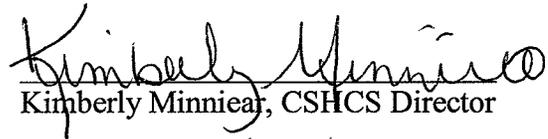


**Children's Special Health Care Services  
Integrated Operational Services  
Policy & Procedure Manual**

**Revised Travel Policy -  
Policy #C-6**

  
Kimberly Minniear, CSHCS Director

Date: 2/21/11

**Title:** Travel Reimbursement

**Revision Effective Date:** July 1, 2010

**Effective Date:** July 6, 1993

**Purpose:** To provide guidelines regarding reimbursement for approved travel for valid claim submitters for CSHCS participants.

**Rule References:**

410 IAC 3.2-9-1 – Travel Reimbursement

410 IAC 4.2-9-1 – CSHCS will reduce travel reimbursement rate to 50% of the State allowed rate

**Travel Claim Form Reference:**

State form # 50254 Revised 12/03

**Policy:** Travel will be reimbursed at 50% of the State mandated reimbursement rate for approved travel and/or appropriate services when the distance round trip is 50 miles or greater.

**Guidelines:**

1. Travel is appropriate to an approved provider who has been authorized for services or who is linked to the participant for primary, dental or specialty care (in-state or out-of-state). Travel may also be approved to health care providers when the participant is receiving services related to their CSHCS eligible medical condition from a provider at no cost to the CSHCS program due to philanthropic, religious or organization sponsorship, or other insurance coverage, which if rendered at a CSHCS provider would be approved.
2. Mileage will be reimbursed at one/half the amount established by the Indiana State Department of Administration and approved by the State Budget Agency.

3. Although trips must be 50 miles or greater roundtrip to qualify for reimbursement, the first 49 miles will no longer be reimbursed effective July 1, 2010. Mileage will not be approved for trips in excess of 2,500 miles round trip.
4. All mileage is based on the city to city calculation from the Indiana State Mileage Chart and not the vehicle odometer reading.
5. The CSHCS program will not reimburse for transportation to visit a hospitalized participant, parking, meals or lodging.
6. A valid claim submitter is defined as parent, foster parent or legal guardian.
7. Participants/Submitters will be required to be enrolled as a vendor in the State Auditor database. New vendors will be required to submit a completed Vendor Information form and accept direct deposit for travel reimbursement.
8. Effective July 1, 2010, the Children's Special Health Care Services program has also discontinued travel reimbursement for participants dually enrolled in CSHCS and Medicaid. **Exceptions to this include participants who have an Alien Indicator of I, A, or Y (illegal alien), or participants with a Medicaid Aid category of MA 10, MA E, MA I, MA J, MA L, or MA N (limited Medicaid coverage), as shown on the Medicaid Information screen in ACAPS.** Dually enrolled participants will need to contact their Hoosier Healthwise (HHW) assigned Healthplan to arrange transportation.