High Risk Perinatal Program (HRPP)

Transport Services
Policy and Procedure Manual

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CHAPTER 1: INTRODUCTION

1.1 Program Purpose

The purpose of this manual is to document the High Risk Perinatal Program (HRPP) policies for management of HRPP Transport Services Program. The manual is to be used as a reference and information resource for transport contractors, the Arizona Department of Health Services (ADHS) and the Bureau of Women’s and Children’s Health (BWCH) administration and other interested parties in fulfilling the mission of HRPP.

The policies contained herein are the minimum acceptable requirements to contract with HRPP to provide transport services to Arizona’s maternal and infant population. Reviews of the content are conducted annually, and the manual revised as necessary. Suggestions for changes to the manual to clarify a policy or to update a procedure may be sent in writing, email, or fax to HRPP Director. The suggestions will be considered during the review process. As revisions occur or new policies and procedures are developed, they will be added to the manual. Old policies and procedures no longer in effect should be deleted from this manual.

Revisions to the manual will be distributed to all contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors are required to adhere to the requirements and guidelines set forth in this manual and are responsible for incorporating any policy changes into their operations. The date on the cover page will reflect the latest version.

1.2 Background

Prior to 1967, Arizona had one of the highest infant mortality rates in the country. That same year, in an effort to reduce the infant mortality rates, Arizona applied for and received a Federal Demonstration Grant. The Grant was designed to reduce infant death by transporting critically ill newborns from rural hospitals into intensive care centers. As a result of the transport program, there was a dramatic decrease in neonatal mortality.

In 1972, the State Legislature provided state funding for the program, which eventually became the Newborn Intensive Care Program (NICP). The system provided care to those infants transported to Level III metropolitan hospitals. The system then expanded to include infants born in Level II, Level IIEQ or Level III Hospitals.

In 1975, Arizona received a Robert Wood Johnson Foundation Grant to develop regionalized perinatal care with a focus on the maternal transport system. Under this program, Arizona began to develop the guidelines for Level I, II, and III perinatal hospital services, a perinatal data system, and the Maternal Transport Program.

In 1977, it was demonstrated that babies did very well if back transported to a hospital closer to their homes following the acute phase of their illness. Therefore, back transport was added as a
component of the Newborn Intensive Care Program (NICP). As new services such as financial assistance and community health nurse follow up were added to the program, the name was changed to the High Risk Perinatal Program (HRPP).

HRPP is a partner in the comprehensive statewide system of services dedicated to reducing maternal & neonatal morbidity and mortality. HRPP provides a safety net for Arizona families to ensure the most appropriate level of care surrounding birth as well as early identification and support for the newborn's developmental needs. HRPP consists of three main service components which are established through contracts with the ADHS HRPP; Maternal and Neonatal Transport Services, Hospital and Inpatient Physician Services, and Community Health Nursing Services.

HRPP currently contracts with air and ground transport companies to provide transport and team services for high risk pregnant women and critically ill newborns. These transports are coordinated through an HRPP contracted Maternal Fetal Medicine (MFM) specialist and Neonatologist. HRPP State Consult and Transport Line (the 1-800 line) provides a mechanism for assuring that risk appropriate transport and medical care is available and accessible regardless of geographic location and ability to pay.

1.3 Program Goals

Reduce maternal and infant morbidity and mortality by supporting a statewide regionalized system of care that includes:

- Medical consultation and transport for high risk mothers and infants to the most appropriate level of medical care.

- Working with perinatal partners to reduce the impact of catastrophic medical costs on families with high risk infants through reduced fees and financial support.

- Providing medical treatment, education and developmentally appropriate care for high risk infants.

- Monitoring the health and development of high risk infants through family support, education, and in-home follow up through the age of three.
1.4 Philosophy
The recipients of HRPP services are families who live within broader systems that include extended family, friends, and communities. All services provided by this program are reflective of this philosophy and encompasses these values:

- Partnership with families, members of the medical community, funding sources and policy makers
- Risk appropriate care for all regardless of geographic location and ability to pay
- Family Centered and Developmentally Appropriate Care
- Mitigation of catastrophic costs associated with newborn intensive care

1.5 Service Description
HRPP offers two types of participation for newborns: Full and Partial.

Full Participation includes transport, back transport when approved, financial assistance for inpatient services and follow up home visits by a Community Health Nurse. Partial Participation includes transport and home visits by a Community Health Nurse.

For expectant mothers, HRPP provides support to ensure mothers are transported to a hospital for the appropriate level care. HRPP does not cover birthing costs, maternal back transports, maternal inpatient care or any other maternal medical costs.

The High Risk Perinatal Program consists of three main service components which are established through contracts with the Arizona Department of Health Services.

Maternal and Neonatal Transport Services The 1-800 line connects local doctors treating high risk pregnant women and neonates to consultation with a MFM Specialist or Neonatologist 24 hours a day, seven days a week. If maternal and/or neonatal transport is needed to a higher level of care, the MFM Specialist or Neonatologist also provides medical direction for the transport. Contracted medical transport companies provide air and ground transport, as well as team services, for high risk pregnant women and critically ill neonates. Families benefit from the transport program by having a coordinated system in place to ensure appropriate transport and admission to high risk perinatal centers. Emergency transports are initiated without prior authorization or verification of payment source to prevent delays in service delivery. Families facing catastrophic medical costs may be eligible for assistance with transport costs.
**Hospital and Inpatient Physician Services**  HRPP contracts with Level II, IIE, III, and IV perinatal centers (see glossary) that are certified by the Arizona Perinatal Trust (APT), to provide comprehensive, developmentally and risk appropriate medical care to high risk newborns. In addition, contracted Neonatology practices provide care to newborns during hospitalization in the NICU or a Continuing Care Nursery. Families facing catastrophic medical costs may be eligible for assistance with hospital costs.

**Community Health Nursing Services**  The Community Health Nursing (CHN) Services component of HRPP delivers a statewide, coordinated system of specialized nursing services to many infants after discharge from their hospital stay. The CHN provides support to families during the transition of the infant from hospital to home; conducts developmental, physical and environmental assessments and makes referrals to specific community services as needed. This CHN program is linked with other ADHS programs serving newborns including the Newborn Screening Program where CHNs provide when needed, follow up blood draws for infants who haven’t received a second Newborn screen. CHNs can also provide services and referrals for children with special health care needs.
CHAPTER 2: PROGRAM MANAGEMENT

ADHS is designated as the state agency responsible and accountable for program goals and expenditures. HRPP is administered by the ADHS and the Bureau of Women’s and Children’s Health (BWCH). HRPP performs a variety of roles in the oversight of the Program including partner, monitor, facilitator, technical advisor, educator, and payer. This chapter addresses the role and duties of HRPP program.

HRPP Transport component includes four specific services which are carried out by both HRPP staff and contractors. The program components include:

1. Consultation and Transport: Hospital systems should be self-sufficient using an algorithm to create internal processes within their own system and using the state line as a backup. The 1-800 Line is available 24 hours a day, seven days a week as a safety net for physicians who require support from a MFM Specialist or Neonatologist.

2. Maternal/Neonatal Consultation and Medical Direction: MFM Specialists and Neonatologists provide on call consultation and/or medical direction for high risk mothers and neonates.

3. Transport Services: Air and ground ambulance services qualified to transport high risk mothers and neonates with specialty trained teams. All contracted agencies must be able to provide both maternal and neonatal services.

4. Assistance with Medical Costs: If eligibility parameters are met, families may be eligible for assistance with physician, hospital and transport costs.

2.1 ADHS Roles and Responsibilities

HRPP collaborates with other partners in the regional perinatal system including the Arizona Perinatal Trust (APT) and the Arizona Cost Containment System (AHCCCS) to establish standards of care. HRPP also relies on the Commission on Accreditation of Medical Transport Services (CAMTS) to establish and maintain standards to promote quality patient care and safety in the transport environment.

HRPP contracts with local providers to carry out certain program components. Those HRPP duties include:

1. Establishing program parameters.

2. Soliciting services.

3. Establishing contracted services.

5. Working with partners in the regional system to ensure care for high risk pregnant women and infants.

6. Financial management of public funds including budget development, contract development, fiscal monitoring and paying providers.

7. Collecting perinatal data from programmatic sources and working with perinatal partners to monitor the regional system.

2.2 HRPP will provide:

1. A list of HRPP contracted MFM Specialists and Neonatologists groups.

2. HRPP orientation for the Contractor.


4. HRPP Transport Enrollment forms on two-part carbonless copy paper.

2.3 Parameters and Process for Payment of Medical Costs

2.3.1 Assistance with Medical Costs

In addition to the trauma that families experience when there is a medical emergency during the perinatal period, families can be faced with unexpected and devastating medical bills. To lessen the burden of medical costs for transport, hospital, and inpatient physician services, a portion of HRPP budget is designated to help pay these services. Contracted service providers have agreed to limit the costs to HRPP families based on a sliding scale. A voluntary enrollment process determines eligibility. Eligibility for financial support is determined after a risk appropriate transport. All contracted transport vendors are required to provide transport to emergent and medically necessary conditions without verification of payment.

Financial assistance is provided to families only after they have applied for all other possible benefits. These benefits may include third party insurance, AHCCCS, county or other government programs and these benefits must be billed first. If an eligible infant is not added or enrolled and maintained on third party insurance or AHCCCS, HRPP will NOT
provide any financial assistance, and the family will be responsible for all bills for care and services. HRPP also does not pay for non-emergency services (ex. circumcision).

2.3.2 Maternal Transports

High risk pregnant women who have permanent residency in Arizona and are approved for an inter-facility transport to an Arizona Level IIE, Level III or Level IV hospital by a contracted MFM Specialist or Neonatologist are eligible for financial support. The following HRPP requirements must be met to approve payment for a transport:

• Maternal transports by HRPP contracted providers are paid by HRPP after all other third-party insurance payments.

• HRPP Maternal Transport Enrollment form must be completed and signed by the patient or responsible party and must include the name of the authorizing contracted MFM Specialist and name of Level IIE, III, or IV perinatal center to which the patient is transported.

• Transport Program enrollment is obtained by completion of HRPP HRPP Maternal Transport Enrollment form. All data will be entered in the data collection software, Efforts to Outcomes (ETO) and the original signed form scanned and attached to the client’s record in ETO.

• The patient, her spouse or closest relative shall sign HRPP Maternal Transport Enrollment form. If unable to get a signature at the time of transport, verbal permission must be obtained, witnessed and be documented on the form.

• A contracted MFM Specialist with privileges at one or more of Arizona’s perinatal centers must authorize the transport, indicated by documentation on HRPP Maternal Transport Enrollment form.

• All third party insurance payors must be billed before billing HRPP, as HRPP is a payor of last resort.

• Inpatient costs and back transport costs are not covered.
2.3.3 Neonatal Transports

Any infant approved for transport to a higher level of care by a contracted Neonatologist is eligible for financial support as long as the infant is covered by AHCCCS or third party insurance. The following program requirements must be met to approve payment for a transport:

- HRPP Neonatal Transport Enrollment form must be completed and signed by the parent or guardian and must include the name of the authorizing contracted Neonatologist and name of Level II, IIE, III, or IV perinatal center to which the patient is transported.

- Neonatal transports completed by contracted transport providers are paid once HRPP enrollment is complete and after all other third party reimbursements.

- Families must enroll their infant in third party insurance or apply for AHCCCS within the required timeframes and maintain insurance. Failure to do so will result in HRPP financial assistance being denied and the family being liable for the cost of the transport.

2.3.4 Process and Payment Criteria Neonatal Transport/Back Transport

Permission to transport is obtained by completion of HRPP Neonatal Transport Enrollment form. This form is initiated by the referring hospital or the transport nurse and must be completed by the transport nurse.

The transport company shall enter all data in the data collection software, Efforts to Outcomes (ETO) and the original signed form scanned and attached to the client's record in ETO. A monthly report generated from ETO, labeled Transport Coordination will be submitted to HRPP Director on a monthly basis along with an invoice.

A signed and completed HRPP Neonatal Transport Enrollment Form is required for each transport. If parents are unable to sign at the time of transport, verbal permission must be obtained, witnessed and be documented on the form.

If there is a second forward transport or a back transport, an additional HRPP Neonatal Transport Enrollment form is used for each new transport.

A parent or guardian must sign each new HRPP Neonatal Transport Enrollment form. If parents or guardians are unable to sign at the time of transport, verbal permission must be obtained, witnessed and be documented on the form by hospital or transport staff.
Reimbursement for transport is based on HRPP as the payor of last resort. All third party insurance must be billed before billing HRPP. Families with AHCCCS (partial enrollment) are eligible for back transport as needed.

Back transports may be paid when all third party insurance is exhausted. Back transports to non-contracted hospitals or Level I hospitals may be provided ONLY with prior authorization from the ADHS HRPP Director.

2.4 Parameters and Process for Payment of the Consultation and Transport Line

The Consultation and Transport Line (the 1-800 Line) contractor submits a monthly invoice within 30 days following the month of service along with a monthly Call Log that documents all incoming calls for the month. An invoice and the monthly Call Log provide documentation for the payment of the 1-800 Line services.

Within 30 days after the end of the month, HRPP Director creates a monthly invoice for each physician group providing Maternal or Neonatal Consultation and Medical Direction from the 1-800 Line monthly Call Log. The invoice reflects the number of calls facilitated through the 1-800 Line by the group and the corresponding monthly payment. The monthly Call Log provides verification for payment for Maternal and Neonatal Consultation and Medical Direction. The call rate can be found in the contract.

2.5 Contract Monitoring

The purpose of contract monitoring is to establish a mechanism for the evaluation of contracts executed by HRPP to ensure services were delivered pursuant to the terms and conditions of the contract, statutes, rules, and other policies applicable or made a part of the contract. During the monitoring process, HRPP shall provide training and technical assistance to the contracted provider, engage in dialog to identify public health concerns, and provide general overview of HRPP services. The monitoring process provides a structured framework for reviewing and assessing the Transport Services contractor’s progress, program strengths and compliance with standards. The process includes the following:

- Determine the appropriate contract monitoring method and document the plan.
- Prepare and provide the contractor with a comprehensive Contract Monitoring Guide.
- Schedule the on-site review (as appropriate) with the Contractor a minimum of five days in advance of the review. Provide the contractor with a draft agenda, a list of the review team members, a copy of the site review monitoring guide, and a list of patient charts which should be available for review.
• Conduct interviews with administrators, staff, clients, family members and others as appropriate. Review charts. Provide the opportunity for the Contractor to discuss program strengths and identify issues and concerns. Provide feedback on performance to the Contractor during the on-site review exit conference.

• ADHS will provide the Contractor with a final monitoring report. The Contractors have 14 days to respond in writing should any corrections need to be made to the content. A copy of the report shall be provided to Contractor and a copy will be maintained in the Contractor’s program files. If a Corrective Action Plan is required, it must be submitted within 14 days from the receipt of the letter.

HRPP, being an agent of the State, is mandated by Arizona Revised Statutes as is all contractors and subcontractors and their personnel as follows:

10.1 A.R.S § 35-214. Inspection and audit of contract provisions

A. Except as provided in subsection C, in all contracts and subcontracts for the furnishing of goods, equipment, labor, materials or services to the state, or any of its agencies, boards, commissions or departments, there shall be a provision that all books, accounts, reports, files and other records relating to the contract shall be subject at all reasonable times to inspection and audit by the state for five years after completion of the contract. The contract provision shall also require that such records be produced at such state offices as designated by the state in the contract.

B. Nothing in subsection A shall preclude a more stringent audit requirement agreed to by the parties in any state contract, and no rule of procedure shall limit the authority of the state to exercise its rights under this section.

C. This section does not apply to contracts or subcontracts for the furnishing of goods, equipment, materials or services to any agency, board, commission or department of this state by another agency, board, commission or department of this state or a political subdivision of this state.

10.2 A.R.S § 35-215. Influencing, obstructing or impairing audit; classification

A. A person who, with intent to defraud, or deceive, improperly influences, obstructs or impairs an audit being conducted or about to be conducted in relation to any contract or subcontract with the state is guilty of a class 5 felony.
CHAPTER 3: PROGRAM REQUIREMENTS

Uniform program standards ensure that all programs within HRPP provide a level of service that is consistent with HRPP’s commitment to quality and consistency. All contractors’ facilities must be located in and licensed by the state of Arizona. Additional requirements specific to the various program components are listed in Chapters 4 through 6.

3.1 Continuous Quality Improvement (CQI)

Contractors under contract with HRPP are required to develop and implement a CQI plan that includes specific perinatal indicators, one of which may be determined by HRPP. This process is summarized in the CAMTS Manual Medical Escort Quality Management section. The CQI plan must be available for review during site visits by HRPP Director.

3.2 Administrative Records

The contractor must maintain records of employed personnel, including background, education, registration, license or certification in their respective fields, details of HRPP Orientation, and any ongoing training received. The contractor shall retain and shall contractually require each subcontractor to retain all data and other records (“records”) relating to the acquisition and performance of the contract for a period of five years after the completion of the contract.

3.3 Patient Records

Patient records must be retained according to existing legal requirements. The contractor is expected to store and maintain all client records in a safe, secure location. HRPP staff and the ADHS Office of Auditing shall have access to client records in order to conduct necessary evaluations or programmatic review.

3.4 Personnel

The contractor must designate a HRPP Liaison to be the primary contact person for HRPP program. The Liaison is responsible for ongoing communication, updating or collecting missing information, and coordinating contract monitoring visits with HRPP Director as well as being the official contact for all other contract issues. That name must be submitted to HRPP Director by July 1, annually and as changes occur.

3.5 Customer Services Process

Each contractor must have a written policy in place that outlines how the contractor will address customer questions and concerns. Questions and concerns should be addressed within 24 hours and be documented. The policy must include the address and phone number of HRPP as a final step in the grievance process. The contractor must cooperate in the resolution of client problems brought to the attention of HRPP.
3.6 Participation in Contract Monitoring

Each contractor shall:

1. Cooperate with HRPP in the monitoring process by making information and records available and by allowing interviews and inspections of the facilities.

2. Notify HRPP Director regarding any desired training or technical assistance that will be required during the on-site visit.

3. Request the attendance of the staff directly responsible for the contract.

4. Make space available for the meeting and review of patient records.

5. Have the following materials available for review at the site: Personnel Education Log (including Standards of Care Review and Evaluation Performance Checklist), written patient care protocols, training curriculum for maternal/neonatal transports, CAMTS certifications, and CQI records.

6. Identify strengths, concerns, and education/technical assistance needs during the site visit.

7. Prepare and submit to HRPP a written plan of corrective action, if required, within 14 days of receipt.
CHAPTER 4: CONSULTATION AND TRANSPORT LINE

The regional system of physician case management and consultation is available through a toll-free Consultation and Transport telephone line (the 1-800 Line). The Consultation and Transport Line will provide and maintain a single toll free/1-800 Line. This 1-800 Line links referring physicians to HRPP contracted MFM Specialist or Neonatologist. The contractor must maintain a system for recording all incoming and outgoing telephone transmissions with time recording and playback capabilities for a minimum of 90 days.

4.1 Personnel

4.1.1 Designated Positions

HRPP Liaison - A staff person shall be assigned to coordinate the overall program compliance and activities. Medical call center experience is preferred for HRPP Liaison position. This position is the primary contact for all communication and contract issues. Communication Specialist- A qualified, trained communication specialist must respond to telephone calls made by physicians requesting neonatal or perinatal consultation and referral 24 hours a day, seven days a week. The Communication Specialist contacts the on-call MFM Specialists or Neonatologists, or the contracted Specialist requested by the caller.

4.1.2 Orientation and Training

HRPP Liaison and Communication Specialists must receive orientation provided by HRPP staff on the overall High Risk Perinatal Program and continuations quality customer service training. The Liaison shall provide ongoing updates to staff on the requirements of the Consultation and Transport Contract.

4.2 Duties

4.2.1 The Consultation and Transport Contractor shall:

- Provide and maintain the 1-800 Line. This shall be a dedicated phone line for perinatal and neonatal medical referral services and shall be answered by a person within five rings.

- Have a system for recording all incoming and outgoing telephone transmissions with time recording and playback capabilities. Recordings shall be kept no less than ninety (90) days. This requirement only pertains to calls requesting consultation or transport. It does not extend to conversations between the caller and the Neonatologist or MFM Specialists.

- Create a statewide on-call calendar and send electronically to all physician groups prior to the beginning of each month with a copy submitted to HRPP Director.
• Keep a written Monthly Call Log of all incoming calls and submit to HRPP Director with the Monthly Invoice.

• Display the approved ADHS logo and acknowledge that HRPP Transport Program is supported by the ADHS on all written and video materials prepared by the Contractor in collaboration with HRPP Transport Program.

• Contracted MFM Specialists may delegate the setup of a transport to MFM Fellow functioning under their supervision. The names of both physicians must be included in the documentation of the transport request.

• Utilize HRPP contracted MFM Specialists and Neonatologists to provide on-line medical direction, as well as respond to direct requests initiated through contracted HRPP MFM Specialists or Neonatologists.

• Provide an alternative method of phone coverage in the event of a power outage.

4.2.2 The Communication Specialists shall:

• Respond to calls made by physicians who request neonatal or maternal consultation and referral for high-risk maternity patients and/or critically ill newborns in Arizona.

• Respond/answer the 1-800 Line 24hours a day, seven days a week.

• Contact on-call MFM Specialist, Neonatologists or the contracted physician requested by the caller.

• Transmit information obtained to the on-call MFM Specialist, Neonatologist or contracted physician requested by the caller.

• Keep a written Monthly Call Log of all incoming calls and submit to HRPP Director along with the Monthly Invoice.

4.2.3 HRPP Liaison shall:

• Be the designated person responsible for overall contract compliance and to be a liaison to HRPP Transport component. That name must be submitted to HRPP Director by July 1, annually and as changes occur.
• Maintain, continually update, and distribute to all physician groups, a contact list containing names and contact numbers of all contracted and orientated physicians.

• Ensure the monthly Rotating On-Call Schedule that is fair to all groups.

• Ensure a HRPP transport orientation is provided in a timely manner to all physicians joining contracted groups electronically or in person.

• Attend, lead and prepare materials for meetings as requested.

• Coordinate overall HRPP compliance and activities.

4.3 Forms and Reports

4.3.1 Monthly On-Call Schedule

The contractor will create and maintain a monthly Rotating On-Call Schedule, based on geographical coverage areas of HRPP contracted MFM Specialists and Neonatologists. The Rotating On-Call Schedule must include, on a daily basis, the on-call physician and alternate physicians for backup three deep. The Rotating On-Call Schedule shall be available to the Communication Specialists on the first day of each month, and a copy shall be submitted to HRPP Director.

4.4 Billing and Payment

A monthly Invoice must be submitted along with the monthly Call Log twenty days each following each report month.

4.5 Requirements

There shall be a dedicated 1-800 Line for perinatal and neonatal medical referral services that shall be answered by a person within five rings.

The contractor must maintain a system for recording all incoming and outgoing telephone transmissions with time recording and playback capabilities for 90 days. This requirement only pertains to calls requesting consultation or transport. It does not extend to conversations between the caller and the MFM Specialist or Neonatologist.
The contractor shall connect callers to HRPP contracted, on-call MFM Specialists or Neonatologist.

The 1-800 Line must have contact information for receiving hospitals that are located within Arizona.
CHAPTER 5: MATERNAL/NEONATAL CONSULTATION AND MEDICAL DIRECTION

5.1. Personnel

The contractor must maintain records of employed personnel, including background, education, registration, license or certification in their respective fields, continuing education and training for a period of five years after the completion of the contract.

5.1.1 Positions

Each contracted MFM Specialist and Neonatologist group will submit by July 1 annually, a list of physicians who will provide medical consultation and medical direction for high risk pregnant women or critically ill newborns. All changes to the list will be reported to the Contractor Consultation and HRPP Liaison as they occur thereafter.

5.1.2 Orientation & Training

On-call MFM Specialists and Neonatologists must receive an electronic or in person orientation before being added to the Rotating On-Call Schedule.

5.2 Duties

Consultants have access to a statewide network of ground and air high risk maternal and neonatal inter-facility transport services. All on-call MFM Specialist or Neonatologist will be immediately available to receive calls from the 1-800 Line with a response time of 5 minutes.

Duties/steps include:

1. Respond to the referring physician/staff.
2. Offer consultation and evaluation for transport.
3. If transport is required:
   o Determine appropriate level of care needed
   o Locate an available bed
   o Determine appropriate means of transport; air or ground
   o Contact HRPP contracted Transport Company
4. Provide medical direction for transport. The on-call contracted MFM Specialist or Neonatologist (not Fellows), must act as the on-line medical control physician to the team and provide medical case management from referral through admission at a contracted HRPP hospital.

5. If not receiving the patient, advise the receiving physician of pertinent patient information.

6. If receiving the patient, after transport is received, provide feedback to referring physician.

7. At all times the contracted MFM Specialist or Neonatologist will attempt to initiate transport using the nearest, most appropriate crew (maternal or neonate) and mode (helicopter, fixed wing or ground or a combination thereof) to respond to the transport. Contracted MFM Specialist or Neonatologist has access to HRPP Transportation App, an electronic application that maps the location of contracted air ambulances and APT certified hospitals. This tool is to be used to help determine the nearest most appropriate crew to respond to the transport. The app should be downloaded to your computer and cell phone. [http://azdhs.gov/hrpp-transport/](http://azdhs.gov/hrpp-transport/). See appendix for instructions on loading app on your phone.

8. Each contracted MFM Specialist or Neonatologist group will provide HRPP with assessment and evaluation of the statewide regionalized system of perinatal care as requested.

9. Each contracted MFM Specialist or Neonatologist group will submit a contact sheet to HRPP Director by July 1 annually and within 15 days of any change for each of the following positions:
   - HRPP Liaison
   - Medical Director
   - Billing Contact
5.3 Forms/Reports

Each contracted MFM Specialist or Neonatologist group will provide a monthly schedule electronically at least 48 hours prior to the first of each month. Schedules will be sent to the contracted service answering the 1-800 Line. A state-wide on-call calendar will be created and sent electronically to all MFM Specialist or Neonatologist groups prior to the beginning of each month.

5.4 Billing and Payment

Within 30 days after the end of the month, HRPP Director will create a monthly invoice for each MFM Specialist or Neonatologist group, from the 1-800 Line monthly Call Log. The invoice will reflect the number of calls facilitated through the 1-800 Line by the MFM Specialist or Neonatologist group and the corresponding monthly payment.

5.5 Requirements

MFM Specialists and Neonatologists shall be licensed in the State of Arizona, and shall be Board Certified or Board Eligible in Neonatal or Maternal Fetal Medicine.
CHAPTER 6: AIR AND GROUND AMBULANCE

6.1 Personnel

The composition, qualifications, competencies and continuing education of perinatal teams must meet the Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation standards for critical care and high risk maternal and neonatal missions.

- The contractor must maintain records of employed personnel, including background, education, registration, license or certification in their respective fields, continuing education and training for a period of five years after the completion of the contract.

- Prequalification: Neonatal - to include three years of recent experience in a Level IIE or III hospital. Maternal – to include three years of recent experience in a Level III hospital or higher.

- Written curriculum must be provided to specify and evaluate staff orientation, continuing education, training and support according to CAMTS, NANN, AAP, and ASTNA standards. Documentation of continuing education curriculum and ongoing schedule of competencies must be maintained, as well as job descriptions of all flight, transport, and communication personnel. Include descriptions of any subcontracted team/vendors. Assure that all subcontractors fulfill all their duties and responsibilities and deliver required documents as requested.

- Current licenses and specialty certifications of medical transport team members including registered nurses, paramedics, respiratory therapists, and nurse practitioners must be available for inspection.

- Documentation of experience level for all flight personnel, including specific experience must be maintained and available for inspection.

- Maintain a written training agreement with a Level IIE, Level III, or Level IV perinatal facility to assure scheduled maternal and neonatal clinical orientations and ongoing clinical continuing education or equivalent simulation capabilities. This must be available for inspection.

- Maintain documentation indicating skills competency of specialty transport team including, but not limited to, the skills listed in the CAMTS Standards. Include date of training, instructor(s), and competency level attained and must be available for inspection.

- Service providers must contract with participating HRPP MFM Specialists and Neonatologists for program medical direction.
• MFM Specialists and Neonatologists acting as program medical director must meet applicable CAMTS standards. The medical directors ensure the competency and currency of all medical personnel and must have experience in both air and surface emergency medical services.

6.2 Duties

**Air and Ground Transport** All contracted providers are required to:

• Provide transport service and coordination 24 hour/day coordination services.

• Provide transports as requested by contracted MFM Specialist or Neonatologist using contracted perinatal or neonatal specialty team.

• Provide back transports as requested by contracted MFM Specialist or Neonatologist using contracted perinatal specialty team.

• Develop and maintain collaborative relationships with contracted and non-contracted ground ambulance services. Work collaboratively with private municipal ground transport companies to expedite maternal and newborn transports when a contracted ground transport vendor is not available.

• Develop and maintain collaborative relationships with other contracted flight services to be utilized whenever your own aircraft is not available.

• Maintain accreditation by CAMTS to include high risk maternal and neonatal specialty and critical care missions.

• Provide medically configured aircraft or ambulance with all the necessary equipment/supplies to deliver age and diagnosis appropriate level of critical care as outlined in current CAMTS Standards.

• A *Neonatal Transport Enrollment Form* must be completed for all neonatal transports. A *Maternal Transport Enrollment Form* must be completed for all maternal transports. All data from the transport forms must be entered into HRPP ETO system.

• By the 20th of each month, provide a monthly *Transport Coordination Report* compiled from data entered into ETO. Include an explanation of delayed response times greater than 20 minutes for rotor wing and 30 minutes for fixed wing and attach a monthly invoice approved by ADHS.
6.3 Education

The role of all transport staff is to provide high quality, family centered, developmentally appropriate services including medical, nursing, respiratory, transportation and other ancillary services. In order for the staff to perform these responsibilities safely and competently, they must receive sufficient orientation, training and information.

- All contracted transport services must meet national and local standards and collaborate to ensure risk appropriate transport care.

- All contracted medical transport services and associated team shall be accredited by CAMTS for critical care and high risk maternal and neonatal missions. A certificate of proof and written review shall be available for verification.

- All medical flight team members shall undergo an orientation which will include didactic, theory, clinical practice, policies and procedures necessary for practice in both ground transport and air transport environments.

- Human Patient Simulators may be considered a substitute for human or cadaver experience requirements if the simulators are dynamic (able to reflect physiological changes resulting from a performed procedure) and not static. The Human Patient Simulator (HSP) must meet the CAMTS criteria to demonstrate compliance with intubation and/or invasive procedures and/or if used to access clinical competency. If simulation is used in lieu of clinical or the transport, the contractor should supply a letter from CAMTS approving simulation use.

- Each medical transport team member shall have documentation of successful didactic and clinical skills attainment, and individual evaluation of critical thinking skills, with specialty medical director and perinatal transport coordinator prior to assuming independent practice.

- The continuing education program shall include didactic and clinical time on a quarterly basis.

6.4 Forms and Reports

- Required forms, the Maternal Transport Enrollment and the Neonatal Transport Enrollment must be completely filled out by the participating hospital and/or transport team at the time of transport then uploaded in the ETO data collection system prior to the 20th day of the following month.

- Families must always be given the option of receiving copies of any form(s) pertaining to themselves or their infant.
• In the event of multiple birth transports, only one Neonatal Transport Enrollment form needs to be submitted as long as the number and sequence of the births is indicated on the form, i.e., A, B, C.

• All contracted transport vendors shall have trained personnel available to explain HRPP transport services to eligible families.

• It is the responsibility of the transport vendor to assure that the required form is completely filled out either by the referring hospital or by the transport team.

• A Transport Coordination Report is due 20 days after the end of each contract month and should accompany the monthly invoice.

• All delayed responses should be documented. A delayed response (departure) is considered greater than 20 minutes for rotor wing and greater than 30 minutes for fixed wing. Specify time of request, lift-off time, and reason for delay, and resolution for delay. If variance data is entered in ETO, the Transport Coordination Report may be used instead of a Variance Report.

• Patient Health Insurance Claim forms (HCFA CMS-1500) and supporting documents are due monthly or when all third party payers have been received.

• Patient Health Insurance Claim forms (HCFA CMS-1500) and supporting documents must be received within two months (August 30) of the end of the Fiscal Year in which the services were provided.

• HRPP Transport Contact Sheets are due by July 1 of each State Fiscal Year, and within 15 days of any change. This report includes name and contact numbers of individuals responsible for or involved in the administration of HRPP.

### 6.5 Billing and Payment

#### 6.5.1 Monthly Invoice

A monthly invoice including the number of maternal, neonatal forward and back transports is due 20 days after the end of each contract month and should be accompanied by the Transport Coordination Report from ETO.

#### 6.5.2 Maternal Transport Billing

Transport services will be billed on a claim form that includes the following: Patient name, Date of birth, Mother’s name, Transport origination, Destination, Date of service, Name of third party payer, Type of services (mileage and base rate) charges...
associated with each service, Total charges, less third party payment and patient balance due, Contractor’s name, address, phone number and the Federal Employer Identification Number or Social Security Number, The third-party payer’s explanation of Benefits (EOB) stating the reason for denial shall accompany bill. Mail bills to:

HRPP Claims Coordinator
Arizona Department of Health Services
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-0058

6.5.3 Maternal Transport Payment

- A Maternal Transport Enrollment form must be completed and include the name of the Transport Company and contracted MFM Specialist who authorized the transport before any request for payment is considered.

- Maternal transports are only authorized if the patient is transported to a Level IIE, Level III, or Level IV hospital. Exceptions may be made only if previously authorized by HRPP Director.

- Transport bills will be considered for payment only after claims have been settled with all possible third party payers. HRPP is the payer of last resort.

- Claims for transport services incurred during a state fiscal year (July - June) shall be submitted as soon as possible. Claims will not be accepted after August 31st of the current contract cycle. Exceptions may be made at the discretion of the ADHS HRPP Director.

- If a client is eligible for HRPP and is not advised of the Program or if an eligible client completes all required forms and the transport company fails to submit those forms to HRPP, the transport company cannot bill the family.

- Payments are contingent on availability of funds. HRPP will notify contractors when allocated funds are exhausted. Bills that would be HRPP liability are processed as “NO FUNDS” and cannot be billed to the family as per contract.

- Non-contracted ground transport services may be covered by HRPP for authorized patients. Non-contract providers must abide by the policy and procedure manual.

- Services for patients not enrolled in HRPP may not be billed to the Program.
6.5.4 Neonatal Transport Billing

Transport services shall be billed on a claim form that includes the following: Patient name, Date of birth, Mother’s name (if applicable), Transport origination, destination, Date of service, Name of third party payer, Type of services (mileage and base rate) charges associated with each service, Total charges, less third party payment and patient balance due, Contractor’s name, address, phone number and the Federal Employer Identification Number or Social Security Number, the third party insurance “Explanation of Benefits” stating the reason for denial shall accompany bill. The third party insurance “Explanation of Benefits” (EOB) statement stating the reason for denial must accompany the bill. Mail bills to:

HRPP Claims Coordinator
Arizona Department of Health Services
150 North 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-0058

6.5.5 Neonatal Transport Payment

- The Neonatal Transport Enrollment form must be sent to the ADHS before any request for payment is considered.

- Transport bills will be considered for payment only after claims have been settled with all possible third party insurance. HRPP is a payer of last resort.

- HRPP will pay for back transports authorized by contracted Neonatologists to APT certified facilities when the distance from the family home or hospital to hospital is 30 miles or greater and the family is enrolled in full participation or the family has AHCCCS and the distance is also 30 miles or greater. Exceptions are made in unusual circumstances to non-APT certified hospitals and with multiple births; prior authorization by HRPP Director is required.

- Claims for transport must be submitted as soon as possible or within two months of the end of the funding cycle in order to be considered for payment.

- If a baby is eligible for HRPP and not advised of HRPP, or if the family completes all required forms but the transport company fails to submit those forms to HRPP, the transport company cannot bill the family.

- Payments are contingent on availability of funds. HRPP will notify contractors when allocated funds are exhausted. Bills that would be HRPP liability are processed as “NO FUNDS” and cannot be billed to the family as per contract specifications.

- Non-contracted ground transport services may be covered by HRPP for authorized patients. Non-contract providers must abide by the policy and procedures manual.
6.6 Requirements

- Services for patients not enrolled in HRPP may not be billed to HRPP.

- All contracted medical transport services and associated teams shall be accredited by CAMTS for critical care and high risk maternal and neonatal missions. A certificate of proof and written review shall be available for verification.

- The contractor shall maintain documentation of experience level for all flight personnel, including specific experience directly related to pre-hire qualifications and job descriptions of all flight, transport, and communication personnel; include any subcontracted team/vendors.

- Transport coordinators, air or ground communication specialists and medical case managers shall coordinate services to arrange forward and back transports.

- Contractor must maintain valid certification by ADHS as an Air Ambulance and a current, valid Part 135 Air Taxi Certificate.

- The contractor shall maintain documentation of the licenses of all pilots indicating that they meet and will abide by the requirements of the Federal Aviation Administration Regulations.

- The transport team coordinator shall be a registered nurse(s) with experience in high risk perinatal, neonatal, inpatient and/or transport shall be employed by the transport service at a .5 full time equivalent (FTE) or greater and dedicated to specialty services. This individual(s) shall oversee the training, education and clinical performance of the specialty transport services.

- Provide high quality family centered developmentally appropriate services 24 hours a day.

- Provide orientation, training, ongoing education and support to the professional staff as outlined in HRPP Transport Policy and Procedure Manual. Provide orientation and ongoing updates to staff on the requirements of HRPP Transport Coordination of Services Contract.

- Develop administrative management and organizational systems in order to implement required transport services at the contracted site. This includes providing adequate staff, support services, equipment, supplies, operational policies and procedures and protocols.

- Complete and disseminate within specified time lines all necessary forms and data for maternal or neonatal transports.
• Display the approved ADHS logo and acknowledge that HRPP Transport Program is supported by the ADHS on all written and video materials prepared by the Contractor in collaboration with HRPP Transport Program.

• Monitor and evaluate utilization of the regionalized system of care collaboratively with the APT, AHCCCS, and ADHS on request.

• Utilize HRPP contracted MFM Specialists and Neonatologists to provide on-line medical direction.

• Respond to all transports initiated through HRPP contracted on-call MFM Specialist or Neonatologist, as well as respond to direct requests initiated through contracted HRPP MFM Specialist or Neonatologist.

• There shall be a 30 minute maximum initial call to lift off response time for fixed wing aircraft and 20 minutes for rotor wing aircraft. If all program aircraft are unavailable to respond to a maternal or newborn transport request, the requesting facility will be advised of the delay within fifteen minutes of the initial request. At that time, the requesting facility shall be given the option of having their call referred to another contracted perinatal transport provider.
CHAPTER 7: GLOSSARY

ADHS Arizona Department of Health Services - ADHS is the Arizona state agency responsible for administering public health services and a variety of community health programs.

ASTNA - Air and Surface Transport Nurses Association, formerly NFNA.

AHCCCS - Arizona Health Care Cost Containment System – AHCCCS is an Arizona State agency that administers (through managed care plans) health care benefits and services for persons who are eligible for Medicaid or other low income medical assistance programs.

AAP – American Academy of Pediatrics – AAP is the non-profit agency that was founded to address children’s needs. Reference the Guidelines for Air and Ground for Transport of Neonatal and Pediatric Patients.

APT - Arizona Perinatal Trust – APT is the private non-profit agency that administers the voluntary certification of Arizona Hospitals for their obstetrical and neonatal care services. The agency also works to establish standards of care. HRPP only contracts with hospitals that are certified by the APT.

Authorization - The ADHS process for accepting enrollment requests for eligible maternal and neonatal clients.

Back Transport - Any authorized transport of an HRPP infant from one HRPP contracted hospital to an equal or lower level HRPP contracted hospital. (All exceptions must be approved by HRPP Transport Manager.)

BWCH - Bureau of Women’s and Children’s Health – BWCH provides services and facilitates systems development to improve the health of women, children and adolescents. This includes: technical assistance, consultation, systems and community development, direct care, contracts for services and education.

CAMTS – Commission on Accreditation of Medical Transport Services – CAMTS is an organization which sets standards and provides accreditation for the medical transport industry.

Client - An enrolled patient who receives eligible neonatal or maternal services.

Contractor - A public or private organization that has a contract with the Arizona Department of Health Services to develop, manage, and provide transport related services.

Developmentally Appropriate - Refers to the provision of services and activities which are designed to optimize the developmental status and capabilities of the individual to whom they are targeted.

Eligibility - Pertains to meeting the requirements for enrollment in HRPP.
Enrollment - A process of voluntarily requesting to receive HRPP Services by the parent or legal guardian for an eligible infant or transported mother.

Family-Centered - Recognition that the family is the constant in a child’s life and that service systems and personnel must support, respect, encourage, and enhance the strength and competence of the family.

Family Liability - A term used to describe the total amount of money a family, including those with multiple births, will be required to pay for services provided for their HRPP enrolled infant during the infant’s hospital stay in an HRPP contracted hospital(s).

Forward Transport - Any authorized transport of an HRPP infant from one hospital to an equal or higher level HRPP contracted hospital.

HRPP Liaison - Identified person that serves as a primary day to day contact with the ADHS. HRPP Director - An ADHS employee who is responsible for the agency’s implementation and oversight of HRPP.

Level I - A hospital certified by the APT to provide basic obstetrical and/or newborn care.

Level II - A hospital certified by the APT to provide basic and intermediate obstetrical and/or newborn care.

Level IIE (Enhanced) - A hospital certified by the APT, to provide all services provided by Level II hospitals plus management of pregnancy labor and delivery at 28 weeks gestational age or greater.

Level III - A hospital certified by the APT, to provide basic and intensive obstetrical and/or newborn care.

Level IV - A hospital certified by the APT, to provide basic and intensive obstetrical and/or newborn care.

Multi-disciplinary - Refers to a service or activity carried out collaboratively between at least two separate disciplines. Each discipline involved carries out its own part, but the resulting product includes the input presented in an integrated fashion.

NANN Transport Guidelines - National Association of Neonatal Nurses published guidelines for the ground transport of critically ill newborns.

On-Line Medical Direction - The ADHS contracted maternal fetal medicine specialist or Neonatologist available to the medical crew during transport, giving consultation and direction regarding patient medical care.

Primary Referral Source - Hospitals, including prenatal and postnatal care facilities, physicians, parents, day care programs, local education agencies, public health facilities, other social service agencies and other health care providers.
Referral - Refers to the concept of linking persons in need of particular services or service alternatives with services appropriate for their needs; and assisting individuals to access these services when necessary.

Risk Appropriate - Refers to the concept of providing needed services in the manner and in a facility that most closely meets the needs of the individual.

Service Year - The current year in which services are provided.

Transport Team - Specialized teams trained for, and immediately available, to respond to calls for high-risk maternal or neonatal transports. These teams are HRPP contractors.

Variance - The act of not meeting the expected outcome.
## APPENDICES A: HRPP Transport Logic Model

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-Term Goals</th>
<th>Long-Term Goals</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract with 1-800 line</td>
<td>Connect physicians requesting assistance to specialists on call</td>
<td>Number of consultation calls received</td>
<td>Seamless system of care</td>
<td>Reduce Infant and Maternal morbidity and mortality</td>
<td>Fewer deaths</td>
</tr>
<tr>
<td>Contract with Physician Consultation</td>
<td>Provide consultation and/or coordination of transport to closest most appropriate level of care</td>
<td>Number of calls responded to in timely manner</td>
<td>Appropriate level of care</td>
<td>Reduce Infant and Maternal morbidity and mortality</td>
<td>High risk infants receiving appropriate care</td>
</tr>
<tr>
<td>Contracts for air and ground transport</td>
<td>Provide timely transports</td>
<td>Number of transports</td>
<td>Appropriate level of care</td>
<td>Reduce Infant and Maternal morbidity and mortality</td>
<td>Lower medical costs</td>
</tr>
<tr>
<td>Reduced fee contracts with providers</td>
<td>Provide financial support to families in need</td>
<td>Number of families receiving financial support</td>
<td>Timely provision of transport services</td>
<td>Reduce Infant and Maternal morbidity and mortality</td>
<td>Fewer young families with high risk infants experiencing financial crisis and bankruptcy</td>
</tr>
<tr>
<td>HRPP Staff</td>
<td></td>
<td></td>
<td>Reduce impact of catastrophic medical costs</td>
<td>Reduce Infant and Maternal morbidity and mortality</td>
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</tr>
</tbody>
</table>
## APPENDICES B: Forms Matrix

<table>
<thead>
<tr>
<th></th>
<th>Maternal Transport Enrollment Form</th>
<th>Neonatal Transport Enrollment Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PURPOSE</strong></td>
<td>• Maternal Enrollment for transport</td>
<td>• Neonatal Enrollment for forward/back transport</td>
</tr>
<tr>
<td></td>
<td>• Permission to transport</td>
<td>• Permission to transport</td>
</tr>
<tr>
<td></td>
<td>• Request for financial assistance</td>
<td>• Request for financial assistance</td>
</tr>
<tr>
<td></td>
<td>• Release of medical records</td>
<td>• Release of medical records</td>
</tr>
<tr>
<td><strong>ADDITIONAL USE</strong></td>
<td>• Collect, connect &amp; record demographic information about maternal transports</td>
<td>• Collect, connect &amp; record demographic information about Neonatal transports</td>
</tr>
<tr>
<td><strong>WHO FILLS IN</strong></td>
<td>• Referring hospital or transport team</td>
<td>• Referring hospital or transport team</td>
</tr>
<tr>
<td></td>
<td>• If a baby is back transported, another form must be completed and signed authorizing the transport</td>
<td></td>
</tr>
<tr>
<td><strong>DISTRIBUTION OF FORMS &amp; BY WHOM</strong></td>
<td>• White (original) copy retained by Transport Company, uploaded in to ETO</td>
<td>• White (original) copy is retained by Transport Company, uploaded in to ETO</td>
</tr>
<tr>
<td></td>
<td>• Yellow copy goes to family</td>
<td>• Yellow copy goes to family</td>
</tr>
</tbody>
</table>
APPENDICES C: Forms
Maternal Transport Enrollment

**HIGH RISK PERINATAL PROGRAM (HRPP)**

**MATERNAL TRANSPORT ENROLLMENT FORM**

The state of Arizona established a high risk perinatal program to provide a system of transportation, hospital, medical, and follow-up for high risk newborns whose parents reside in Arizona.

### MOTHER'S DEMOGRAPHICS

<table>
<thead>
<tr>
<th>First Name*</th>
<th>MI</th>
<th>Last Name*</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Alias/ Maiden Names:</th>
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<th>Phone #:</th>
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<thead>
<tr>
<th>Address &amp; City: *</th>
<th>Zip: *</th>
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<table>
<thead>
<tr>
<th>Racer:</th>
<th>American Indian/Alaska Native</th>
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<th>Black/African American</th>
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<table>
<thead>
<tr>
<th>Tribal Affiliation:</th>
<th>Reservation:</th>
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### TRANSPORT INFORMATION

<table>
<thead>
<tr>
<th>Transport Date: *</th>
<th>Right Number*:</th>
<th>Gestational Age: *</th>
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<tr>
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<table>
<thead>
<tr>
<th>Authorizing MFM Specialist: *</th>
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<table>
<thead>
<tr>
<th>MFM Fellow calling on behalf of authorizing MFM: (Fill in MFM above)</th>
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<table>
<thead>
<tr>
<th>From Facility: *</th>
<th>To Facility: *</th>
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<table>
<thead>
<tr>
<th>Transport Mode:</th>
<th>Air – Rotor</th>
<th>Air-Fixed Wing</th>
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<tr>
<td></td>
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<td></td>
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<table>
<thead>
<tr>
<th>Ground 1 Company:</th>
<th>Ground 2 Company:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Reason for Transport/Diagnosis:</th>
<th>Fetal Distress</th>
<th>Fetal Indication</th>
<th>Maternal Medical Indication</th>
<th>Premature Labor</th>
<th>PROM–preterm</th>
<th>Pre-ectopic/HELLP/ECSTAMPSA</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Other:</th>
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This program also assists families, when needed, to cope with catastrophic costs related to emergency transports. I am requesting participation in the high risk perinatal program for any necessary transport. I am requesting financial assistance, if needed, and I understand that the HRPP is the payer of last resort. I authorize the release of any necessary medical records, social and financial information held by any institution or individual that provided services to me to the Arizona Department of Health Services (ADHS) and to their contracted providers for provider quality management purposes. I agree to submit all necessary documents on behalf of myself for purposes of collection from third party payers and shall retain no insurance proceeds from claims intended as payment for services provided.

**Patient/Responsible Party Signature** ___________________________ **Date** ____________

**Identify that this participant meets the medical criteria of the HRPP:** ___________________________ **Date** ____________

**Transport Nurse Signature** ___________________________
# Neo Transport Enrollment Form

## HIGH RISK PERINATAL PROGRAM (HRPP)

**NEONATAL TRANSPORT ENROLLMENT FORM**

The State of Arizona established a High Risk Perinatal Program to provide a system of Transportation, Hospital, Medical, and Follow-up for high risk newborns whose parents reside in Arizona.

### INFANT’S DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>First Name</td>
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<tr>
<td>MI</td>
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<tr>
<td>Last Name</td>
<td></td>
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<tr>
<td>Alias Last Name</td>
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<td>DOB:</td>
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<td>Gender:</td>
<td>Male</td>
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<td></td>
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<tr>
<td>Address &amp; City:</td>
<td></td>
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<td>Zip:</td>
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<tr>
<td>Race:</td>
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<td>Ethnicity:</td>
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<td>Tribal Affiliation:</td>
<td>Reservation:</td>
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### PARENT/GUARDIAN CONTACT INFORMATION

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<td>Mother’s Last Name</td>
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<tr>
<td>Father’s First Name</td>
<td></td>
</tr>
<tr>
<td>Father’s Last Name</td>
<td></td>
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<tr>
<td>DOB:</td>
<td></td>
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<tr>
<td>Phone #:</td>
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### TRANSPORT INFORMATION

<table>
<thead>
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<th>Details</th>
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<tbody>
<tr>
<td>Transport Date:</td>
<td>/ /</td>
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<tr>
<td>Direction:</td>
<td>Forward</td>
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<tr>
<td>Flight #:</td>
<td></td>
</tr>
<tr>
<td>Gestational Age at birth:</td>
<td></td>
</tr>
<tr>
<td>Authorizing Neonatologist:</td>
<td></td>
</tr>
<tr>
<td>From Facility:</td>
<td></td>
</tr>
<tr>
<td>To Facility:</td>
<td></td>
</tr>
<tr>
<td>Transport Mode:</td>
<td>Air – Rotor</td>
</tr>
<tr>
<td>□ Ground 1 Company:</td>
<td></td>
</tr>
<tr>
<td>□ Ground 2 Company:</td>
<td></td>
</tr>
<tr>
<td>Reason for Transport/Diagnosis:</td>
<td>Birth Trauma</td>
</tr>
<tr>
<td>□ Congenital Heart Disease</td>
<td>Hyperbilirubinemia</td>
</tr>
<tr>
<td>□ Persistent Pulmonary Hypertension</td>
<td>Prematurity</td>
</tr>
<tr>
<td>□ Seizures</td>
<td>Sepsis</td>
</tr>
</tbody>
</table>

*If this is an initial transport, the family must complete the HRPP Request for Participation at the contracted receiving Hospital. The family must also complete the HRPP Financial Worksheet at the enrolling Hospital if they are requesting financial assistance.*

I authorize the transport of my child and the release of any necessary medical, social and financial information held by any institution or individual that provided newborn services to my child to the Arizona Department of Health Services and their contracted providers for provider quality management purposes. I understand that if this is an initial transport, my child will be enrolled in the Transport component of the HRPP/NICP only, and that I must choose to enroll or decline participation for Hospital and Follow-up components of the HRPP/NICP at the Enrolling Hospital.

Patient /Responsible Party Signature ________________ Date ________

I certify that this participant meets the medical criteria of the HRPP: __________________ Date ________

Transport Nurse Signature __________________
Maternal and Neonatal Air & Ground Transport Services Site Review Guide

**HIGH-RISK PERINATAL PROGRAM (HRPP)**
**MATERNAL AND NEONATAL AIR & GROUND TRANSPORT SERVICES**

**SITE REVIEW**

<table>
<thead>
<tr>
<th>Contractor:</th>
<th>Date:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Attendees:</th>
<th>ADHS Reviewers:</th>
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</table>

**CIRCLE AS APPROPRIATE:**  C=Compliant  P=Partially Compliant  N=Noncompliant

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSONNEL</strong></td>
<td></td>
</tr>
<tr>
<td>The composition, qualifications, competencies and continuing education of perinatal teams meet the Commission on Accreditation of Medical Transport Systems (CAMTS) accreditation standards for critical care and high risk maternal and neonatal missions.</td>
<td>C  P  N</td>
</tr>
<tr>
<td>The contractor maintains records of employed personnel, including background, education, registration, license or certification in their respective fields, continuing education and training for a period of five years after the completion of the contract.</td>
<td>C  P  N</td>
</tr>
<tr>
<td>Pre-qualifications: Neonatal – to include 3 years of recent experience in a Level IIE or III hospital. Maternal – to include 3 years of recent experience in a Level III hospital or higher.</td>
<td>C  P  N</td>
</tr>
<tr>
<td>Documentation of continuing education, curriculum, ongoing schedule of competencies, job descriptions, specialty certifications of medical transport teams and current licenses are maintained. If simulation is used in lieu of clinical or the transport, the contractor should supply a letter from CAMTS approving simulation use.</td>
<td>C  P  N</td>
</tr>
<tr>
<td>Provide evidence of a written agreement for continuing education and training with a Level IIE, Level III, or Level IV</td>
<td>C</td>
</tr>
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</table>
perinatal facility. The continuing education program shall include didactic and clinical time on a quarterly basis.

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<tr>
<td>P</td>
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</table>

MFM Specialists and Neonatologists acting as program medical director must meet applicable CAMTS standards.

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Provide documentation of a contract with a participating HRPP MFM Specialist and Neonatologist for program medical direction.

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**DUTIES/FORMS/REPORTS/BILLING/PAYMENTS**

Maintain accreditation by CAMTs to include high risk maternal and neonatal specialty and critical care missions.

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Documentation that forward and back transport services are provided 24/7 as requested by a contracted MFM Specialist or Neonatologist using a perinatal or neonatal specialty team.

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Working collaboratively with private/municipal ground transport companies to expedite maternal and newborn transports when a contracted ground transport vendor is not available. Provide documentation of relationships with contracted and non-contracted ground services.

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Documentation of collaborative relationships with other contracted flight services utilized whenever your aircraft was not available.

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</table>
**DUTIES/FORMS/REPORTS/BILLING/PAYMENTS**

| Provide documentation of medically configured aircraft or ambulance with all the necessary equipment/supplies to deliver age and diagnosis appropriate level of critical care as outlined in current CAMTS Standards. | C
| P
| N
| Neonatal and Maternal Transport Enrollment Forms are completed for all forward and back transports. All data is entered into HRPP ETO system by the 20th of each month. | C
| P
| N
| An ETO Transport Coordination Report including an explanation of delayed response times greater than 20 minutes for rotor wing and 30 minutes for fixed wing is submitted monthly by the 20th of the following month. | C
| P
| N
| HRPP Transport Contact Sheets are submitted annually by July 1st of each State Fiscal Year, and within fifteen (15) days of any change throughout the contract cycle. | C
| P
| N
| Claims for transport services incurred during a state fiscal year (July - June) are submitted as soon as possible. Claims will not be accepted after August 31st of the current contract cycle. All claims must include a Patient Health Insurance Claim form (HCFA CMS-1500) and an explanation of benefits (EOB). | C
| P
| N

**HIGHLIGHTS:**

**STRENGTHS:**

**CONCERNS/BARRIERS:**

**FUTURE PLANS:**
# State Consult and Transport Line Site Review

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## PERSONNEL

A staff person is assigned to coordinate the overall program compliance and activities as HRPP Liaison. This person acts as the primary contact for all communication and contract issues.

- C
- P
- N

Communication Specialists respond to telephone calls made by physicians requesting neonatal or perinatal consultation and referral twenty-four (24) hours a day, seven (7) days a week. The Communication Specialist contacts the on-call MFM Specialists or Neonatologists, or the contracted specialist requested by the caller.

- C
- P
- N

HRPP Liaison and Communication Specialists received a HRPP provided orientation on the overall High Risk Perinatal Program.

- C
- P
- N

Maintain records of contractor’s personnel including previous experience, HRPP orientation, continuing education, and all certifications held.

- C
- P
- N
### STANDARD COMMENTS

<table>
<thead>
<tr>
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</tr>
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</table>
| The contractor provides and maintains a state wide dedicated 1-800 Line, 24 hours a day, seven days a week for perinatal medical referral services with an alternative method of phone coverage in the event of a power outage. | C  
P  
N |
| A system is in place for recording all incoming and outgoing telephone transmissions with time recording and playback capabilities. Recordings shall be kept no less than ninety (90) days. This requirement only pertains to calls requesting consultation or transport. It does not extend to conversations between the caller and the Neonatologist or MFM Specialists. | C  
P  
N |
| The dedicated phone line is answered by a Communication Specialist within five rings. If no response from on-call specialist, back up specialist is called within 5 minutes and documented on the monthly call log. | C  
P  
N |
| A monthly call log of all incoming calls is submitted to HRPP Director by the 20th of each month and includes the following:  
a. Date  
b. Log Number  
c. Region (Phoenix/North/South)  
d. Maternal or Neonatal  
e. Facility calling  
f. Name of physician calling  
g. Time of incoming call  
h. Name of Specialist paged  
i. Medical Group of Specialist  
j. Type of call; on-call or special request  
k. Time of initial call to Specialist  
l. Time call was returned from Specialist  
m. Document if a repeat call was needed for response time >5 minutes | C  
P  
N |
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<td>A written plan for a continuous quality improvement process (CQI), which shall include specific indicators, one of which may be determined by ADHS annually.</td>
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<tr>
<td>Provide the name and phone number of HRPP Liaison annually by July 1, and as personnel changes occur throughout the contract cycle.</td>
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<tr>
<td>Provides the mechanism to immediately connect calling physician to on-call specialist and the air medical team to the on-line medical director, as needed.</td>
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</tr>
<tr>
<td>A statewide on-call calendar is sent electronically to all physician groups prior to the beginning of each month with a copy submitted to HRPP Director.</td>
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<td>N</td>
</tr>
<tr>
<td>Maintain a coordinated monthly call schedule that will identify HRPP contracted Maternal Fetal Medicine Specialists and Neonatologists designated to respond to incoming calls.</td>
<td>C</td>
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<td>P</td>
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</tbody>
</table>

HIGHLIGHTS:

STRENGTHS:

CONCERNS/BARRIERS:

FUTURE PLANS:
Directions for Transport Map App for Apple and Android Phones

For APPLE

1. In browser, navigate to site https://www.azdhs.gov/gis/hrpp-transport/

2. Open the Sharing menu

3. Select Add to Home Screen

4. Click Add
For ANDROID

1. In browser, navigate to site https://www.azdhs.gov/gis/hrpp-transport/

2. Open the Sharing menu

3. Select Add to Home Screen

4. Click Add