

Blue Cross Community CentennialSM

Transportation Services – Guidelines for Mileage Reimbursement

Blue Cross Community Centennial members can be reimbursed for mileage when driving their own car. They must be driving to receive covered services. They need to get prior approval for these trips.

Mileage is reimbursed based on the Blue Cross and Blue Shield of New Mexico reimbursement rate. This rate is for a round trip from the member's home to the health care provider's office or facility. ModivCare can provide details about mileage limits.

Reimbursed trips require a reservation. You must call ModivCare at 1-866-913-4342 (TTY: 1-866-288-3133) to request reimbursement for a trip. You may call up to 14 days in advance, but no later than the day of the appointment. The reservation line is open Monday through Friday, 8 a.m. to 5 p.m.

You must provide the following member information to receive reimbursement:

- Blue Cross Community Centennial ID Number
- Full Name of Member
- Mailing Address of Member
- Home Address of Member

You will be given a reference number once the trip information is verified. This number is your "Trip Number." You can only be reimbursed for trips that:

- Have been called in to ModivCare before you travel
- Have been approved by ModivCare
- Have been issued a Trip Number

You will not be reimbursed for trips if:

- The trip was not called in to ModivCare 3 business days before the appointment took place
- Your provider or provider's office has not verified the trip (provider's office must sign the Mileage Reimbursement Form as proof that you attended your scheduled appointment)
- You made the appointment before you were aware of the ModivCare transportation benefit
- Your reimbursement form was received more than 60 calendar days after the appointment took place

Please fill out the [Mileage Reimbursement Form](#) .

1. Write the Trip Number on the form in the column titled "Trip Number."
2. Take the form to your appointment.
3. The provider's office must sign the form. This provides proof that you attended your scheduled appointment.
4. Mail the form to the address shown on the form.

ModivCare must receive the completed form within 60 days of the appointment. If you are putting more than one appointment on the form, you must submit the completed form within 60 days from the earliest appointment shown on the form. You will not be reimbursed if the form is received after 60 days.

If you have questions, please call 1-866-913-4342 (TTY: 1-866-288-3133).

To ask for auxiliary aids and services or materials in other formats and languages at no cost, please call **1-866-689-1523** (TTY/TDD: **711**).

Blue Cross and Blue Shield of New Mexico complies with applicable federal civil rights laws and does not discriminate on the basis of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity.

Blue Cross and Blue Shield of New Mexico provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and more)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965** or Fax: **1-855-661-6960**. You can file a grievance in person, by mail or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódííłnih 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوٲ: رگا هب نابز سرافى وگتفگ مى دینک، تلابهست نابزى هب تروص ناگیار اربى امش مهارف مى دشاب. اب 1-855-710-6984 (TTY: 711) سامت دیریگب.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-710-6984 (TTY: 711).