



**NYS Medicaid Transportation Program  
TRAVEL REIMBURSEMENT POLICY MANUAL**

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The New York State Medicaid Transportation program offers transportation to and from Medicaid covered services for eligible Medicaid enrollees. The program also arranges and reimburses necessary travel related expenses associated with Medicaid covered services. The purpose of this Travel Reimbursement and Long-Distance Travel Policy Manual (Manual) is to provide guidance to the New York State Department of Health’s (Department) Transportation Managers (TM) and eligible Medicaid enrollees to better understand and apply the Department’s travel policy.

The Department sets statewide rules, regulations, and policies for reimbursement of prior authorized travel related expenses in accordance with Department and Federally approved guidelines regarding such reimbursement.

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## **TRAVEL RELATED EXPENSES**

### **Prior Authorization**

Prior authorization is advance approval to travel. When travel arrangements are necessary for an eligible Medicaid enrollee to obtain a Medicaid covered service, such arrangements must be prior authorized by the applicable TM to be eligible for reimbursement. All travel arrangements require Prior Authorization regardless if they were made by the TM on behalf of the enrollee or if the enrollee secured their own arrangements. For the TM to perform the necessary review and authorization of the requested travel, ample time must be given prior to the date of travel. Long distance travel should be arranged no less than five days in advance of the date of the Medicaid covered service.

It is imperative that documentation and authorizations remain current in order to minimize disruption to ongoing care.

### **TM-Arranged Travel versus Self-Arranged Travel**

TM-arranged travel and self-arranged travel are subject to the same policy requirements. The Department strongly encourages the use of TM-arranged travel. TM-arranged travel offers many benefits:

- Ensures all required forms and approvals are in place prior to travel
- Reduces out-of-pocket costs for the enrollee and their additional travelers
- Reduces the risk of denial of expenses submitted for reimbursement

### **Documentation to Support Prior Authorization of Travel**

The TM has the right to request additional information to obtain the supporting detail necessary to authorize travel and reimburse expenses. Failure to submit requested information risks nonpayment or denial of travel related expenses.

The TM may request a **Verification of Medicaid Transportation Abilities (Form-2015)** from your medical provider to medically justify the requested mode of transportation for travel to and from the Medicaid covered service. The TM will secure or reimburse transportation at the most medically appropriate, cost-effective mode of transportation as justified by the medical provider. More detail on the Form-2015 is found on the TM's website.

The TM may request a **Request for Transportation Outside of the Common Medical Marketing Area (Form-2020)** from the referring physician to medically justify travel outside of the common medical marketing area (CMMA). The CMMA is the geographic area from which a community customarily obtains its medical care and services. The CMMA is **not** necessarily set by geographic or county borders. Rather, the CMMA can vary depending upon the medical specialty or services required that are accessible locally, as well as the individual needs of each enrollee. More detail on the Form-2020 is found on the TM's website.

The TM may request a **Letter of Medical Necessity (LMN)** from the initial referring physician or the ongoing treating physician for additional detail to support the travel request. An LMN typically includes the following information:

- Enrollee's name
- Client Identification Number (CIN)
- Diagnosis and medical reason for treatment at the treating facility

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- Anticipated treatment plan, such as the duration of treatment and follow-up appointments
- Appointment dates and times
- In patient hospitalization considerations
- Dates of travel
- Justification for any special travel or lodging requests
- Medical justification for any escorts
- Any additional information pertinent to the enrollee's travel arrangements

All documentation is subject to review by the TM. The TM needs adequate time to review documentation and render a decision. Documentation should be submitted at least five (5) business days in advance of the travel date. Prior authorization may be denied if documentation is not provided in enough time to conduct a thorough review. It is imperative that documentation and authorizations remain current to minimize disruption to ongoing care.

### **Escorts**

An escort is an individual who accompanies an enrollee who is unable to travel without assistance or supervision to receive a Medicaid covered service. The TM will reimburse an escort's allowable expenses per person per day if the following criteria are met: (1) it is determined to be medically necessary for the enrollee to travel with an escort, (2) the TM has received the LMN signed by the medical provider, and (3) the travel arrangements were prior authorized by the TM. All requests for escorts are subject to review and approval by the TM.

An LMN may not be needed for one escort to accompany the enrollee when the enrollee is age 21 and under. The TM may approve one escort for medical procedures that, in standard course, require an escort for the procedure to be performed.

### **Travel Status**

An enrollee may be reimbursed for travel related expenses when they are considered in "travel status." An enrollee is in travel status when traveling from their residence to a Medicaid covered service, while at the Medicaid covered service, and during their return trip home following the appointment. Reimbursement for travel related expenses may be considered under the following circumstances:

#### Single Day Trips

"Single Day Trips" are prior-authorized trips where the travel to and from the Medicaid-covered service occurs in one day. Single day trips do not qualify for overnight lodging.

When an enrollee must travel at least 120 miles one-way to a Medicaid covered service and completes the round-trip in a single day, they may be reimbursed up to \$40 per approved traveler for receipted meal expenses.

#### Overnight Trips

"Overnight Travel" is prior-authorized travel requiring an overnight stay. This may apply when the enrollee must travel on the day prior to an appointment to arrive on time or prepare for the appointment, when the TM determines that the return home is excessively burdensome or is not feasible on the appointment date, or when it is medically necessary for the enrollee or their approved traveler(s) to reside near the facility. Overnight travel accommodations should be

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arranged through the TM to reduce out-of-pocket costs and reduce the risk of expenses being denied that were submitted for reimbursement.

When an enrollee requires overnight travel to a Medicaid covered service, they may be reimbursed up to \$60 per approved traveler for receipted meal expenses. On the first and last days of travel, they may be reimbursed up to \$40 per approved traveler (See Examples on page 6).

**Non-Reimbursable Expenses**

Non-reimbursable expenses include, but are not limited to:

- SNAP benefits (i.e. food stamps) \*
- tobacco products;
- tips;
- meal delivery services;
- shipping expenses;
- alcoholic beverages;
- internet services;
- laundry services;
- additional hotel amenities such as movies and entertainment;
- leases or rental agreements;
- excessive meal expenses;
- fuel;
- vehicle repairs and supplies;
- rental cars (unless prior approved by the TM);
- medical supplies;
- over the counter medications; and
- other personal items.

**\*Note:** Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) cannot be used while in travel status. Per The Food and Nutrition Act of 2008, SNAP benefits are to be used to purchase food for home consumption.

Expenses covered by a reward program, cashback program, or third party such as a nonprofit organization will not be reimbursed. All requests for reimbursement must include an itemized receipt showing the method of payment.

If an enrollee or their escort behaves inappropriately or regularly incurs expenses outside of the policy, the TM will notify the enrollee in writing that all future travel costs will be arranged and paid for by the enrollee and then submitted to the TM for review and determination of appropriateness of reimbursement.

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**MEALS**

The TM will reimburse meal expenses based on the enrollee's travel status and the number of approved travelers.

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The daily maximum reimbursement of meal expenses is \$40.00 per approved traveler for:

- Single day trips without prior authorized overnight travel, and
- The first and last day of trips with prior authorized overnight travel.

The daily maximum reimbursement of meal expenses is \$60.00 per approved traveler per day for full days when the enrollee is in overnight travel status which are not the first or last day of travel.

The daily maximum reimbursement amount is subject to change at the discretion of the Department.

Meal expenses are only eligible for reimbursement when the travelers are in travel status. The TM will not reimburse meal expenses incurred before engaging in travel status or after the return home.

Meals expenses will not be reimbursed during the time an enrollee is hospitalized or when an enrollee is fed by a gastrostomy tube (G-tube).

The TM will reimburse for reasonable meal expenses according to valid receipts submitted. Receipts must include the business name and/or address, date, item(s) purchased, price of each item, the total amount of the bill, and the method of payment. Examples of valid and invalid receipts are found in Appendix A of this Manual.

Non-reimbursable meal expenses include, but are not limited to:

- Receipted items that cannot be identified as a consumable food or beverage
- SNAP benefits (i.e. food stamps)
- Tips;
- Alcoholic beverages;
- Gift cards,
- Meal vouchers,
- Rewards perks;
- Service fees; and
- Delivery fees.

Example A

Stacey travels to New York City Friday morning and returns home Friday evening. She does not stay overnight. The TM approved Stacey's mother to escort her on this trip. Stacey and her mother are eligible for up to \$40.00 each in meal reimbursement based on their receipts.

Example B

Robby traveled to Boston on Monday and returned home on Tuesday. Robby is eligible for \$40.00 in reimbursement each day based on his receipts. Robby submitted a receipt from the coffee shop 5 miles from his house. This receipt will not be reimbursed because Robby was not yet in travel status.

Example C

Josiah travels to Philadelphia on Monday and returns home on Thursday. The TM approved Josiah's wife to escort him on this trip. On Monday and Thursday, Josiah and his wife are eligible for up to \$40.00 each in reimbursement based on their receipts. On Tuesday and Wednesday, Josiah and his wife are eligible for up to \$60.00 each in meal reimbursement based on their receipts.

## **LODGING**

The TM will prior authorize lodging for overnight travel based on the parameters outlined in the **Travel Status** section, above. Requests for lodging and any special accommodations should be communicated to the TM at least five days in advance.

### **Selection**

The TM has the responsibility to secure an enrollee's travel related needs at the most cost-effective rate available. If lodging at a medical housing location is available, medically appropriate, and cost-effective, the TM will secure lodging at this location. If this option is not available, medically appropriate, or cost-effective, the TM will seek the most cost-effective hotel in proximity to the treating facility.

If an enrollee opts to manage their own travel plans, the enrollee risks not being fully reimbursed if the TM could have secured the travel arrangements at a lower rate. Reimbursement will be made equal to the lowest rate available plus taxes. *The GSA lodging per diem is the maximum reimbursement, not a guarantee.*

The TM will consider reasonable variations in daily room rates across the stay. The TM may use the average room rate across all days of the stay when determining reimbursement. If no hotels are available within the per diem, the TM may prior authorize lodging at the most cost-effective location above the per diem.

### **Changes and Cancellations**

If there is a need to cancel or modify the secured lodging, it is the responsibility of the enrollee to notify the TM by telephone or email at least three (3) days (in non-emergent situations) prior to the expected date of arrival. If the TM is not notified, the enrollee risks incurring a non-reimbursable cancelation or a no-show fee.

Regardless of whether the TM or the enrollee arranged the travel plans, the TM must be notified if there are any modifications to the travel plans as soon as possible in advance of the trip.

### **Reimbursement**

The TM will reimburse for lodging according to a valid itemized hotel invoices, post check out. The invoice must include the business name, date, dates of stay, price of each night, itemized taxes and fees, the total amount of the bill, and the method of payment. Examples of valid and invalid invoices are found in Appendix B of this Manual.

If there is damage caused by the deliberate, negligent, or reckless act of the enrollee or others accompanying the enrollee, neither the TM nor the Department will assume fiscal responsibility for such damage. Rather, it will be the responsibility of the enrollee to pay for such damages.

Damages may include, but are not limited to:

- Structural damages;
- Charges for additional cleaning fees;
- Fees charged for smoking in the room, and
- Any other type of loss or damage to the property.

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Non-reimbursable lodging expenses include, but are not limited to:

- Room Service;
- Ordering of games, movies;
- WiFi access charges;
- Telephone Access charges;
- Security or safety deposit box;
- Meal Delivery Service;
- Tips to Hotel/Lodging staff;
- Laundry service; and
- Minibar charges.

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**AIRFARE**

The TM will review each request for transportation to determine the most medically appropriate, cost-effective mode. If a request requires travel by commercial airplane, the TM will book a flight for the enrollee and any prior-approved escorts at the most cost-effective rate. Requests for any special accommodations should be communicated to the TM as far in advance as possible.

The TM will reimburse for airfare according to a valid itemized airfare receipt. The receipt must include the business name, passenger names, date of flight, price of each ticket, itemized taxes and fees, the total amount of the bill, and the method of payment. Examples of valid and invalid invoices are found in Appendix B of this Manual.

Non-reimbursable airfare expenses include, but are not limited to:

- Additional or overweight baggage fees;
- Seat selection or upgrade fees;
- Ticket change fees;
- Cancellation fees;
- In-flight Wi-Fi; and
- Cancellation of non-reimbursable tickets.

**\*Note:** One checked bag per approved traveler will be considered for reimbursement if the airline does not include the first bag at no cost.

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**COMMERCIAL BUS AND TRAIN**

The TM will review each request for transportation to determine the most medically appropriate, cost-effective mode including commercial bus and train. The TM will book tickets for the enrollee and any prior-approved escorts at the most cost-effective rate.

If there is a medical reason which makes commercial bus or train inappropriate for the enrollee, the medical provider must submit a written justification to the TM for review and approval prior to travel.

Non-reimbursable commercial bus and train expenses include, but are not limited to:

- Additional or overweight baggage fees;
- Seat selection or upgrade fees;
- Ticket change fees;
- Cancellation fees;

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- Wi-Fi services; and
- Cancellation of non-reimbursable tickets.

**\*Note:** One checked bag per approved traveler will be considered for reimbursement if the ticket does not include the first bag at no cost.

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**IN CITY TRAVEL**

The TM will consider reimbursement of reasonable costs for travel and parking within the destination city. The TM will not reimburse expenses for travel to restaurants or entertainment destinations.

All expenses require an itemized receipt for reimbursement. The receipt must include the business name and/or address, date, fare/parking price, itemized taxes and fees, the total amount, and the method of payment. Receipts for taxi or rideshare services must include the pickup and drop-off locations. Examples of valid and invalid receipts are found in Appendix A of this Manual.

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**PERSONAL VEHICLE MILEAGE REIMBURSEMENT**

If an enrollee travels by personal vehicle to and/or from a Medicaid covered service, they can request mileage reimbursement. All mileage reimbursement trips must be prior authorized to be eligible for reimbursement.

The TM will reimburse loaded miles to and/or from a prior authorized Medicaid covered service. Loaded miles are the miles traveled in which the enrollee having an appointment is transported between the approved pickup/drop-off location and the appointment. Mileage is automatically calculated using the shortest distance route as determined by the TM's system.

If a driver multiloads enrollees, the reimbursement will reflect the furthest loaded mileage between the pickup and destination addresses approved by the TM.

Mileage rates are established annually by the Internal Revenue Service (IRS) and can be found on the [IRS website \(https://www.irs.gov/tax-professionals/standard-mileage-rates\)](https://www.irs.gov/tax-professionals/standard-mileage-rates).

- Enrollee self-drive and in-dwelling drivers ..... IRS medical mileage rate
- Out-of-dwelling drivers ..... IRS business mileage rate

A dwelling is a house or building in which people live. Enrollees or drivers who reside in the same dwelling will receive the IRS medical mileage rate. For example, if the enrollee lives in Unit A and the driver lives in Unit B of a duplex home, they qualify for the medical mileage rate.

To receive reimbursement, the enrollee and/or their driver must submit a completed NYS Department of Health Mileage Reimbursement Form signed by the medical provider within 60 calendar days of the appointment. The TM has the right to place a claim on hold and request documentation to validate any information, such as proof of address, unavailability of a personal vehicle or additional documentation to affirm medical appointment attendance. Failure to submit, timely, the requested information risks nonpayment or denial.

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The TM considers reimbursement of expenses for tolls, parking, and bridge fare directly related to the enrollee receiving a Medicaid covered service if accompanied by an original receipt or EZ Pass account statement.

The TM will not reimburse additional mileage, tolls, parking, etc. for expenses not directly related to travel to and from the Medicaid covered service. The costs of any additional stops are the responsibility of the enrollee.

**Exception: New York City**

Enrollees who reside in New York City and are transported by personal vehicle or by a volunteer driver to and from a Medicaid-covered service will not receive reimbursement for mileage, tolls, or parking if the travel occurs within the five city boroughs.

Trips beginning within the five boroughs and ending outside or beginning outside and ending within the five boroughs may receive mileage reimbursement if prior authorized. Potential ancillary travel related expenses incurred, such as meals and/or lodging, may be considered for reimbursement in accordance with the guidelines set forth in this Manual.

**Rental Cars**

The TM will consider securing or reimbursing a rental vehicle on a case-by-case basis when such use is directly related to the provision of the necessary Medicaid-covered service, has a medical justification provided by the enrollee's physician, and is deemed the most cost-effective mode of transportation. The rental vehicle may not exceed the size or accommodation needs of the enrollee and/or their escort. For example, the TM will not reimburse for a luxury car when a compact or mid-size vehicle is more appropriate. Additional charges such as damage waivers, refueling fees, and insurance are not eligible for reimbursement.

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**HOW TO REQUEST PRIOR AUTHORIZATION**

**All trips must be prior authorized by the TM to consider reimbursement of travel related expenses, including trips accommodations arranged by the enrollee.** See page 3 for more information on Prior Authorization.

**Step 1:** Contact the TM by telephone or online at least 72 hours prior to the Medicaid covered service. When requesting overnight travel or special accommodations, please request the trip as far in advance as possible to ensure the TM can make the appropriate accommodations.

You must provide:

1. The enrollee's Medicaid number;
2. The enrollee's date of birth;
3. The enrollee's current address;
4. The enrollee's current telephone number;
5. The name and telephone number of the person scheduling the trip;
6. The date and time of the appointment;
7. The enrollee's primary care physician or physician ordering the trip;
8. The exact address of the destination, including zip code;
9. If someone other than the enrollee is driving; and
10. Any additional information required by the TM.

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When applicable, prior authorization may require:

- Approval of a Form-2015
- Approval of a Form-2020
- Approval of an LMN

**Step 2:** Request an invoice number for every trip for your records and proof of prior authorization.

**Step 3:** Access the forms immediately on the TM's website. If you do not have access to a computer, you may request that the TM mails the forms to you prior to the Medicaid covered service.

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**HOW TO REQUEST REIMBURSEMENT**

**Step 1:** Complete a NYS Department of Health mileage/travel reimbursement form. These forms can be found on the TM's website. Use the form most appropriate for your claim.

1. NYSDOH Physician Attestation for Mileage Reimbursement Individual Appointments
  - Use this form to claim reimbursement for one medical appointment.
2. NYSDOH Daily Mileage Reimbursement Form
  - Use this form to claim reimbursement for multiple medical appointments, listing each appointment and obtaining separate physician signature for each.

Remember:

- If someone other than the enrollee drives, the completed form must be signed by the driver and the enrollee.
- The driver's social security number is required for the first reimbursement, but subsequent claims do not require social security numbers.
- Forms with multiple appointments require a physician signature for every date of service in the designated area of the form.
- Claim forms and receipts must be legible to be reimbursed. Claim forms and receipts which are illegible, faded, or damaged cannot be processed.
- Submitted receipts should be arranged by date and time of purchase.

**Step 2:** On the day of the Medicaid covered service, request the physician or staff member within the facility to sign the designated area of the reimbursement form to confirm attendance.

**Step 3:** Save and attach all ORIGINAL receipts for your travel related expenses and write amounts in the appropriate fields. Save copies of all information submitted to the TM for your personal record.

**Step 4:** Submit the original completed form with any original receipts to the TM within 60 calendar days.

Requests for reimbursement must be submitted to the TM within 60 calendar days. For one day trips, the 60-day window begins one calendar day after the date of service. For overnight trips, the 60-day window begins one calendar day after the approved return date. Requests for reimbursement submitted beyond 60 days are at risk for non-payment.

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By submitting a claim, the claimant certifies that all the information provided is true, accurate, and complete. The TM has the right to request additional information in support of a claim. Any information found to be false or non-reimbursable will result in a deduction from the claimant's reimbursement. Please see the full Claim Certification Statement in Appendix C.

The TM must process the claim within 30 calendar days from receipt of the claim, meaning:

- Approved expenses must be reimbursed to the claimant.
- Denied expenses will be communicated to the claimant with a denial reason.
- Any further information or documents needed to process the claim will be communicated to the claimant.

Please note: The TM is required by the Internal Revenue Service to send a Form 1099-Miscellaneous to anyone who received \$600 or more in reimbursements during a calendar year.

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**FREQUENTLY ASKED QUESTIONS**

**1. Can I obtain authorization for my travel during or after my trip?**

No. Authorization for travel must be obtained prior to the trip.

**2. Can forms such as the Form-2015, Form-2020, or LMN be obtained after I travel?**

No. All forms supporting your travel must be received and approved by the TM prior to the trip to support prior authorization.

**3. What are the current mileage reimbursement rates?**

Mileage rates are established annually by the Internal Revenue Service (IRS) and can be found on the [IRS website \(https://www.irs.gov/tax-professionals/standard-mileage-rates\)](https://www.irs.gov/tax-professionals/standard-mileage-rates).

- Enrollee self-drive and in-dwelling drivers ..... IRS medical mileage rate
- Out-of-dwelling drivers ..... IRS business mileage rate

A dwelling is a house or building in which people live. Enrollees or drivers who reside in the same dwelling will receive the IRS medical mileage rate. For example, if the enrollee lives in Unit A and the driver lives in Unit B of a duplex home, they qualify for the medical mileage rate.

**4. Do I need to track my miles?**

No. You do not need to report miles on the claim form. Mileage is automatically calculated using the shortest distance route as determined by the TM's system. Reimbursement is available for loaded mileage only, i.e., mileage incurred while actively transporting the enrollee.

**5. What mileage expenses are reimbursable?**

The TM will reimburse loaded miles to and/or from a prior approved Medicaid covered service. Loaded miles are the miles traveled in which the enrollee having an appointment is transported to and from their home address/approved pickup location to the appointment location/approved drop off location. Mileage is automatically calculated using the shortest distance route as determined by the TM's system.

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The TM considers reimbursement of expenses for tolls, parking, and bridge fare, if accompanied by an original receipt or EZ Pass account statement.

**6. How long after my appointment do I have to submit my claim for reimbursement?**

Requests for reimbursement must be submitted to the TM within 60 calendar days. For one day trips, the 60-day window begins one calendar day after the date of service. For overnight trips, the 60-day window begins one calendar day after the approved return date. Requests for reimbursement submitted beyond 60 days are at risk for non-payment.

**7. I submitted a claim, but it was returned to me unprocessed. What happened?**

Claims may be put on hold if the form is incomplete or if additional information is needed for processing. Claims for unauthorized trips/expenses are fully or partially denied reimbursement for the unauthorized expenses.

**8. Why does the amount on my check not match the amount I requested?**

The TM audits your claim and may adjust in accordance with policy. Please call the TM for an explanation. The TM will provide the reason for any costs which were denied reimbursement.

**9. What is an itemized receipt?**

An itemized receipt (see examples in Appendix A) has ALL the following pieces of information on it:

- 1) Business Name and/or Address
- 2) Date
- 3) Item(s) Purchased
- 4) Price of Each Item
- 5) Amount of Bill
- 6) Method of Payment

**10. What are the lodging per diem rates?**

The per diem rates can be found on the [General Service Administration \(GSA\) website \(https://www.gsa.gov/travel/plan-book/per-diem-rates\)](https://www.gsa.gov/travel/plan-book/per-diem-rates). These rates are subject to change every October.

**11. What if my hotel's room rate changes day to day?**

The TM will consider reasonable variations in daily room rates across the stay. The TM may use the average room rate across all days of your stay when determining reimbursement. If no hotels are available within the per diem, the TM may prior authorize lodging at the most cost-effective location above the per diem.

**12. Can I pick my own hotel?**

The Department strongly encourages the use of TM-arranged travel. The TM will secure lodging with the most cost-effective option in proximity to the Medicaid covered service. If you choose to arrange your own lodging, you will be reimbursed at the rate of the most cost-effective option available at the time of travel. The daily per diem is not a guaranteed reimbursement amount.

If you have specific lodging needs, you must communicate the needs to the TM as far in advance as possible. An LMN may be required to support your request.

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- 13. Can I combine the lodging and meal per diem rates to get a nicer hotel room or spend more on meals?**  
No.
- 14. Why did I receive a Form 1099?**  
The TM is required by the Internal Revenue Service to send a Form 1099-Miscellaneous to anyone who received \$600 or more in reimbursements during a calendar year.

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**CONTACT US**

Questions may be directed to the Transportation Manager or the Department's Bureau of Medicaid Transportation.

**Bureau of Medicaid Transportation**

Email: [MedTrans@health.ny.gov](mailto:MedTrans@health.ny.gov)  
Phone: 1-518-473-2160  
Fax: 1-518-486-2495

**Transportation manager for Nassau and Suffolk County:**

LogistiCare Solutions  
Website: <https://www.longislandmedicaidride.net>  
Email: [NYLIExceptions@logisticare.com](mailto:NYLIExceptions@logisticare.com)  
Phone: 1-844-678-1101  
Fax: 1-855-848-8642

**Transportation manager for all other counties:**

Medical Answering Services  
Website: <http://www.medanswering.com>  
Email: [ReimbursementSupport@Medanswering.com](mailto:ReimbursementSupport@Medanswering.com)  
Phone: Go to [www.medanswering.com](http://www.medanswering.com) for county specific phone number

APPENDIX A: EXAMPLES OF RECEIPTS

Examples of Invalid Receipts

Welcome to Mel's

Check #: 0001	12/20/20
Server: Josh F	4:38PM
Table: 7/1	Guests: 2

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2 Beef Burger (@9.95/ea.)	19.90
SIDE: Fries	
1 Bud Light	3.79
1 Bud	4.50

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Sub-total	28.19
Sales Tax	<u>2.50</u>
TOTAL	30.69

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Balance Due	30.69
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Thank you for your patronage!

This receipt shows alcohol was purchased. Alcohol is a non-compensable item and will not be reimbursed. The Bud and Bud Light along with the taxes associated would be deducted from the amount to be reimbursed.

This receipt does not show how the bill was paid. Notice how it still shows "balance due"?

KINGSGATE MARRIOTT  
CONFERENCE CENTER AT THE  
UNIVERSITY OF CINCIANNATI  
151 Goodman Dr.  
Cincinnati, OH 45219  
(513) 487-3800  
CHECK 2520

REF: 0888  
CD TYPE: VISA  
TR TYPE: PURCHASE  
DATE: MAY 19, 2020

TOTAL	\$8.50
ACCT: 9806	EXP: **/**
AP: 012315	
NAME: DAVID M ROE	

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HERON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU

CUSTOMER COPY

This receipt does not show what was purchased.

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Example of a Valid Receipt

Greater Cincinnati Northern  
Kentucky International Airport  
Operated by Standard Parking

Fee Computer Number: 12  
Cashier: Fitzgerald Id #106  
Transaction Number: 35836  
Entered: 11/09/2020 06:44  
Exited: 11/14/2020 20:00  
Ticket #12313  
Lot: Lot 2  
Area: Area 2  
Rate: VarRate2

Parking Fee: \$ 48.00  
Subtotal: \$ 48.00  
Total Fee: \$ 48.00

MasterCard:  
Credit Card Number: \*\*\*\*\*XXXX  
Total Paid: \$ 48.00

Thank You  
For Comments or Questions  
Call 859-767-3105

1) Business Name  
2) Date  
3) Item Purchased  
4) Price of Item  
5) Amount of Bill  
6) Method of Payment

**APPENDIX B: EXAMPLES OF HOTEL INVOICES**

**Example of Invalid Hotel Invoice**

<b>HotelFinder.com</b>	1/12/2020
Thank you for your booking! You are booked for two nights at Great Lodging New York.	
Great Lodging New York	\$300.00
Taxes and Fees	\$50.00
<hr/>	
Total	\$350.00

This booking confirmation would be denied because it does not specify the taxes and fees, the dates of the stay, and the payment method.

**Example of Valid Hotel Invoice**

<b>Best Hotel Albany</b> 123 Main Street Albany, New York 12210		<b>Arrival: 1/10/20</b> <b>Departure: 1/12/20</b> <b>Room: Standard Queen</b>	
<b>Date</b>	<b>Description</b>	<b>Charge</b>	<b>Credit</b>
1/10/20	Room Charge	\$100.00	
	State Tax	\$10.00	
	Local Tax	\$5.00	
1/11/20	Room Charge	\$100.00	
	State Tax	\$10.00	
	Local Tax	\$5.00	
<b>Total</b>		<b>\$230.00</b>	
1/12/20	Paid VISA xxxx-xxxx-xxxx-6789		\$230.00
<b>Balance</b>		<b>\$0.00</b>	

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**APPENDIX C: CLAIM CERTIFICATION STATEMENT**

By submitting a claim, the claimant certifies that:

*I am qualified to provide such services for which I am submitting for reimbursement.*

*I have reviewed the form.*

*I have furnished or caused to be furnished the care, services and supplies itemized in accordance with applicable federal and state laws and regulations.*

*The amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any source other than, the Medicaid Program.*

*Payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid.*

*All statements made hereon are true, accurate and complete to the best of my knowledge.*

*No material fact has been omitted from this form.*

***I understand that payment and satisfaction of this claim will be from federal, state and local public funds and that I may be prosecuted under applicable federal and state laws for any false claims, statements or documents or concealment of a material fact.***

*Taxes from which the State is exempt are excluded.*

*All records pertaining to the care, services and supplies provided including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid Program will be kept for a period of six years from the date of payment, and such records and information regarding this claim and payment therefore shall be promptly furnished upon request to the Health Department, the State Medicaid Fraud Control Unit of the New York State Office of Attorney General or the Secretary of the Department of Health and Human Services.*

*There has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion.*

*I agree to comply with the requirements of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to:*

- (1) make administrative corrections to this claim to enable its automated processing subject to reversal by provider, and*
- (2) accept the claim data on this form as original evidence of care, services and supplies furnished.*

*By making this claim I understand and agree that I shall be subject to and bound by all rules, regulations, policies, standards, rates and procedures of the Health Department as set forth in*

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*Title 18 of the New York Official Compilation of Codes, Rules and Regulations of New York State and other Department publications.*

***I understand and agree that I shall be subject to and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or the entity's) past, present or future status in the Medicaid Program and/or imposing any duly considered sanction or penalty.***

*I understand that my signature on the claim form incorporates the above certifications and attests to their truth.*