

MGH Social Service  
**MassHealth PT-1 Application Assistance**  
(Non-Oncology patients)

### **PT-1 Application Process**

**MassHealth PT-1 Authorized providers:** Physicians, physician assistants, nurse midwives, dentists, dental third-party administrators, nurse practitioners, psychologists, and managed-care representatives. **Authorized providers may submit online PT-1 applications or delegate online system access to their staff.**

**Provider unsure how to open an account or complete an application? Please share the attached provider instructions.** Account registration is in real-time (no wait).

### **Social Service Department Centralized PT-1 Application**

**Social Service staff may refer when ALL of the following apply:**

- An authorized provider (including at receiving facility) supports the request, but cannot or will not complete the PT-1 themselves or via another delegate.
- Patient has **MassHealth Standard, CarePlus or CommonHealth.**
- Patient will be receiving a MassHealth covered service **at MGH.**
- Patient **cannot take public transportation** because it is unavailable or due to a physical or mental condition. (Financial need alone does not qualify.)

### **Instructions for Social Service Staff**

1. **Offer the attached instructions to the authorized provider** and explain that they can delegate access to their staff as noted above. **If the provider agrees that PT-1 transportation is needed, but cannot/will not complete the PT-1 (and, if applicable, receiving facility will cannot/will not complete), continue with step 2.** Please encourage the provider to apply for an account now to prepare for future needs. Additional information for providers also included below.

**Complete the referral form (below).** It requires information from the authorized provider and the patient or caregiver. Email referral form to our General Resource Specialist ([Hannah Perry](#)). Note: rides to more than one building will require separate/additional PT-1s.

2. The General Resource Specialist will submit the form, check for approval and inform you of the outcome and any additional advocacy needed.
3. Communicate the outcome with the provider and the patient or caregiver. MassHealth will mail instructions to the patient.

Social Service Department MassHealth PT-1 Application Assist  
**CRC Referral Form**

**Patient's Name** \_\_\_\_\_ **DOB or MRN** \_\_\_\_\_

**MassHealth number** (if available) \_\_\_\_\_

**Ask Patient/Caregiver**

**Can family or friend transport for full duration of treatment?**  Yes  No

**Pick-Up Address** (please ask patient, as it may differ from Epic address):  
\_\_\_\_\_

**Patient Phone number (required)** \_\_\_\_\_

**Needs** (Check all that apply. NOTE: children will always need an escort.)

**Escort** (How many \_\_\_\_\_)  **Standard Wheelchair**  **Electric Wheelchair**

**Door to Door Trip** (member requires assistance holding the door; navigating a path)

**Service animal**  **Single ride\***  **Sedan\***  **Front seat only\***

**Other\*** \_\_\_\_\_ \*requires additional documentation

Emergency contact name & phone (optional): \_\_\_\_\_

**Ask Authorized Provider** (MD, NP, PA, Nurse midwife, psychologist, dentist, etc.)

**PT-1 is necessary, provider cannot/will not arrange, and authorizes us to do so**

**Authorizing** provider name and contact \_\_\_\_\_

**Treating** provider name \_\_\_\_\_

MGH building (for treatment) \_\_\_\_\_

Medical treatment type (ICD 10 Dx OR SUD Tx) \_\_\_\_\_

Number of visits \_\_\_\_\_  per week **OR**  per month

Expected treatment duration (#of weeks or months) \_\_\_\_\_

Next appointment date \_\_\_\_\_

**Live more than 25 miles from Boston?** If yes- why cannot get equivalent care near home? (Examples: continuity of care, or specify services unique to MGH.)  
\_\_\_\_\_

**Can't take public transit due to:**  physical disability  mental disability  other \_\_\_\_\_

**Requested by** (MGH Social Service Department staff only)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred contact info: \_\_\_\_\_

**Please email completed form to our General Resource Specialist ([Hannah Perry](#)).**

**For CRC Staff Use**

Staff Name \_\_\_\_\_ Date submitted: \_\_\_\_\_

Approved Date: \_\_\_\_\_  Notified SSD staff

Denied – reason and disposition \_\_\_\_\_

## Provider Guide: MassHealth Non-Emergency Transportation MassHealth Provider Request for Transportation (PT-1)

**As of 9/1/18 PT-1s must be submitted online** (paper forms no longer accepted).

### Authorized Providers

Providers authorized to complete the PT-1: physicians, physician assistants, nurse midwives, dentists or dental third-party administrators, nurse practitioners, psychologists, and managed-care representatives.

Providers may delegate access to their staff.

### Request Online Access

Request access to the Customer Web Portal (CWP) by requesting a User ID at: <https://tinyurl.com/y8mwap8m>.

### Instructions

[How to complete and submit the PT-1 Online](#)

(Or see:

<http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/how-to-complete-and-submit-the-pt-1-online.html>)

### Questions?

Contact the MassHealth Customer Service Center at 1-800-841-2900 or e-mail [providersupport@mahealth.net](mailto:providersupport@mahealth.net).