louis, MO 63367

Fax:
888-506-7708

Online:
<https://www.mtm-inc.net/wisconsin/>

16 Hawk Ridge Drive, Lake Saint Louis, MO 63367 | Phone: 866-907-1493 | www.mtm-inc.net/wisconsin
Last Update: May 1, 2024

Program Form Information

1/2

Forms can be found at:

- www.mtm-inc.net/Wisconsin/members
- www.mtm-inc.net/Wisconsin/facilities

Completed forms may be faxed or mailed to MTM.

- See each form for instructions

Forms are available in English, Spanish, and Hmong

Program Form Information

2/2

Level of Need and **Distance Verification Forms** have a grace period to allow for healthcare provider completion and submission.

The **Parental Consent**, **Parental Exception Consent**, and **Facility Consent** must be completed before transportation takes place.

The **Meals & Lodging** form should be returned as soon as possible before travel so accommodations can be made and communicated.

Electronic Forms

Currently available electronic (online) forms:

- Parental Consent Form(s)
- Distance Verification Form (DVF)
- Level of Need (LON) Forms
- Meals and Lodging Form
- Attendant/Escort Medical Necessity Form



The screenshot shows the MTM Wisconsin Level of Need Assessment Form. At the top is the MTM logo. Below it is the title "Wisconsin Level of Need Assessment Form". The form includes a salutation "Dear Medical Professional:", a paragraph explaining the form's purpose for determining transportation mode, a note about the two-business-day deadline, and contact information (866-907-1493). It asks which LON form is needed and provides radio button options for "Standard LON" and "Ambulance/Stretcher LON". The "Standard LON Form" option is selected and highlighted. Below this is a "Patient Information" section with input fields for "Name*" (split into "First Name" and "Last Name") and "Date of Birth*".


Wisconsin Level of Need Assessment Form

Dear Medical Professional:

Our office has received a request for non-emergency medical transportation for a Wisconsin Medicaid or BadgerCare Plus member. This form will be used to determine the patient's most appropriate mode of transportation based on his or her functional abilities and limitations, including whether this individual is able to use public transportation. Your role in completing this form is critical to ensure patients receive the correct mode of transportation. Please fill out this Level of Need Assessment (LON) form legibly and completely, providing any supporting information as needed.

This form must be received no less than two business days prior to the appointment to ensure the appropriate mode of transportation.

Questions? Please call MTM at 866-907-1493.

Which LON form do you need for your patient? The Standard LON form is used for patients who are ambulatory or use a wheelchair; the Ambulance/Stretcher LON is used for patients who are unable to ambulate or use a wheelchair and are confined to a bed/stretcher.

☒ Standard LON ☐ Ambulance/Stretcher LON

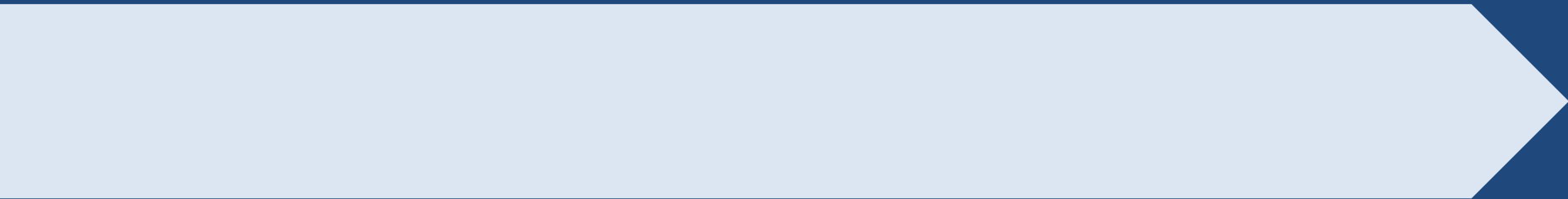
Standard LON Form

Patient Information

Name*
 First Name Last Name

Date of Birth*

Appendix



MTM Contact Information

Members and Health Care Facilities

Book Trips or Submit Complaints:

- 866-907-1493

Transportation Providers

- Providerswi@mtm-inc.net

Website

- mtm-inc.net/Wisconsin

For help using MTM Link:

- 888-589-1189

Download the MTM Link Member App

App Store:



Google Play:



MTM Support Team

Education, Training, and Outreach

Lydia Buckmeier

- co-wi@mtm-inc.net



Member Ombuds

Que Hatchett

- 636-674-6386



Transportation Provider Ombuds

- Providerswi@mtm-inc.net



Travel Trainer

- Sharon Pocaro

Reference Guide: Gas Mileage Reimbursement

DHS Web Access

- dhs.wisconsin.gov/nemt/index.htm

MTM Web Access

- mtm-inc.net/wisconsin/members/

Step 3: Getting your payment

Your reimbursement will be loaded on a debit card issued by U... also choose to get your funds by direct deposit or paper check. [members](#) or call 866-907-1493 to change your reimbursement

Reimbursement Method	Time Frame
MTM Link app	Funds are issued within 7 business days
Paper trip log	Funds are issued within 15 business days

More about MTM Currency

- If you don't have a card when you first request a GMR trip, your reimbursement will be sent to you by mail—it will be in a plain white envelope with an Indianapolis Colts logo.
- Make sure to follow the instructions included to activate your card.
- Keep your card after you've spent the funds so we can reload it for your next trip.

Contact us

- If you have questions about the reimbursement process, call 866-907-1493.
- If you need help using the MTM Link app, call 866-907-1493.
- If you have questions about your MTM Cardholder Services at 888-863-0681.

Non-Emergency Medical Transportation

Gas Mileage Reimbursement

If you, a friend, or a family member can drive you to your appointments, you may be able to get paid gas money. The process is called gas mileage reimbursement (GMR). You must request it ahead of time and get our approval. You must also record trip details before, during, and after. Here's how it works.

Step 1: Before your ride

Get your trip approved

Use the MTM Link app or call 866-907-1493 no later than 11:59 p.m. the day of the trip. We must approve your trip first so you can be reimbursed later. If your trip is over 40 miles, you can't use the app to schedule your trip—you have to call.

Step 2: On the day of your appointment

Use the MTM Link app

The MTM Link app makes it easy to enter details about your trip and send in your claim.

1. Open the app on your phone and select I'm Leaving when you get in the car to start the trip.
2. When you arrive at your appointment, select I'm Here to end the trip.
3. The app will check that you're at the appointment location and display Location Verified.
4. Select the Submit Reimbursement button to send in your claim.
5. You'll get a message that says Mileage Reimbursement Submitted via Mobile App.

Use a paper trip log

Instead of using your phone, you can use a paper trip log to record and send in trip information.

1. Download and print a GMR Trip Log before you leave at mtm-inc.net/wisconsin/members.
2. Fill it out completely.
3. Take the form to your appointment and have your health care provider sign it.
4. Once your trip is done, go to mtm-inc.net/wisconsin/members. Select Submit Your GMR Trip Logs Online and fill out the online request form. You'll need to scan or photograph the form and save it first so you can attach it.
5. Follow the instructions on the form if you prefer to submit it by mail or fax.

WISCONSIN DEPARTMENT OF HEALTH SERVICES P-00533F 08/2025

Reference Guide: Scheduling a Ride

DHS Web Access

- dhs.wisconsin.gov/nemt/index.htm

MTM Web Access

- mtm-inc.net/wisconsin/members/

Non-Emergency Medical Transportation

Learn how to schedule your ride with MTM

Non-emergency medical transportation is a service you get to health care appointments if you have a Medicaid or BadgerCare Plus plan. This service connects you with free rides in specialized medical vehicles, or other types of vehicles that meet your needs.

Wisconsin Medicaid and BadgerCare Plus contract with a transportation manager and pays for rides to health care services covered by Medicaid and BadgerCare Plus. The transportation manager for Wisconsin is Medical Transportation Management (MTM).

If you have a medical emergency, you should call 911.

There are several ways you can schedule a non-emergency medical transportation ride: by phone, by app, or online. MTM is a Medicaid vendor, Medical Transportation Management (MTM). They schedule rides for you seven days a week.

Online at mtm-inc.net/wisconsin/
Select **Schedule Your Rides Online**.
Then, log in or select **Sign Up** to create an account if needed. Use the web chat if you want to chat with a representative in real time.

With the MTM app
Download the app from the App Store or Google Play. Then, log in or select **Sign Up** to create an account if needed.

By phone
Call 1-800-447-7777. Then, log in or select **Sign Up** to create an account if needed.

Be prepared
When you schedule your ride, be ready to provide:

- Your name, address, and phone number.
- Your ForwardHealth card ten-digit number.
- The street address and the phone number where you want to be picked up.
- The name, phone number, address, and ZIP code of your appointment location.
- The date and time of your appointment.
- The end time of your appointment.
- Any special ride needs, such as someone to ride with you.
- General reason for the ride, such as up, eye appointment, etc.

Most Common Ride Types

Most Common Ride Types	Deadline for Scheduling	Online	By App	By Phone
Routine	Two business days in advance	✓	✓	✓
Urgent	Same business day	✓	✓	✓
Critical	Up to same business day	✓	✓	✓
Bus rides	Five business days in advance	✓	✓	✓
Gas mileage reimbursement (GMR) under 40 miles	Up to 11:59 p.m. the day of the appointment	✓	✓	✓
GMR over 40 miles	Up to 11:59 p.m. the day of the appointment			✓
Recurring	Up to three months at a time, or up to six months for dialysis			✓

Definitions

Routine rides are for scheduled health care appointments that are not urgent or critical. Examples are an annual physical or a vision exam. The type of vehicle will depend on your medical and transportation needs.

Urgent rides are for an immediate health care situation that does not require emergency services, but you cannot wait two business days to get help. For example, booking a same day trip to urgent care.

Critical rides are for scheduled appointments for more serious issues, including dialysis, cancer treatments, sickle cell disease treatments, and hospital inpatient/outpatient treatment. Also includes dental appointments.

Gas mileage reimbursement is available if you, a friend, or a family member can drive you to your appointment. You must get approval by 11:59 p.m. on the appointment day. You also need to track details either by app or with a paper form the day of the appointment to be reimbursed.

Recurring rides are for a series of appointments scheduled over time, such as for completing a course of treatment. Your health care provider can help set these up for three months at a time, or up to six months if you are undergoing dialysis.

Resources

- Learn more about the non-emergency medical transportation options for BadgerCare Plus and Medicaid members at dhs.wisconsin.gov/nemt/.
- Visit MTM's webpage to log in and schedule rides, get reimbursement, find fact sheets, and more at mtm-inc.net/wisconsin/members/.