



# BRONX PARTNERS FOR HEALTHY COMMUNITIES



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## Accessing Transportation for Medicaid Recipients

# Agenda

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## **I. Introduction (10 min)**

- a. Purpose & Objective**
- b. Non-Emergency Medical Transportation**

## **II. Overview of Medical Answering Services (25 min)**

- a. Eligibility and Requirements**
- b. HARP Enrollees**
- c. Process for Arranging Transportation**

## **III. Discussion for Optimizing Use (15 min)**

## **IV. Q&A (10 min)**

# Purpose

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- Bronx Partners for Healthy Communities (BPHC) is focused on addressing **unmet transportation needs** which impact health and healthcare utilization
  - Limited access to transportation results in **missed appointments**, increased subsequent health expenditures and overall **poorer health** outcomes
  - Evidence has shown that by **addressing social needs**, we can help reverse damaging health effects\*
- Partners have expressed **challenges** around helping patients to overcome transportation barriers and **lack of knowledge of existing resources**
- This webinar will present and encourage the use of non-emergency medical transportation in efforts to **increase access to healthcare services**
- BPHC will support pilot ideas to **track the impact and outcomes** of increasing transportation access

# Objectives

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- 1. Increase access to transportation to decrease no-show rates and improve overall health outcomes**
  - Utilize the Medicaid benefits for medical transportation
  - Understand the modes of transportation available
  - Inform providers of designated Medicaid transportation managers
- 2. Educate on ride request process**
  - Deliver walkthrough and toolkit to train providers and frontline staff on ride requests
  - Increase patient education and utilization of service
- 3. Track outcomes**
  - Create pilot programs to track outcomes and cost savings of transportation

# Non-Emergency Medical Transportation

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- Non-emergency medical transportation (NEMT) is a benefit available for Medicaid recipients who need to get **to and from medical services**, but have no means of transportation\*
  - Medical services include *but not limited to*: **Primary Care, Behavioral Health, Dialysis, and Prenatal Care**
- NYS DOH is responsible for contracting with transportation management companies to manage NEMT requests for Medicaid recipients
  - All NEMT requests **must be authorized** by the designated transportation management company before the transportation occurs



# Medical Answering Services (MAS)

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- A non-emergency Medicaid transportation management company coordinates NEMT and provides
  - Call center, trip assignments, and prior authorizations
- Currently manages Medicaid transportation for ~5.1 million Medicaid enrollees across the entire New York State
  - In 2017, MAS was awarded a five-year contract for Medicaid transportation management services in New York City
- MAS does not actually pay the transportation providers, but works to ensure they are paid for the services provided
  - Transportation providers include ambulance, ambulette, and **Livery/Taxi**
- **MAS is open 24 hours a day, 7 days a week, 365 days a year**

Underutilized resource for increasing access to outpatient appointments!



# MAS: In-network MCOs

*MAS covers mainstream managed care plans and fee-for-service plans.*

- Affinity Medicaid/FHP
- Health Plus, an Amerigroup Co.
- Amida Care, Inc.
- Emblem Health (HIP/GHI)
- Fidelis (NYS Catholic Health Plan, Inc.)
- HARP - Plan code AA, HI, HF, MT, NC, UC
- HIP – (Health Insurance Plan of Greater NY)
- Healthfirst PHSP, Inc.
- Metro Plus (Metropolitan Health Plus)
- Neighborhood Health Providers
- United Community Health Plan (formerly AmeriChoice NY)
- VNSNY Choice Select
- Wellcare of New York, Inc.


MCO can be verified in advance  
using ePACES\*

# Verification of Transportation Abilities

- MAS requires the enrollee's **transportation ability** to be registered by completing the medical justification **"2015" Form**
  - Verifies the patient's transportation abilities and reason why the enrollee requires a specific mode of transportation
  - Must be completed by the enrollee's relevant medical practitioner and sent to the transportation manager (i.e. Physician, Physician Assistant, RN, NP, LMSW, LCSW, etc.)
  - MAS is responsible for reviewing, approving and filing the form

If patient does not have a Form 2015 on file, MAS will provide up to three (3) courtesy rides.

Form 2015 (03/18)


**NEW YORK STATE**  
**Department of Health**  
 Office of Health Insurance Programs

### VERIFICATION OF MEDICAID TRANSPORTATION ABILITIES

Enrollee's Name: \_\_\_\_\_ Enrollee Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollee Client ID Number: \_\_\_\_\_  
 Enrollee's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- What mode of transportation does this enrollee use for activities of daily living such as attending school, worship, and shopping? \_\_\_\_\_
- Can the enrollee utilize mass/public transportation? ☐ Yes ☐ No. *If Yes, please proceed to the Medical Provider Information section of this Form.*
- Does the enrollee have any medically documented reason that he/she cannot be transported in a group ride capacity? ☐ Yes ☐ No  
*If you checked Yes, please provide a medical justification in the box on page 2.*
- Please check one box below for the mode of transportation you deem most medically appropriate for this enrollee:
 

☐ **Taxi:** The enrollee 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.

☐ **Ambulette Ambulatory:** The enrollee can walk, but requires door through door assistance.

☐ **Ambulette Wheelchair:** The enrollee uses a wheelchair that requires a lift-equipped or a roll-up wheelchair vehicle and requires door through door assistance.

☐ **Stretcher Van:** The enrollee is confined to a bed, cannot sit in a wheelchair, but does not require medical attention/monitoring during transport.

☐ **BLS Ambulance:** The enrollee 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.

☐ **ALS Ambulance:** The enrollee 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.
- Is the above Mode of Transportation required for (check all that apply):
  - the enrollee's behavioral, emotional and/or mental health diagnosis? ☐ Yes ☐ No
  - for a mobility related issue? ☐ Yes ☐ No
  - required due to another health-related reason? ☐ Yes ☐ No
  - required due to unique circumstances that may impact a medical transportation request (This may include but is not limited to circumstances such as: bariatric requirements, unique housing situations, and requirements for an escort, etc.)? ☐ Yes ☐ No

*If you answered Yes to any part of question 5 or selected a higher mode of transportation than what the enrollee uses for normal daily activities please proceed to number 6.*

Fax to: (315)299-2786      Form must be completed in its entirety or it will not be processed or approved      For questions please call (866)371-3881

6. Enter all relevant medical, mental health or physical conditions and/or limitations that impact the required mode of transportation for this enrollee in the box below. Please include the level of assistance the enrollee needs with ambulation. (Example – enrollee requires 2-person assistance or enrollee requires 1-person assistance). If you answered Yes to question 3 or any part of question 5, it is important you provide as much detail as possible as to why you believe the enrollee's medical condition aligns with the requested mode of transportation. Insufficient details may cause the Form-2015 to be rejected and may lengthen the time it takes to get the enrollee approved for the higher mode of transportation.

Please indicate below the anticipated length of time this enrollee will require a higher mode of transportation:

☐ Temporarily until \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Long Term (9-12 months) until \_\_\_\_/\_\_\_\_/\_\_\_\_      ☐ Permanent (subject to periodic review)

**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 18 NYCRR § 504.8(a)(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.

#### Medical Provider Information

Medical Provider's Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Clinic/Facility/Office Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Clinic/Facility/Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of person completing this form (Print): \_\_\_\_\_ Title: \_\_\_\_\_  
 Name of Medical Provider attesting that all the information on this for is true (Print): \_\_\_\_\_  
 Signature of Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Fax to: (315)299-2786      Form must be completed in its entirety or it will not be processed or approved      For questions please call (866)371-3881



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HEALTH



# Additional Benefits for HARP Enrollees

- In addition to NEMT, HARP enrollees are eligible **for non-medical transportation** through MAS
- MAS will authorize transportation for two types of trips:
  1. To and from BH HCBS that are included in the Plan of Care (POC)
  2. To and from non-HCBS destinations that are time-limited/non-routine (with a start and end date) and specifically tied to a goal related to recovery from mental health or substance use disorders in the individual's POC

Goal in Plan of Care	Non-Medical Location to Which Transportation May Be Requested
Obtain Employment	Job interview
Go back to school	College fair
Owning a pet	Go to a shelter to adopt an animal
Losing weight	Attend a wellness seminar
Get involved in the arts	Attend a play
Improve personal hygiene	Go to a barber/beauty shop for a hair cut
Be more physically active	Attend a dance class
Obtain High School equivalency certification	Attend a workshop to prepare for the GED test

# Arranging a Ride with MAS

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- Rides can be **arranged by the patient, family member, medical providers, care coordinators, etc.**
  - should be requested at least three (3) business days in advance
  - MAS will do their *best to accommodate urgent or last-minute trips but understand that these are difficult to quickly accommodate, especially in rural areas.*
- To request a ride the following are required:
  - Member's Medicaid ID, DOB, Address, Social Security, contact number
  - Pick-up and drop-off location
  - The name of the physician
  - Date and time of appointment
  - Mode of transportation required
  - Preferred vendor (if any)

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# BOOKING A RIDE WITH MAS

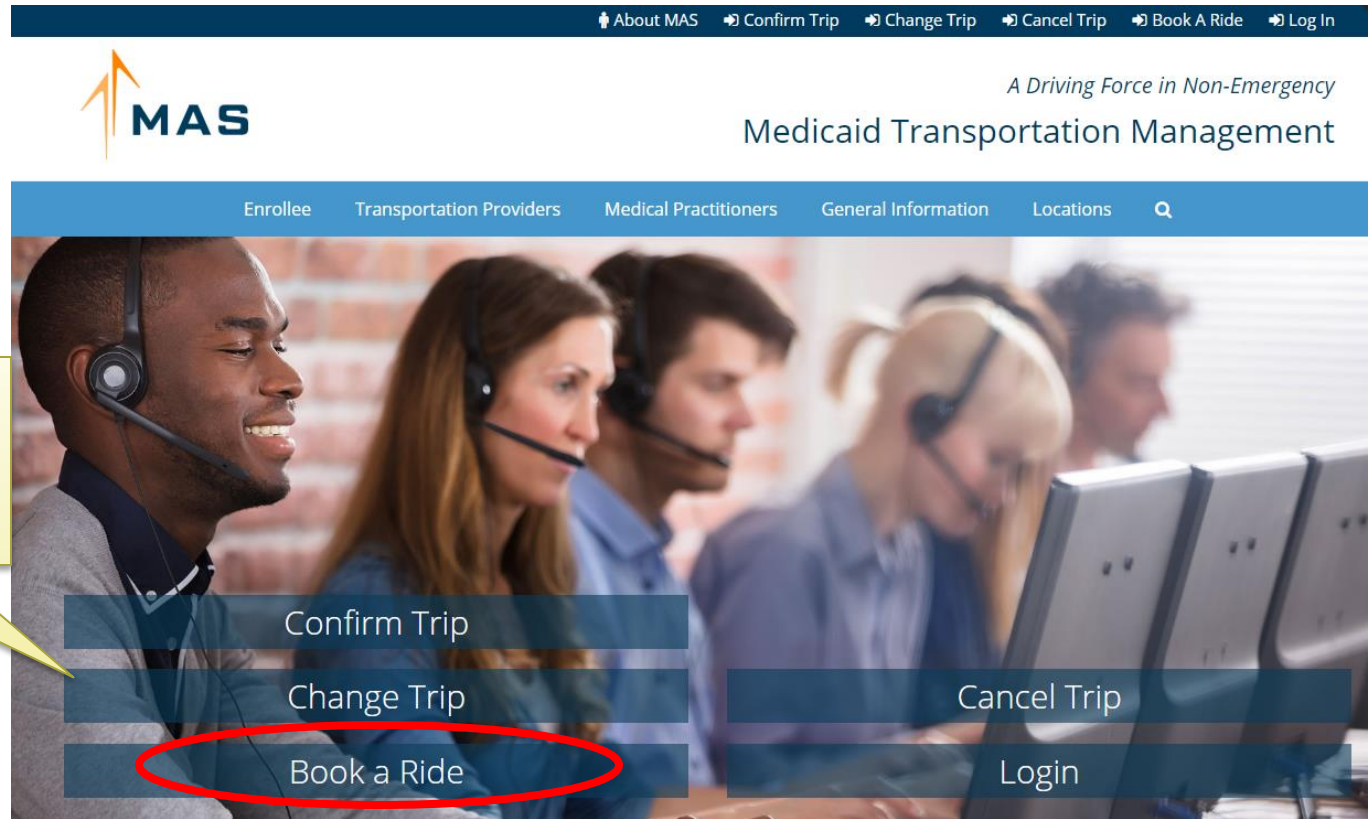


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# Step 1: Visit the MAS website

- Rides with MAS can be booked online by visiting: [www.medanswering.com](http://www.medanswering.com)
- Select “Book a Ride” to begin



Web-based tool adds efficiency and providers may not be aware of the availability



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# Step 2: Log into the MAS System

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- Enter a patient's last name, DOB and last four of the social security number

## Transportation Management System

Book a Trip for an Enrollee as an Enrollee, Family Member or Medical Provider

Please Authenticate Enrollee	
Last Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Social Security Number:	<input type="text"/> (last 4 digits only)



I'm not a robot



reCAPTCHA  
Privacy - Terms

Authenticate

[Provider Login](#) | [Help](#)



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# Step 3: Enter Enrollee Information

- Enter enrollees contact information and complete the caller Name and Relation Section (i.e., self, care manager, navigator, etc.) followed by a contact number.

Trip Information for Reservation: New	
DO NOT USE RESERVATION SYSTEM FOR STANDING ORDERS	
Enrollee Information	
Transportation Type	Taxi-Onondaga
Enrollee Name First/Last	Test / Onondaga
Medicaid ID# (CIN#)	AA00031A
Enrollee Address	1234 Drive Way x
Enrollee Address Detail (I.E. Front door/Apt # etc.)	
Caller Name and Relation	
Email Address (For Notification)	
DOB:	06/01/1969
Enrollee Phone Number	555123456
City/State/Zip	Syracuse NY 13207
Alternate Phone Number	
Caller Phone Number	Same As Enrollee <input type="checkbox"/> OR <input type="text"/>

# Step 4 & 5: Trip Details

1. Enter reason for trip, provider's name and appointment date.

Trip Information			
Reason For Trip	ER Visit/Discharge		
Select Medical Provider	Provider, Test <small>(include Primary Care Physician)</small>	(If Unsure,	Doctor Phone Number
Medical Provider Name	Provider, Test		(If no doctor name av
Appointment Date	01/29/2018		

2. Enter round trip details, if applicable. *Note trips for hospital discharges do not require this section.*

First Leg			
Pickup Address Same as Enrollee	<input type="checkbox"/>		
Pick Up Time	400	PM	(recommend one hour before Appt.)
Pickup Address (# Street, City, St Zip)			Appointment Time
Pick up Area (I.E. Front door/Apt # etc.)			500
Drop Off (appointment) Address	210 Kirk Ave, Syracuse, NY 13205		
Drop Off Area (I.E. Front door/Unit 7 etc.)	home		
Return Trip to Pick Up Address		Delete Trip Leg	<input type="checkbox"/>

# Step 6: Special Requests and Submission

1. Select desired transportation vendor
2. Provide any transportation assistance needs and/or requests (i.e., wheelchair, cane, etc.)
3. Click “Submit” when completed

Transportation Information	
<b>Transportation Provider</b> Training Vendor <input type="button" value="v"/> <b>Able to walk without assistance</b> Yes <input checked="" type="radio"/> No <input type="radio"/> <b>Have own wheelchair</b> Yes <input type="radio"/> No <input type="radio"/> <b>(Wheelchair and Stretcher ONLY) Over 250 Pounds</b> Yes <input type="radio"/> No <input type="radio"/>	<b>Special Transportation Requests</b> uses a cane <b>If no, Wheelchair or stretcher needed</b> Wheelchair <input type="radio"/> Stretcher <input type="radio"/> <b>If no, would you like transport to provide</b> Yes <input type="radio"/> No <input type="radio"/> <b>5 or more stairs</b> Yes <input type="radio"/> No <input type="radio"/>


[Clear Form](#)





# Step 7: Confirmation

- Once the form is completed, an invoice is generated to confirm the booking
- The invoice number can be used as a reference number to follow up on the ride

Medical Answering Services Administration			
11 <a href="#">Add Another Reservation for Same Enrollee</a>			
<b>Reservationist Next Day Trip</b>			<b>01/29/2018</b>
Enrollee Name First/Last	<input type="text"/>	DOB:	<input type="text"/>
Medicaid ID# (CIN#)	<input type="text"/>		
Enrollee Address	<input type="text"/>	Syracuse NY 13205	
Enrollee Address Detail	Apt 2	Enrollee Phone Number	<input type="text"/>
Caller Name and Relation	Abbie@MAS	Caller Phone Number	<input type="text"/>
Doctor You Are Seeing	Provider, Test		
Reason For Trip	ER Visit/Discharge		
Appointment Date	01/29/2018		
<b>First Leg</b>	Pick Up Time	400 PM	Appointment Time 500 PM
	Pickup Address	750 E Adams St	Syracuse NY 13210
	Pick up Area	ER entrance	
	Drop Off Address	<input type="text"/>	Syracuse NY 13205
	Drop Off Area	home	
	Transportation Provider	Training Vendor	Special Transportation Requests uses a cane
	Able to walk without assistance	Yes	
	Invoice #	<b>574729410</b>	



# Additional Ways to Book a Ride with MAS

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## MAS Call Center

- Rides can be booked by calling (844) 666-6270 and select:
  - Option 1: Discharges
  - Option 2: Medical providers
  - Option 3: Enrollees/Members
- Representative will request the same information as the online form
- Invoice number and transportation vendor will be provided to the caller

## Faxing to MAS

- Ride can be faxed to (315) 299-2786
  - Single ride: Transportation Request Form can be filled out to request a single trip
  - For multiple rides: use the Transportation Request Spreadsheet

# Next Steps to Optimize use of NEMT

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- Evaluate current use of NEMT
- Educate staff about options
  - Particularly livery/taxi availability
- Screen patients for transportation barriers
- Educate patients about transportation options and how to use NEMT
- Identify opportunities for CQI around transportation access
  - **CSO support available for pilots**



# Interested in Piloting the use of NEMT?

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- CSO will assist pilot ideas related to scheduling livery transportation for your population of interest
  - Work with your team to help operationalize the use of MAS
  - Collect the ridership data
  - Track the impact on no-show rates, or any other related metrics of interest
  - Evaluate overall patient outcomes linked to increased access of transportation
- Pilot examples:
  - Reducing no show rates for follow-up BH appointments after inpatient psychiatric discharge
  - Reducing the use of emergency ambulance for prenatal follow up



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# THANK YOU

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Program Coordinator

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718-618-8228

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Federal Regulations for NEMT

ePACES

Insurances by Transportation Manger

# APPENDIX



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# Federal Regulation

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- 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.



# Electronic Provider Assisted Claim Entry System (ePACES)

- A web-based application which will allow Providers to create/submit claims, verify eligibility and other transactions.
- Allows for providers to view the Medicaid eligibility criteria (i.e. MCO, restrictions, etc.)
- ePACES Enrollment begins with issuance of a token and then responding to a series of emails generated by accessing the website  
<https://www.emedny.org/enroll/>.
  - Or call 800-343-9000 to obtain a token.

Client Information:			
Client ID:	LL12345X	Client Name:	DOE, JOHN
Gender:	M	SSN:	
Date of Birth:	1/1/1950	Address 1:	ADDRESS LINE 1
Anniversary Date:	1/1/2013	Address 2:	
Recertification:	DECEMBER	City, State Zip:	CITY, STATE ZIP
County:	ORANGE	Office:	
Date of Service:	4/16/2013	Plan Date:	4/1/2013

Medicaid Eligibility Information:			
MA Eligible			
Co-pay Remaining:	\$195.00		
NAMI:	\$1,500.00 1/1/2012	NAMI Remaining:	\$1,500.00
Covered Services		Standard Co-pay	
Code	Description	Service Type	Co-pay
AG	Skilled Nursing Care	Clinic	\$3.00
AL	Vision (Optometry)	X-Ray	\$1.00
MH	Mental Health	Lab	\$0.50
UC	Urgent Care	Inpatient	\$25.00
1	Medical Care	OTC	\$0.50
35	Dental Care	Brand Drug	\$3.00
4	Diagnostic X-Ray	Generic	\$1.00
47	Hospital		
48	Hospital - Inpatient		
5	Diagnostic Lab		
50	Hospital - Outpatient		
86	Emergency Services		
88	Pharmacy		
98	Professional (Physician) Visit - Office		

Medicaid Managed Care:	
Plan name:	MANAGED CARE PLAN INC
Address:	1234 MAIN ST CITY, STATE ZIP
Phone:	(800) 222-3333
Plan Code:	00



# LogistiCare: In-Network MCOs

- **Affinity HealthPlan NY Medicare**  
1-866-712-1054
- **Anthem Wellpoint**  
1-866-381-4856
- **Archcare MLTC**  
1-844-544-1395
- **Elderplan Homefirst MLTC**  
1-877-779-8611
- **Elder Plan Medicaid Advantage Plus**  
1-877-714-6880
- **Elderplan FIDA**  
1-866-481-9485
- **Elderplan Medicare Advantage Prescription Drug**  
1-877-659-6141
- **Elderplan Nursing Home**  
1-855-251-7094
- **Empire Blue Cross Blue Shield Healthplus MLTC**  
1-866-481-9667
- **Healthfirst Complete Care**  
1-888-260-1010
- **Healthfirst FIDA**  
1-855-675-7630
- **Healthfirst MCR**  
1-888-260-1010
- **Healthfirst MLTC/SHP**  
1-800-633-9717
- **Humana**  
1-866-588-5122
- **Integra MLTC**  
1-877-831-3146
- **Liberty Health Advantage; Preferred Choice – Medicare Advantage; Dual Power – Medicare/Medicaid**  
1-877-779-8613
- **Long Island Nassau & Suffolk Counties**  
1-844-678-1103
- **Montefiore Diamond Care MLTC**  
1-855-556-6683
- **Partners Health Plan FIDA**  
1-855-369-3721
- **Senior Whole Health FIDA Plan**  
1-866-849-8858
- **Senior Whole Health NY Medicare; Nursing Home Certifiable (NHC)**  
1-877-564-0573
- **United Health Care MCR National**  
1-866-418-9812
- **United Healthcare Dual Advantage**  
1-866-913-2497
- **United Healthcare Dual Complete**  
1-866-913-2497
- **United Healthcare MCED Comm Adv**  
1-866-913-2497
- **United Healthcare MLTC**  
1-877-779-8615

Rides with LogistiCare can be booked by calling the MCO affiliated number and following the prompts for transportation.

# National MedTrans

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- Ride with National MedTrans can be booked via:
  - Online  
<https://www.natmedtrans.com/index.php/request-a-ride/>
  - Over the phone: 844-714-2219
  - Mobile App: NATIONAL MEDTRANS NETWORK INC
- In-network MCOs for NYC include:
  - Agewell
  - AlphaCare
  - Centers Plan for Healthy Living
  - Extended MLTC
  - GuildNet
  - Village Care
  - VNSNY MLTC

