



Department
of Health



MEDICAID TRANSPORTATION GUIDELINES FOR NEW YORK CITY MEDICAL PRACTITIONERS & FACILITIES

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Section I – Covered Transportation Services

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. When traveling to medical appointments, a Medicaid enrollee is to use the same mode of transportation as used to carry out the activities of daily life. For most New York City residents, this mode is bus or subway; however, for some Medicaid enrollees, a medical condition necessitates another form of transportation, such as a livery vehicle. In these circumstances, Medicaid will pay for the **least costly, most medically**

appropriate level of transportation to and from services covered by the Medicaid Program. (To determine whether a medical service is a Medicaid-covered service, please contact the [Transportation Unit](#).)

Covered non-emergency transportation services include:

- Public transportation;
- Livery;
- Ambulette; and
- Ambulance.



Section II – Rules for Requesting Transportation

Enrollees who have reasonable access to a mode of transportation used for the normal activities of daily life, e.g., shopping and recreational events, are expected to use this same mode to travel to and from medical appointments when that mode is available. For most residents of New York City, this mode is usually public transportation.

Medicaid may restrict payment for transportation if it is determined that the enrollee:

- chose to go to a distant medical provider although services were available locally;
- could have taken a less expensive form of transportation but opted to take the more costly transportation.

In either case above, if the enrollee can demonstrate circumstances justifying payment, then reimbursement can be **considered**.

Responsibility of the Requesting Practitioner

Medical practitioners and/or facilities requesting livery, ambulette, or non-emergency ambulance services are responsible for requesting the **medically appropriate** mode of transportation for the Medicaid enrollee. A basic consideration for this should be the enrollee's current level of mobility and functional independence.

The requested mode must be the least specialized mode as required based upon the enrollee's **current** medical condition. For example, if the enrollee does not require personal assistance but cannot walk to the nearest public transportation, then livery service (not ambulette transportation), should be requested.

Enrollees travelling to medical care and services are expected to use public transit if they use public transit for normal activities of daily living. Further, enrollees who use public transit for normal activities of daily living and live no more than ½ mile from their medical destination are not eligible to receive reimbursement of any subway or bus travel with Medicaid-funded MetroCards, which is reserved only for those enrollees who use public transit traveling to a medical destination and reside more than ½ mile from the medical destination.

Some enrollees may require a livery service to access medical services due to some disabling condition. For these enrollees, medical practitioners will be asked by the Department's transportation manager, LogistiCare, to submit compelling medical justification for livery transportation.

Any medical practitioner or entity requesting transportation on the practitioner's behalf that requests transportation services deemed not to meet the above rules may be sanctioned according to 18 NYCRR §515.3.

Acceptable Requestors of Transportation

Medicaid-enrolled medical providers enrolled in the categories of service reflected in the following table may request prior authorization of transportation services on behalf of Medicaid enrollees.



Medicaid Transportation Guidelines for New York City Medical Practitioners & Facilities

Table with 4 columns: Category of Service, Provider Type, Category of Service, Provider Type. Lists various service categories and their corresponding provider types.

Questions regarding the category of service in which a practitioner or facility has enrolled may be referred to Computer Sciences Corporation at (800) 343-9000.

List of Medicaid Enrolled Transportation Vendors

A list of Medicaid-enrolled transportation vendors, by service and/or borough, is available online at:

http://www.nycmedicaidride.net/en-us/medicalpractitioners/transportationproviders.aspx.

Non-Emergency Ambulance

Generally, ambulance service is requested when a Medicaid enrollee needs to be transported in a recumbent position (i.e., lying down) and/or is in need of medical attention while en route to their medical appointments.

A request for prior authorization must be supported by justification from a practitioner who is the Medicaid enrollee's:

- Attending physician;
• Physician's assistant; or
• Nurse practitioner.

Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition that qualifies use of ambulance transportation.

Ambulette

Ambulette service is door-to-door; from the enrollee's home through the door of the medical appointment. [Personal assistance](#) by the staff of the ambulette company is required by the Medicaid Program in order to bill for the provision of ambulette service. Personal assistance by the staff of the transportation company is required by the Medicaid Program and consists of the rendering of physical assistance to the ambulatory and non-ambulatory (wheelchair-bound) Medicaid enrollees in:

If personal assistance is not necessary and/or not provided, then livery service should be requested.

- Walking, climbing or descending stairs, ramps, curbs, or other obstacles;
- Opening and closing doors;
- Accessing an ambulette vehicle; and
- The moving of obstacles as necessary to assure the safe movement of the Medicaid enrollee.

There is no separate reimbursement for the escort of a Medicaid enrollee. Necessary escorts are to be provided by the ambulette service at no additional or enhanced charge.

The Medicaid Program does not limit the number of stairs or floors in a building that a provider must climb in order to deliver personal assistance to a Medicaid enrollee. The ambulette provider is required to provide personal assistance and door-to-door service at no additional or enhanced charge. This means the staff must transport the enrollee from his/her front door (including apartment door, nursing home room, etc.) no matter where it is located; to the door of the medical practitioner from whom the enrollee is to receive Medicaid-covered medical services no matter where it is located.

Ambulettes may also provide livery (curb-to-curb) service and will transport livery-eligible enrollees in the same vehicle as ambulette-eligible enrollees. The only requirement that ambulette services need to meet is the proper authority and licensure to operate as an ambulette service.

A request for prior authorization of ambulette transportation must be supported by justification from a practitioner who is the Medicaid enrollee's:

- Attending physician;
- Physician's assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition that qualifies use of ambulette transportation.

Ambulette transportation may be ordered if any of the following conditions is present:

- The Medicaid enrollee needs to be transported in a recumbent position and the ambulette service is able to accommodate a stretcher;

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- The Medicaid enrollee is wheelchair-bound and is unable to use a taxi, livery service, bus or private vehicle;
- The Medicaid enrollee has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, livery service, bus or private vehicle;
- An otherwise ambulatory Medicaid enrollee requires radiation therapy, chemotherapy, or dialysis treatments which result in a disabling physical condition after treatment, making the enrollee unable to access transportation without [personal assistance](#) provided by an ambulette service;
- The Medicaid enrollee has a disabling physical condition other than one described above or a disabling cognitive condition requiring personal assistance provided by an ambulette service; and,
- The ordering practitioner certifies in a manner designated by the Department that the Medicaid enrollee cannot be transported by livery service, bus or private vehicle and there is a need for ambulette service.

Livery Transportation

A request for prior authorization for transportation by New York City livery services must be supported by justification from a practitioner who is the Medicaid enrollee's:

- Attending physician;
- Physician's assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition that qualifies use of livery transportation.

Public Transportation (Bus/Subway)

Most Medicaid enrollees in New York City regularly use public transit. Accordingly, as the enrollee's current medical condition permits, the Medicaid program **expects** that New York City Medicaid enrollees will use public transit if their residence and medical appointment are within ½ mile of a bus or subway stop.

The Department of Health has established a web-based application in which Medicaid-enrolled facilities and practitioners may voluntarily participate called PTAR (Public Transportation Automated Reimbursement). PTAR-participating facilities and practitioners purchase MetroCards directly from the Metropolitan Transit Authority, and, when a Medicaid-enrolled patient uses public transit to travel to a Medicaid-covered medical appointment, the participating facility/practitioner distributes a pre-paid MetroCard directly to the enrollee. Then, the facility/practitioner data-enters patient-identifying information into PTAR. Based upon the information collected, a dollar-for-dollar reimbursement is paid by the State to the facility/practitioner.

To learn more about PTAR, please contact LogistiCare's Outreach staff at (877) 564-5911.



Medicaid Transportation Guidelines for New York City Medical Practitioners & Facilities

To enroll in PTAR, please complete the [Provider Profile Application](http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx), available online at <http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx> or by emailing the Transportation Unit at medtrans@health.ny.gov.

Onsite PTAR training is available from LogistiCare's Outreach staff by calling (877) 564-5911.



Section III – Requesting Transportation Prior Authorization

When the Medicaid Program was established in the 1960s, the federal government recognized that unless needy individuals could actually get to and from providers of medical services, the entire goal of the Medicaid Program is inhibited at the start. As a result, States are required under federal regulations to assure necessary transportation for Medicaid enrollees to and from medical services. The federal government also provided authority for States to ensure the provision of this transportation to Medicaid enrollees with federal financial participation in the cost of these services under the Medicaid Program.

The New York State Medicaid Program covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. All transportation must be prior authorized for payment.

When traveling to medical appointments, a Medicaid enrollee is expected to use the same mode of transportation as used to carry out the activities of daily life. For most New York City residents, this mode is bus or subway. However, for some Medicaid enrollees, their current medical condition necessitates another form of transport. In these circumstances, Medicaid will pay for the **least costly, most medically appropriate** level of transportation to and from services covered by the Medicaid Program.

Scheduling Transportation to Routine Medical Care

Routine medical care includes those appointments that are occasional or episodic. Medical providers have the following options for the requesting of Medicaid transportation to routine medical care:

1. Call LogistiCare at **(877) 564-5925** between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. Online at <http://nycmedicaidride.net/>.

Routine trips should be requested at least three (3) business days in advance of an appointment to ensure proper routing time for the transportation vendor.

Scheduling Transportation to Regularly Recurring Medical Care

Regularly recurring medical care is that care which is provided to enrollees at a set schedule over a period of time. Typically, this means the enrollee will incur several trips per week to a single destination for at least three (3) months in duration. Dialysis, for example, is considered regularly recurring treatment.

Standing order transportation should be requested at least three (3) days in advance of an appointment to ensure proper routing time for the transportation vendor.

To schedule transportation for regularly recurring medical care, a medical provider may:

Medicaid Transportation Guidelines for New York City Medical Practitioners & Facilities

1. **Call** LogistiCare at **(877) 564-5925** between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. **Fax** the Standing Order form (Form 2015-SO), available online at <http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx>, as follows:

| If you are located in: | Fax to: |
|-------------------------------|----------------|
| Brooklyn | (877) 585-8758 |
| Queens | (877) 585-8759 |
| Bronx | (877) 585-8779 |
| Manhattan | (877) 585-8760 |
| Staten Island | (877) 585-8780 |

Once the standing order is scheduled in LogistiCare’s system, it is scheduled for three (3) months; thus, there is no need to contact LogistiCare again within the three month period unless the patient’s mobility level changes. For example, Mr. Smith was able to ride in an ambulette to his dialysis treatment in May and the facility requested transportation for three months, through August. Mr. Smith experienced a debilitating stroke in late May, and now requires stretcher transportation to dialysis. The facility must contact LogistiCare to request that Mr. Smith’s transportation modality be changed to better reflect his current mobility status.

Near the end of each three month approval period, LogistiCare will fax to the facility or program an enrollee roster for recertification. This recertification confirms updated address and contact information and ensures that the enrollee:

- still attends treatment at the facility or program on the days originally ordered, and
- continues to need transportation from the same transportation vendor and modality as originally requested.

Three Day Window

The Medicaid program requires that both standing order and ad hoc transportation be scheduled at least three business days in advance of the appointment, in order to allow the transportation vendor sufficient routing time. The chart below should be used to help medical providers adhere to the three day window:

| Appointment is on: | Contact LogistiCare No Later Than: |
|---------------------------|---|
| Monday | The Friday Before the Appointment |
| Tuesday | The Friday Before the Appointment |
| Wednesday | The Friday Before the Appointment |
| Thursday | The Monday Before the Appointment |
| Friday | The Tuesday Before the Appointment |
| Saturday | The Wednesday Before the Appointment |
| Sunday | The Thursday Before the Appointment |

Scheduling Transportation for Urgent Medical Care & Hospital Discharges

Urgent medical care includes episodic situations in which, while there is no immediate threat to life or limb, the patient must be seen within 24 hours of the request as treatment cannot be delayed. **Hospital discharges and related follow-up appointments are considered urgent.**

When urgent transportation is required, **call** LogistiCare at **(877) 564-5926**. This line is staffed 24 hours per day, 7 days per week.

Please understand that LogistiCare may verify with the medical provider that the need for the urgent care exists.

Webinar Availability

The Department strongly encourages staff handling transportation arrangements to consider accessing the webinar offered by LogistiCare. The webinar is available online at <http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx>.

Site Visit Availability

LogistiCare will work with each medical facility to identify best practices and help facilitate the provision of efficient, quality transportation.

To schedule a site visit, please call the LogistiCare Outreach Management Team at **(877) 564-5911**.

Section IV - Required Documentation

In cases where a medical practitioner believes that a Medicaid enrollee should use a particular mode of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations §505.10 (c)(4) indicate that the practitioner:

“... must note in the [enrollee’s] patient record the condition which justifies the practitioner’s ordering of ambulette or non-emergency ambulance services.”

Medical Justification Form – The Form-2015

The Form-2015 (formerly referred to as the MAP-2015) may be downloaded online from:

<http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx>.

What is the Form-2015?

The Form-2015 is the identifier of the form to be used as a concise justification for requesting livery, ambulette and non-emergency ambulance transportation services for Medicaid enrollees in New York City. The Form-2015 is **not** a request for transportation prior authorization. Rather, this form is used in conjunction with a request for Medicaid transportation prior authorization to support the request for a particular mode of transportation.

The standing order request form, Form 2015-SO, is available for standing orders to various treatment types (including adult day health care, chemotherapy, dialysis, mental health, physical therapy, etc.).

This document incorporates the medical justification with the requested trips. Form 2015-SO is available online at: <http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx>.

Why Use the Form-2015?

When traveling to medical appointments, a Medicaid enrollee is expected to use the same mode of transportation as used to carry out the occurrences of day-to-day life. For most New York City residents, this mode is bus or subway (i.e., mass transit). However, for some enrollees, their condition necessitates another form of transport, such as livery or ambulette. In these circumstances, Medicaid will pay for the most **medically appropriate** level of transportation to and from services covered by the Medicaid Program.

In cases where a medical practitioner believes that a Medicaid enrollee should use a particular form of non-emergency transportation, Medicaid guidelines at Title 18 of the New York Code of Rules and Regulations (NYCRR) Section 505.10(c)(4) indicate that:

“The ordering practitioner must note in the [enrollee’s] patient record the condition which justifies the practitioner’s ordering of ambulette or non-emergency ambulance services.”

The Form-2015 allows medical providers to simply justify their, at times, complex, request for a particular mode of transportation for a Medicaid enrollee.

When Must the Form-2015 be Completed?

The Form-2015 **must** be completed when a patient has a condition that necessitates a mode of transportation other than mass transit.

The Form-2015 is **not** necessary when a patient can use mass transit (i.e., public transportation).

A completed copy of this document must be made available **upon request** to the Department, its representatives (including LogistiCare), and/or staff from the New York City Human Resources Administration (HRA).

Who Should Complete the Form-2015?

Practitioners who request non-emergency transportation services on behalf of a City of New York Medicaid enrollee should complete the form.

How is the Form-2015 Completed?

The Form-2015 requests patient-specific information such as the patient's name, Medicaid enrollee identification number, and space to justify the mobility-related need for the requested mode of transportation. Additionally, there are yes/no questions, including whether the patient uses a wheelchair.

Please consider the below when completing this document:

- If the Form-2015 is not signed, the form will be rejected.
- If the Form-2015 contains no medical justification, the form will be rejected.
- If the Form-2015 contains only a diagnosis code but no mobility-related description of the enrollee's condition prohibiting utilization of mass transit, the form will be rejected.
- If the Form-2015 lists any of the following in section 2, the form will be rejected:
 - "Needs assistance;"
 - "Weak;"
 - "Car service;"
 - "Medical condition prevents use of public transportation;"
 - "Bipolar;"
 - "ABC Ambulette Service;"
 - "Gets dehydrated easily;"
 - "Likes to ride alone;"
 - "Will not to show up for program if livery not used;" and
 - "Same as above."
- In addition to the top section of the Form-2015 where the person completing the justification will relate the Medicaid enrollee's identifying information, sections 1-3 and the bottom section must be completed. If the Form-2015 is incomplete in any way, the form will be rejected.

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- If a pattern is identified, such as one where Form-2015s submitted by a particular facility on behalf of several patients all requesting the same transportation mode with similar medical justification and/or diagnoses, the Department will be alerted and the facility required to:
 - 1) meet with the Department's contracted transportation manager to discuss the facility's patients' transportation needs and proper completion of the Form-2015, and
 - 2) resubmit the Form-2015 containing updated, correct information for the affected patients.

Must a New Form-2015 be Completed for Each Trip Requested?

No. A justification can cover one trip or many trips.

The Form-2015 should be updated as soon as possible if a patient's condition changes.

Where Must the Completed Form-2015 be Kept?

Once completed, the Form-2015 should be maintained in the Medicaid enrollee's patient record **and** be faxed to LogistiCare as follows:

| If you are located in: | Fax to: |
|------------------------|----------------|
| Brooklyn | (877) 585-8758 |
| Queens | (877) 585-8759 |
| Bronx | (877) 585-8779 |
| Manhattan | (877) 585-8760 |
| Staten Island | (877) 585-8780 |

If the Form-2015 is completed online, the medical staff should maintain a signed original on file and "attest" online that the physician agrees with the information on the Form-2015.

For more information, please consult LogistiCare by calling **(877) 564-5925**.

Inappropriate Orders

Title 18 of the Official Compilations of Rules and Regulations of New York State and other publications of the Department, including Regulation §504.8(2) require medical providers to **pay restitution** for any direct or indirect monetary damage to the program resulting from improperly or inappropriately requesting services.

The New York State [Office of the Medicaid Inspector General](#) audits the requestors of transportation services to ensure that they are in compliance with applicable regulations.

Section V – Cancellations and No-Shows

A No-Show trip occurs when a transportation vendor is scheduled to pick up a Medicaid enrollee and waits a reasonable time for the enrollee (15 minutes), only to have the enrollee not appear for the service or indicate that he or she does not need the scheduled transportation on that day at that time. During the trip attestation process, the vendor reports these scheduled trips as a "No-Show." Enrollees exhibiting a pattern of No-Show behavior may be subject to intervention by the Department's transportation manager.

To avoid being labeled a no-show, Medicaid enrollees or their designated agents must call the transportation manager to cancel their scheduled service when it is known to them that they will not need the previously scheduled transportation (including standing order trips). Additionally, if the appointment for which transportation is being cancelled is scheduled for the same day or next day, the Medicaid enrollees or their designated agent should contact the transportation vendor directly to notify them of the cancellation.

The transportation manager contact list by county can be accessed online at:
<https://www.emedny.org/ProviderManuals/Transportation/index.aspx>.

Section VI –Managed Care Involvement

Under the Medicaid Redesign Team (MRT) initiative #29, the Department is phasing in a Medicaid fee-for-service non-emergency transportation management program under which transportation services are carved out of the Medicaid managed care benefit package. Beginning January 1, 2013, the emergency and non-emergency transportation services were carved out of the mainstream managed care benefit package for managed care enrollees in all New York City boroughs.

Medical providers and facilities in New York City are advised to follow the processes detailed in this Manual for guidance in securing fee-for-service transportation for Medicaid managed care enrollees.

Please note that managed long term care plans were not impacted by this January 1, 2013 change.

Affected Medicaid Managed Care Plans

LogistiCare will manage trips for members of the following managed care plans.

| Plan Name | Plan Code |
|--|------------------|
| Affinity Health Plan | 82 |
| Amida Care | OD |
| Emblem Health (formerly HIP of Greater NY) | 99 |
| Health Plus (AmeriGroup) | KP |
| Healthfirst PHSP | SF |
| Metro Plus | OM |
| MetroPlus (Metropolitan Health Plus) | 92 |
| Neighborhood Health Providers | NP |
| NYS Catholic Health Plan (Fidelis) | SP |
| United Healthcare Community Plan (formerly AmeriChoice NY) | MO |
| VNSNY Choice Select | VS |
| Wellcare of New York | WC |

Managed Long Term Care

Managed long term care (MLTC) is a system that streamlines the delivery of long-term services to chronically ill Medicaid enrollees who wish to maintain their home and community position. MLTC plans cover a variety of services, currently including emergency and non-emergency transportation.

To request transportation services for a Medicaid enrollee participating in a certain MLTC plan, please contact the plan. Contact information for plan members is available in the *Managed Care Information Manual*, online at:

<https://www.emedny.org/ProviderManuals/AllProviders/index.aspx>.

Section VII – Transportation Service Complaints

Transportation vendors operating in New York City must meet various quality standards in order to maintain their status as a New York State Medicaid-enrolled transportation vendor. If you or your patients have any issue or concern about the services provided by a transportation vendor, please call LogistiCare at **(877) 564-5923**. This telephone line is staffed 24/7.

LogistiCare accepts complaints regarding:

- poor driving habits (e.g., speeding, driving while texting);
- unacceptable vehicle conditions (e.g., dirty seats, broken windows);
- inappropriate passenger care (e.g., ambulette dropped rider off alone at the curb);
- unusually/unnecessarily long transports (e.g., what is normally a 20-minute trip took four hours to complete);
- untimely pickup or discharge (e.g., pickup scheduled for 1:00, but vendor did not arrive until 1:30); or
- any other situation you find alarming or questionable concerning the transportation of a Medicaid enrollee.

LogistiCare will investigate the complaint and follow-up where necessary, and then refer the information to the Department of Health for potential escalation to enforcement agencies such as the New York State Office of the Medicaid Inspector General and/or Department of Transportation and/or the New York City Taxi and Limousine Commission.

To lodge a complaint about the services covered by a Managed Long Term Care plan or network provider, please consult the Department's website:

http://www.health.ny.gov/health_care/managed_care/mltc/mltcomplaint.htm.





Section VIII – Important Contact Information

| | |
|--|---|
| LogistiCare Website | http://nycmedicaidride.net/ |
| LogistiCare Email Address | NYC@Logisticare.com |
| LogistiCare Operations Center | (877) 564-5911 |
| Reservation Line for Enrollee Use | (877) 564-5922 |
| Facility Services Department | (877) 564-5925 |
| Hospital Discharges/Urgent Transportation | (877) 564-5926 |
| Brooklyn Facility Fax Number | (877) 585-8758 |
| Queens Facility Fax Number | (877) 585-8759 |
| Bronx Facility Fax Number | (877) 585-8779 |
| Manhattan Facility Fax Number | (877) 585-8760 |
| Staten Island Facility Fax Number | (877) 585-8780 |
| Complaint Line | (877) 564-5923 |
| Managed Care Complaints | (800) 206-8125 |
| Computer Sciences Corporation | (800) 343-9000 |
| NYS Department of Health Medicaid Transportation Unit | Telephone: (518) 473-2160 Email: MedTrans@health.ny.gov Fax: (518) 486-2495 |

Section IX – Ordering Provider Roster

For a transportation provider to receive prior authorization for reimbursement of rendered transportation services, the Medicaid-registered identity of the physician, practitioner, program or facility ordering the transportation **must** be furnished to the Medicaid Program.

When the prior authorization request is approved, a copy of the roster containing the prior authorization information is sent to the medical practitioner listed as having requested the service. Upon receipt of the roster, the practitioner should review the information to ensure accuracy and that the enrollee(s) on the roster was/were indeed referred by the practitioner having received the roster.

If any of the enrollee(s) on the roster were **not** referred for transportation services, or if the appointments medical were cancelled, then a copy of the roster should be sent to Computer Sciences Corporation, with a cover letter explaining that the services for the indicated enrollee(s) were not referred by the practitioner identified on the roster. The roster and cover letter should be sent to:

**Computer Sciences Corporation
ATTN: eMedNY FRAUD
P.O. Box 4611
Rensselaer, New York 12144.**



Section X – Definitions

For the purposes of the Medicaid Program, and as used in this Manual, the following terms are defined:

Ambulance

A motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

Ambulance Service

Any entity, as defined in Section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat or other form of transportation to or from facilities providing hospital services and which is currently certified or registered by the Department of Health as an ambulance service.



Ambulette

An ambulette is a special-purpose vehicle, subject to inspection requirements of the New York State Department of Transportation (NYSDOT) and requiring a certificate or permit for the transportation of passengers from the United States Department of Transportation or the Commissioner of NYSDOT, that is designed and equipped to provide non-emergency care that has either wheelchair-carrying capacity or the ability to carry transit-disabled individuals.

Many New York City-based ambulette vehicles are licensed by the NYC Taxi and Limousine Commission.



Ambulette Service

An ambulette service is an individual, partnership, association, corporation, or any other legal entity, which transports the invalid, infirm or disabled by ambulette to or from facilities that provide medical care.

An ambulette service also provides the invalid, infirm or disabled with personal assistance.

Livery Transportation

Livery transportation is transportation in a sedan vehicle, or at times, in an ambulette, for ambulatory individuals who cannot use public transportation but do not need door-to-door personal assistance.



New York City Human Resources Administration

New York City Human Resources Administration (HRA) is the New York City “local social services district.”

Ordering Practitioner

The ordering practitioner is the Medicaid enrollee’s attending physician or other medical practitioner who has not been excluded from enrollment in the Medicaid Program and who is requesting transportation on behalf of the enrollee so that the enrollee may obtain medical care or services covered under the Medicaid Program.

The ordering practitioner is responsible for initially determining when a specific mode of transportation is necessary.

Personal Assistance

Personal assistance is the provision of physical assistance by a provider of ambulette services or the provider's employee to a Medicaid enrollee for the purpose of assuring safe access to and from the enrollee’s place of residence, ambulette vehicle and Medicaid-covered health service provider's place of business.



Personal assistance is the rendering of physical assistance to the enrollee in:

- walking, climbing or descending stairs, ramps, curbs or other obstacles;
- opening or closing doors;
- accessing an ambulette vehicle; and
- the moving of wheelchairs or other items of medical equipment and the removal of obstacles as necessary to assure the safe movement of the enrollee.

In providing personal assistance, the provider or the provider’s employee will physically assist the enrollee which shall include touching, or, if the enrollee prefers not to be touched, guiding the enrollee in such close proximity that the provider of services will be able to prevent any potential injury due to a sudden loss of steadiness or balance.

An enrollee who can walk to and from a vehicle, his or her home, and a place of medical services without such assistance is deemed not to require personal assistance.

Prior Authorization

A prior authorization is the designated agents’ determination that payment for a specific mode of transportation is essential in order for a Medicaid enrollee to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the enrollee’s transportation costs.

Public Transportation

Public transportation is the method of transportation typically used by New York City residents. This includes the Metropolitan Transit Authority (MTA) bus and subway, Metro-North Railroad, Long Island Railroad, Long Island Bus, and the Staten Island Ferry.

Public Transportation Automated Reimbursement

Public Transportation Automated Reimbursement (PTAR) is a web-based application wherein approved facilities/practitioners data-enter patient-identifying information to receive reimbursement for Metrocard distribution.

Transportation Services

Transportation by ambulance, ambulette, livery vehicle, common carrier or other means appropriate to the enrollee's medical condition.