



**Department
of Health**

**Office of
Health Insurance
Programs**

Medicaid Transportation

December 2015

The Basics

- Medicaid transportation is a federally-required State-Plan-approved service managed and administered by the Department of Health to ensure that enrollees have access to approved medical services.
- The Department of Health contracts with professional transportation management companies to manage non-emergency fee-for-service transportation.
- Most transportation services are provided by Medicaid-enrolled service providers who are reimbursed by the State.

Emergency vs Non-Emergency Transportation

- Emergency transportation is for the provision of initial, urgent, medical care including the treatment of trauma, burns, and respiratory, circulatory and obstetrical emergencies. Emergency transportation typically emanates from a 911 call.
- Non-emergency transportation- necessary in order for an enrollee to access medical care.

Federal Requirement

- The Medicaid Non-Emergency Medical Transportation benefit (NEMT) is authorized under the Social Security Act §1902(a)(70) and 42 C.F.R. §440.170 and requires that states:
 - Ensure necessary transportation to and from providers;
 - Use the most appropriate form of transportation; and
 - Include coverage for transportation and related travel expenses necessary to secure medical examinations and treatment.

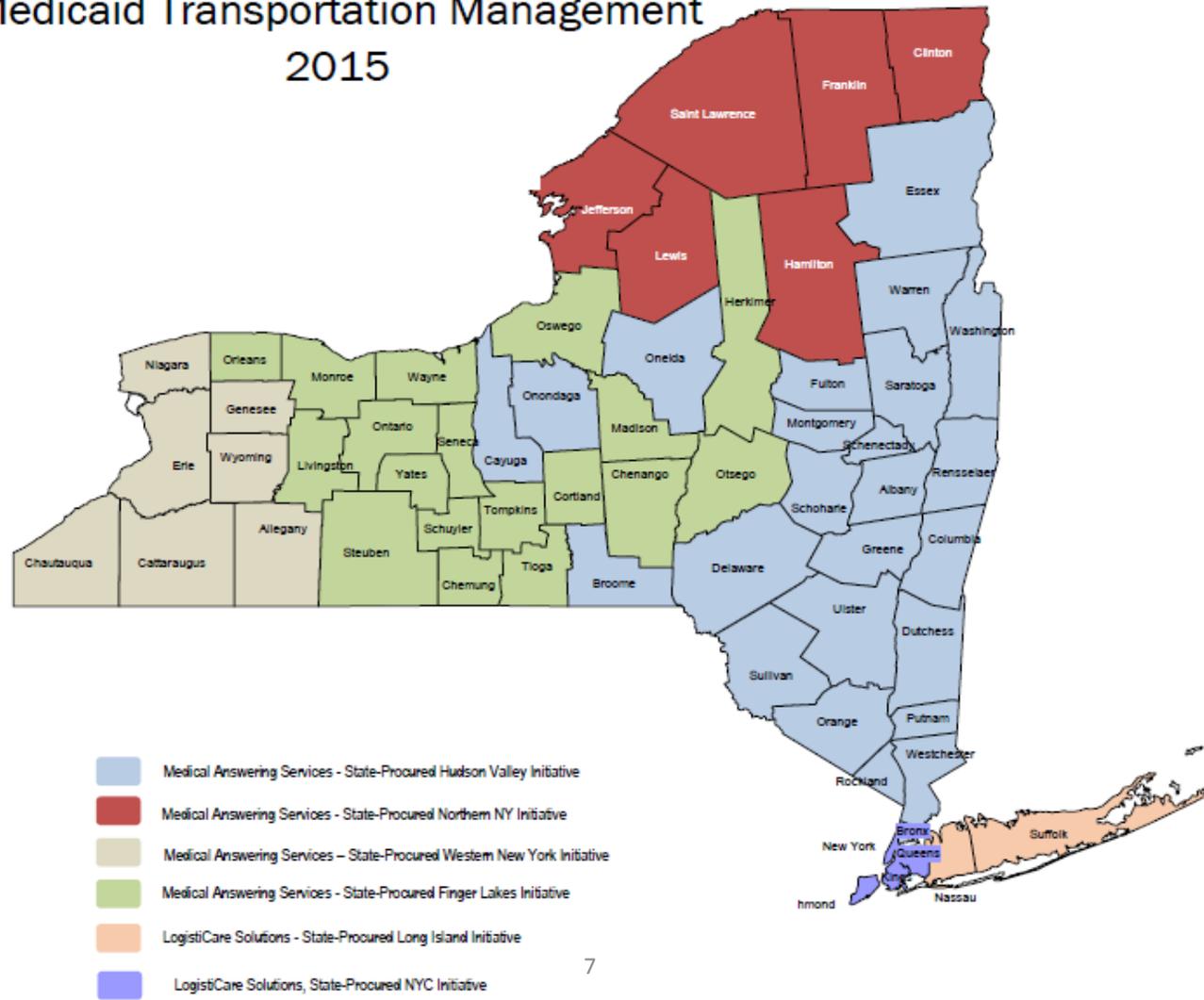
From the County to the State

- Prior to 2011 Medicaid transportation was administered by county Departments of Social Services.
- The 2010-11 State Budget gave the Commissioner of Health the authority to assume the administration of Medicaid transportation from the counties.
- The 2010 Medicaid Administration Reform and subsequent Medicaid Redesign Team initiatives intended to improve the program by:
 - Relieving the counties with the burden administering Medicaid transportation
 - Improving program quality
 - Reducing costs
 - Achieving greater department accountability
 - Standardizing the application of Medicaid transportation policy
- As of July 2015, the Department of Health has effectively assumed management of Medicaid transportation from each county Department of Social Services.

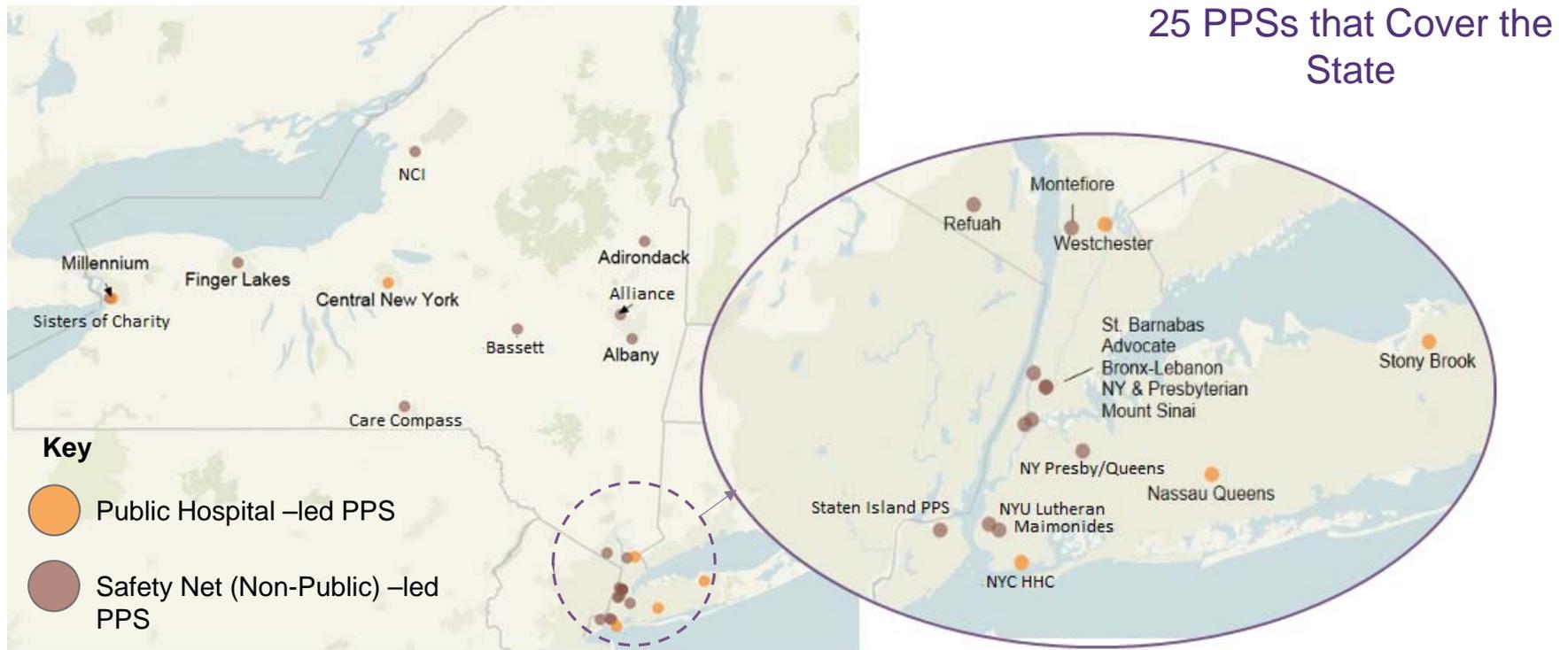
The Breakdown of the State

- There are 6 regions handled under 5 contracts:
 - Long Island
 - New York City
 - Western NY
 - Hudson Valley
 - Finger Lakes
 - Northern NY
- Each of these regions' transportation manager is procured through a competitive process every 5 years.

Medicaid Transportation Management 2015



Performing Provider Systems (PPSs)



Who are the Transportation Managers?

- Currently the Department contracts with two Transportation Managers
 - **Medical Answering Services, LLC**
 - All Counties North of NYC - <https://www.medanswering.com/> – (800) 850-5340 (24 hours a day, 7 days a week)
 - **LogistiCare Solutions, LLC**
 - New York City - <http://www.nycmedicaidride.net/> – (877) 564-5911 (24 hours a day, 7 days a week)
 - Long Island - <https://www.longislandmedicaidride.net/> – (844) 678-1101 (24 hours a day, 7 days a week)

Volume of Annual Trips (Not Including Public Transportation)

- New York City – 4,800,000 trips
- Long Island – 587,000 trips
- Upstate New York – 5,700,000 trips
- **TOTAL= 11,100,000 trips**

Annual Call Volume by Region

- Long Island = 207,000 calls
- New York City = 1,500,000 calls
- Upstate New York = 5,500,000 calls
- **Total = 7,200,000 calls**

Transportation Managers Call Center Staffing

- Long Island = 70 staff
- New York City = 240 staff
- Syracuse = 370 staff
- Buffalo = 50 staff
- **Total = 730 staff to manage NY Medicaid Transportation**

Transportation Management Outreach

- Regional representatives assigned to each county
- Regional stakeholder meetings
- Round table discussions with public transit and mobility management providers
- Regular meetings with major medical facilities
- Ad hoc meetings with the Medicaid community including medical practitioners, caseworkers, enrollees, advocates, and transportation provider networks
- Regular ongoing surveys of transportation providers, medical providers, and enrollees.

Benefits of Transportation Management

- Medicaid per enrollee cost savings
- Increased efficiency with limited resources
- Assignment of the most medically appropriate mode of transport
- Greater Medicaid program accountability
- Improved service quality
- Better coordination of services during inclement weather and catastrophes
- Expedited complaint investigation and resolution
- Early identification of transportation access issues
- Increased flexibility and sensitivity to individual enrollee needs
- Improved fraud and abuse identification

Quality Assurance

- Formal complaint process
 - Aids in the identification of performance patterns
- Proactive Medicaid community surveys to assess performance and identify areas in need of improvement
- Corrective Action Plans and Provider-specific “scorecards”
- Transportation Managers:
 - Answer 95% of calls within 3 minutes, record all calls for easy retrieval and auditing
 - Assign trips according to Medicaid policy
 - Facilitate expeditious, appropriate resolution to all trip concerns
 - Monitor and measure transportation provider performance
 - Pre- and post-trip verification
 - Develop and hone proactive strategies to obtain and incorporate consumer feedback and recommendations on programmatic improvement
 - Maintain and provide accurate trip data
 - Audit customer services representatives often to ensure customer service standards are met

Medicaid Transportation

- Who is covered for fee-for-service transportation?
- What is covered?
- Where is transportation covered to?
- How do enrollees get transportation?

Who is covered for fee-for-service transportation?

- Medicaid enrollees
- Medicaid/Medicare dually eligible enrollees
- Most Medicaid managed care enrollees
- Health and Recovery Program (HARP) enrollees
- HCBS Waiver participants
- Enrollees of the State offices of Mental Health and for Persons with Developmental Disabilities

Who is not covered for fee-for-service transportation?

- Managed Long Term Care program enrollees
- Trips to and from Adult Day Health Care programs who manage their own transportation
- Trips to OPWDD-certified day habilitation

What Is Covered? Where Can Enrollees Go?

- Transportation can be approved to Medicaid-covered medical services including:
 - Primary Care Physician
 - Various Therapies
 - Dental Care
- In addition to transportation to medical care, some enrollees are eligible for trips to non-medical events covered by the plans of care.
 - HARP Members
 - TBI Waiver Participants

How Do Enrollees Get Transportation

- The medical provider or the enrollee contacts the appropriate transportation manager to request transportation:
 - The Department of Health's policy requires 3 days notice for non-urgent trips. Every effort is made to assign trips made with less than 3 days notice, as available transportation options decrease as vendors shore up their daily trip rosters.
 - Urgent trips and hospital discharges are not subject to the 3 day window, and are considered priority.
- The transportation manager reviews the enrollee's information to:
 - Ensure that the enrollee has appropriate Medicaid coverage
 - Assess the appropriateness of the request (i.e., is the request for transportation to a Medicaid-covered service?)
 - Assess the medically necessary mode of transportation
 - Verify enrollee's address and suggested pick up time
 - Verify destination address, location within the facility, as well as time of appointment

What modes of transportation are covered?

- Public Transportation
- Personal Vehicle
- Taxi/Livery
- Wheelchair Van
- Ambulance both Ground and Air.
- Commercial Airline

Which Mode of Transportation is Necessary?

Assessing the most cost effective and medically appropriate mode of transportation.

Medical Justification “2015” Form:

- Requires a medical professional to provide the mobility-related reason why the enrollee requires a specific mode of transportation
 - Reasons for decreased mobility could be that the enrollee is wheelchair-bound, underwent recent surgery to a limb, is blind, or has an unstable gate.
- Must be signed by a medical professional and sent to the transportation manager
- Reviewed, approved and filed by the transportation manager
- Audited by the Department and transportation manager



Form 2015 (4/2015)

Maintain Original in Medical Record

VERIFICATION OF MEDICAID TRANSPORTATION ABILITIES

Patient Name: _____ Patient Date of Birth __/__/____ Patient Medicaid Number: _____

Patient Address: _____ Patient Telephone: _____

- 1. Can the patient use mass transit? Yes [] No [] If you checked NO, please proceed to #2.
2. In the left column below, please check the medically necessary mode of transportation you deem appropriate for this patient:
[] a) Taxi/Livery: The patient can get to the curb, board and exit the vehicle unassisted, or is a collapsible wheelchair user who can approach the vehicle and transfer without assistance, but cannot utilize public transportation.
[] b) Ambulette Ambulatory: The patient can walk but requires assistance.
[] c) Ambulette Wheelchair: The patient is a wheelchair user, requires lift-equipped or roll-up wheelchair vehicle and assistance.
[] d) Stretcher Van: The patient is confined to a bed, cannot sit in a wheelchair, and does not require medical attention/monitoring during transport.
[] e) BLS Ambulance: The patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention/monitoring during transport for reasons such as isolation precautions, oxygen not self-administered by patient, sedated patient.
[] f) ALS Ambulance: The patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention/monitoring during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheotomy.
3. If you selected letter (a-f) above, please use the space below to justify the corresponding mode of transportation by providing the following required information:
a. Enter all relevant medical, mental health or physical conditions and/or limitations that impacts the required mode of transportation for this patient.
b. Enter the level of assistance the patient needs with ambulation. (Example - patient requires 2 person assistance, patient requires 1 person assistance etc.)
c. Enter the corresponding housing situations that may impact the patient's ability to access the selected mode of transportation. (Example - wheelchair bound patient resides on the 2nd floor of a building with no elevator)



Department of Health

Office of Health Insurance Programs

Form 2015 (4/2015)

Patient Name: _____ Patient Date of Birth __/__/____ Patient Medicaid Number: _____
Patient Address: _____ Patient Telephone: _____

4. Is the requested mode of transport a temporary, long term, or permanent need of the patient? Please note that "long term" and "temporary" transport is valid only for the time period indicated. Checking the "permanent" or "long term" box may require additional clarification for approval. It is the medical practitioner's responsibility to notify LogistiCare if a change in the enrollee's condition occurs that would necessitate a change in level of service.

Temporary until __/__/____ (Date) Long Term until __/__/____ (Date) Permanent

CERTIFICATION STATEMENT: I (or the entity making the request) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity making the request) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State, Provider Manuals and other official bulletins of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity making the request) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.

Physician's Name (PRINT) 10-digit NPI # Date Signature

Hospital/Clinic/Office Name Hospital/Clinic/Office Address

Name of person who completed this form Title Telephone # Fax #



Public Transportation

Includes fixed route bus and subway, as well as route-deviated services:

- Upstate - The transportation manager ensures that public transportation is available and the most cost effective mode
- In NYC- public transportation is the most cost effective mode

Public Transportation Automated Reimbursement (PTAR)

- NYC
 - Medical providers pre-purchase Metrocards from the Metropolitan Transportation Authority and distribute them to eligible Medicaid enrollees at the time of appointment.
 - The medical provider submits real-time for reimbursement of the MetroCard.
 - PTAR reimburses the medical provider \$5.50/claim.
 - Processes Metrocard reimbursement to enrollees attending an Opioid Treatment Program
- Upstate (Expected Start Date Summer 2016)
 - In the process of expanding PTAR statewide.
 - With the diversity of county pricing structure as well as many other challenges PTAR will be used by the upstate transportation manager/s

PPS Survey: We've heard your concerns

Top 3 Concerns from the PPS:

- Transportation that shows up late to pick up or drop off patients (Wait times)
- Unable to schedule pick-ups for support groups, care management, pharmacy, etc.
- The need to schedule transport 3 days in advance of appointment

Top Questions from the PPS:

- What process improvements will be implemented?
- Will there be changes in funding for transportation services?
- Can transport services be offered for same day appointments?
- Will PPS be able to work directly with these companies to ensure services are accessible and target the areas of greatest need?
- How does the FFS Medicaid transportation fit into the DSRIP way of thinking (Value based system)?

Questions, Comments, Concerns

Department of Health Medicaid Transportation Unit

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