



BRONX PARTNERS FOR
HEALTHY COMMUNITIES

Toolkit for Accessing Medical Transportation for Medicaid Recipients

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Medical Practitioner Training Manual

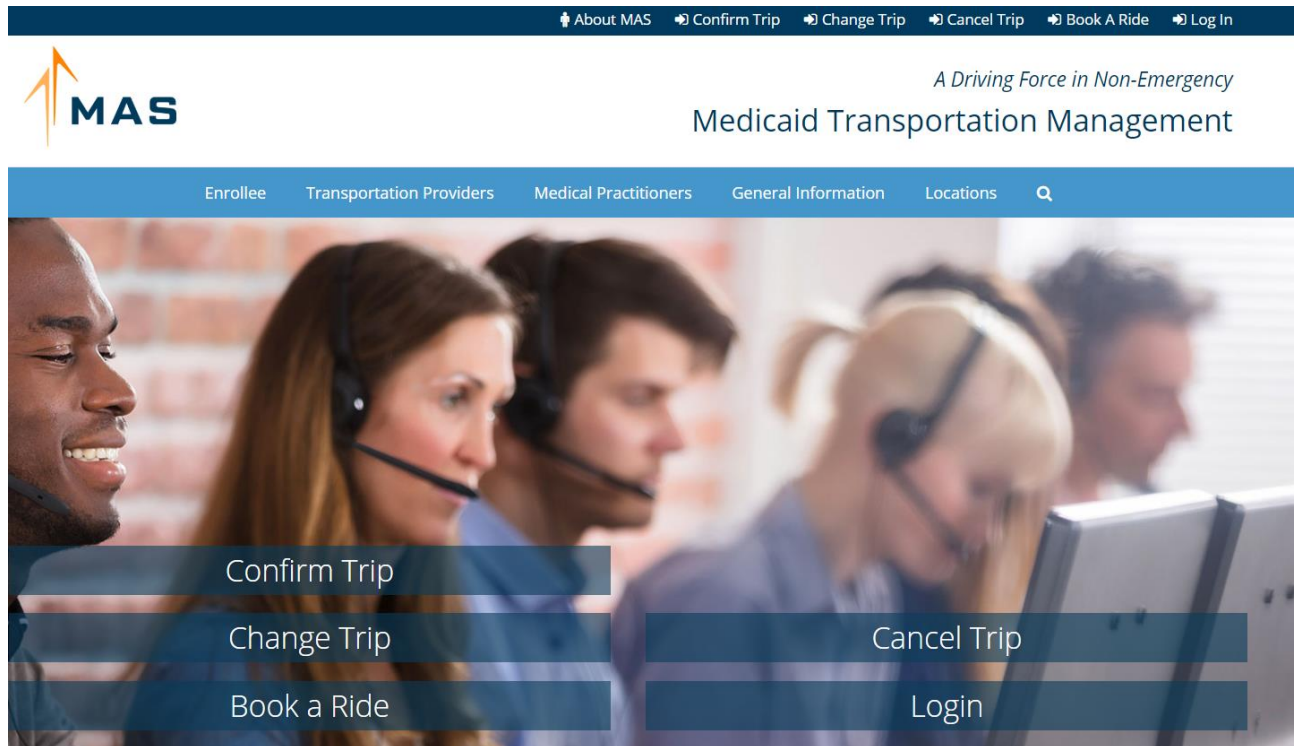
Medicaid Transportation

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MAS Public Website

Enter the MAS website by going to www.medanswering.com.



There is a wide array of information on the MAS website including

- **Key Contacts**
- **Documents and Forms**
- **Transportation Providers by county**
- **How to schedule transportation**
- **Report suspected Medicaid Fraud**
- **Medicaid Policies and Procedures**

Advanced Transportation Managers

- **Select your region from the MAS Website (You can also select "Locations" from the top navigation bar)**
 - Click on your specific Region
 - On the next page select your county

NYSDOH’s Western New York Medicaid Initiative Region Counties

Below are the counties grouped by the New York State Department of Health, as part of its Western New York Medicaid Initiative. For the numbers associated with each county, visit [here](#).

- Allegany
Cattaraugus
Chautauqua
Erie
Genesee
Niagara

- The next screen will be the county main page. The county main page includes:
 - Local county government links and information
 - A list of all transportation providers at all service levels in that county
 - Links to public transit information
 - Information on how to schedule transportation through MAS
 - Advanced Transportation Managers and other county key contacts**

[Enrollee](#)
[Transportation Providers](#)
[Medical Practitioners](#)
[General Information](#)
[Locations](#)

Getting to your health care should not create more work for you.

MAS has collected important information for **Erie County** for your convenience.

Resources

[Erie County Site](#)
[Erie Social Services](#)
[Erie County Public Transportation Options](#)
[Erie Transportation Providers](#)
[Order Transportation – Enrollee](#)
[Order Transportation – Provider](#)
[Para Espanol?](#)

Order Transportation

1-800-651-7040
1-315-299-2786

[Secure Login](#)
[Create a New Account](#)

MAS Erie Staff			
Personnel	Position	Email	Phone
Sciuga, Daniella	Regional Medicaid Administrator	dsciuga@medanswering.com	(315) 299-2751
Nelson, Andre	Regional Medicaid Specialist	anelson@medanswering.com	(315) 299-2739
Serrano, Jovanna	Regional Medicaid Specialist	jserrano@medanswering.com	(315) 299-2753
Garcia, Javier	Field Liaison	jgarcia@medanswering.com	(315) 729-4989
Collins, Terri	Director of Operations	tcollins@medanswering.com	(315) 299-2799
Bartlett, Jennifer	VP of Compliance, QA and Policy	jbartlett@medanswering.com	(315) 299-2758
Cosby, Notchaca	Director of Medicaid	ncosby@medanswering.com	(315) 299-2792
Crysler, Stephani	Assistant Director of Medicaid	scrysler@medanswering.com	(315) 299-2743

MAS Phone System Prompts

When calling MAS you will hear the following prompts:

Main Greeting	"Thank you for calling Medical Answering Service, Medicaid Transportation. Please listen closely as our options have changed."
Main Menu Prompts	"For Discharge, please press 1', 'Medical Providers, please press 2', 'Medicaid Enrollees, please press 3', 'Transportation vendors, please press 4'"
Provider Menu Prompts	"To Cancel, Change, or Confirm a scheduled trip, press 1', 'To Schedule a new trip to a previous location, press 2', 'To speak to a Customer Service Representative, please press 3', 'To repeat this menu, please press *'
Enrollee Menu Prompts	'To Cancel, Change, or Confirm a scheduled trip, please press 1', 'To Schedule a new trip to a previous location, please press 2', 'For Spanish, please press 3', 'For Russian, please press 4', 'For Mandarin, please press 5', 'For Mandarin, please press 5', 'For Cantonese, please press 6', 'To speak to a Customer Service Representative, press 7', 'To repeat this menu, please press *'

Medicaid Transportation Ordering Guidelines

Background:

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. In circumstances where the enrollee needs a different mode of transportation that is not the same as what is used to carry out activities of daily living, 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 Medical Answering Services at the appropriate County 800# (listed in MAS website), between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. Visit MAS' website at <https://www.medanswering.com>

PLEASE NOTE:

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.

Medical Providers can contact MAS to schedule transportation for non-routine trips

Standing order transportation 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.

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

1. Call MAS at the appropriate County 800# (listed in MAS website), between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. Enter the standing order online at: <https://www.medanswering.com> .

Once the standing order is scheduled in Medical Answering Services' system, it is scheduled for six (6) months (expiring either the end of June or the end of December), therefore, there is no need to contact Medical Answering Services again within the six-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 six months, through August. Mr. Smith experienced a debilitating stroke in late May, and now requires stretcher transportation to dialysis. The facility must contact Medical Answering Services to request that Mr. Smith's transportation modality be changed to better reflect his current mobility status.

Three Day Window:

The Medicaid program requires that both standing order and ad hoc transportation be scheduled at least three (3) *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:

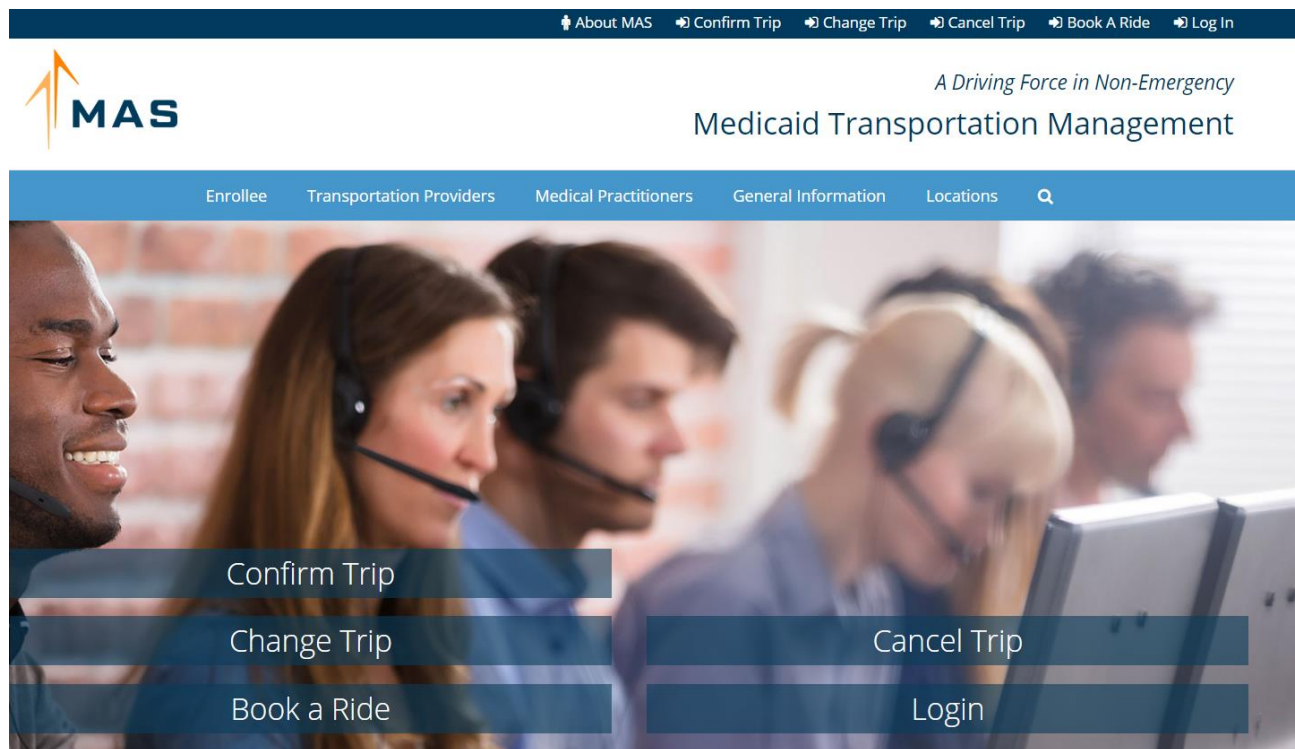
If the appointment is scheduled for:	Contact Medical Answering Services no later than:
Monday	The Friday before the appointment
Tuesday	The Friday before the appointment
Wednesday	The Friday before the appointment
Thursday	The Monday before the appointment
Friday	The Tuesday before the appointment
Saturday	The Wednesday before the appointment
Sunday	The Thursday before the appointment

Schedule Transportation Online

Confirm Trip- Create a Trip- Change a Trip- Cancel a Trip

Please follow the steps below to schedule Medicaid Transportation for your NEMT needs, including hospital discharges using the new MAS Online Ordering System. The new ordering option was specifically designed to be fast, accurate and capable of immediate confirmation with no user name or password necessary.


To begin the Online process, first go to the MAS website, www.medanswering.com. On the main page click the option you would like to complete



1. On the next screen you will begin the ordering process.
2. Enter the Medicaid enrollee's last name, date of birth, and the last four digits of the Medicaid enrollee's social security number (SSN#). Check the box for ***I'm not a robot.***
3. Select ***Authenticate***

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)

<input type="checkbox"/>	I'm not a robot	 reCAPTCHA Privacy - Terms
--------------------------	-----------------	--

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

4. The next screen will be the trip entry screen (in the event you are unable to locate an enrollee please call your MAS county contact number and follow the appropriate prompts for additional scheduling options)

Trip Entry Instructions

- **Confirm Enrollee Contact Information**

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"/>

- **Caller Name and Relation (Self, Parent, Discharge Planner/Medical Practitioner)** field should be filled out along with the **Caller Phone Number**.

Trip Details

- Select the **Reason for Trip** dropdown menu (ER Discharge, Hospital Discharge, Doctor Appt)
- **Selecting the Medical Provider**
 - A doctor's name is needed for all transportation for billing purposes.
 - If the enrollee already has a *Preferred Medical Provider* listed on their account, the information will autofill in the appropriate field (there is no need to change to discharging physician).
 - If the doctor is not auto filled, search for the doctor's name in the drop down. If the name is not in the drop-down list, please write first and last name in the **Medical Provider Name** field.
- Enter the date of the appointment or discharge in the **Appointment Date** field.

Trip Information	
Reason For Trip	ER Visit/Discharge
Select Medical Provider	Provider, Test (If Unsure, include Primary Care Physician)
Medical Provider Name	Provider, Test
Appointment Date	01/29/2018
Doctor Phone Number	

- **To Order a Hospital Discharge please use the "First Leg" information fields**
 - Enter the **Pick-Up Time**, this will be the time the transportation provider with arrive.
 - Enter the specific address where the enrollee will be picked up.
 - Include the **Pickup Area**, for example ER, the Unit, Floor, or room number.

- Uncheck the box for “Return Trip to Pick Up Address” for discharges

- For Hospital Discharges do not enter any information in the Second Leg, Third Leg, or Fourth Leg areas.

- **Transportation Information**

- Select the desired transportation provider from the **Transportation Provider** dropdown.
- Document any instructions for the driver in the **Special Transportation Requests** field (e.g. Uses a walker, use back door, suite number)
- Answer the questions regarding **needing assistance** and use of a **wheelchair or stretcher**.

- Select **Submit**.


Selecting **Submit** will generate an invoice, which can be located at the bottom of the page.

Medical Answering Services Administration

1 1 [Add Another Reservation for Same Enrollee](#)

Reservationist Next Day Trip

01/29/2018

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		
First Leg	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 #	574729410	

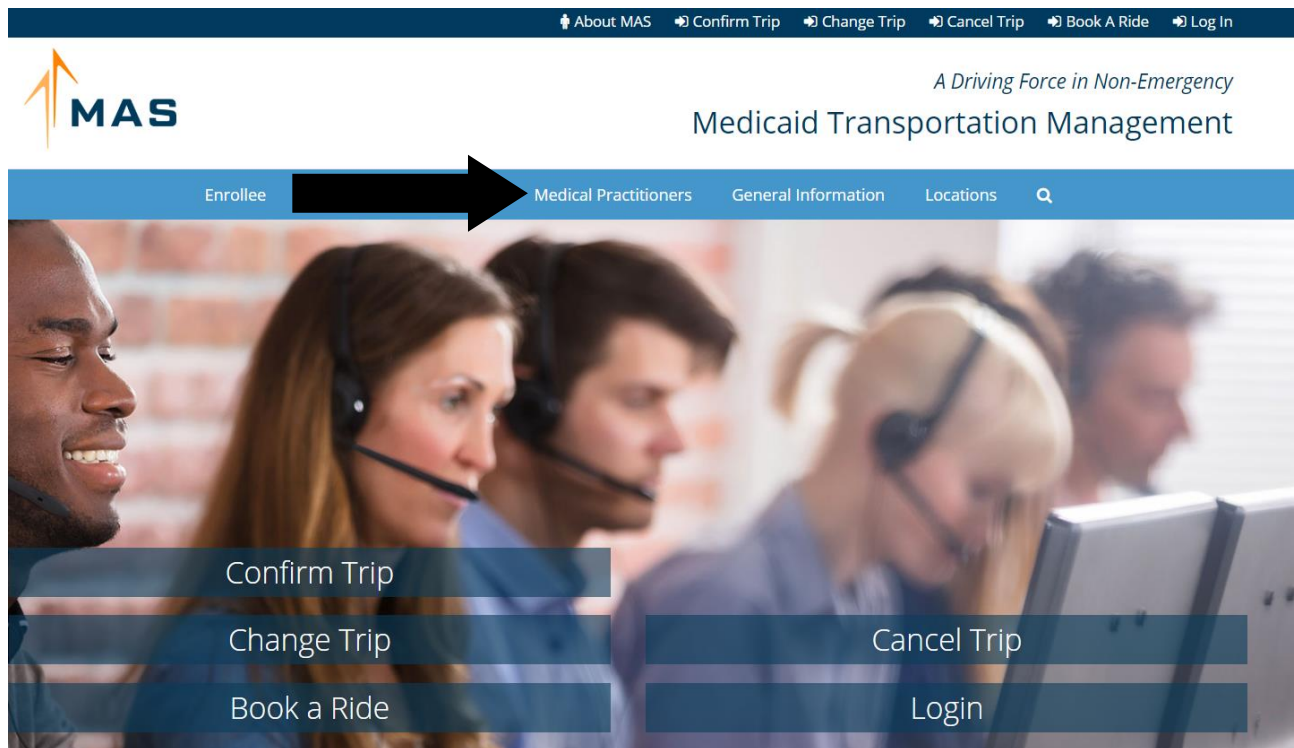
[Medicaid Menu](#) | [Main Menu](#) | [Login](#) | [Logout](#)

Your transportation request is now complete!

Transportation Request Forms

- If you would like to fax your trips into MAS you can obtain the transportation requests forms on the MAS website. To find the forms on the MAS website please follow the steps below.

1. First go to the MAS website at www.medanswering.com



2. Select **Medical Practitioner** from the top navigation bar to go to the **Medical Practitioner** page. There is also a drop down list for you to select "**Medical Practitioner- Forms & Resources**" if you would like to go directly to the form & resources page.
3. On the next page you will see all the MAS forms listed including "**Transportation Request Form and Transportation Request Spreadsheet**". The Transportation Request Form is for sending in individual appointment requests. The Transportation Request Spreadsheet is for setting up appointments for multiple individuals on one form.

Resources and forms collected in one place.

Standing Order Renewal Policy: Standing orders are set up on a bi-annual basis, set to expire at the end of June and December. Standing orders scheduled at any time between December and May, will expire in June. Those placed June through November, will expire in December. **Please Note:** Standing orders do not auto-renew; rather either the medical practitioner or enrollee will need to renew by June 15, or December 15.

2015 (Verification of Transportation Abilities) Form: An enrollee's transportation ability registered within the MAS system by this form. This form is filled out by the enrollee's relevant medical practitioner and indicates what mode of transportation the enrollee is capable of using on a day to day basis.

2020 Form (Outside Common Medical Area Form): The information on this form helps in establishing an enrollee's need for transportation outside their common medical market. This occurs when necessary care is receivable only outside the community generally. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally per NYCRR Title 18 §505.10, §360, 92 ADM 21, and/or review by representatives of the NYS Department of Health and/or its agents. **Please note:** *While this completed form is required, completion of this form does not guarantee authorization of Medicaid-funded transportation outside the common medical marketing area. The Medicaid program will not authorize transportation outside the common medical marketing area when the enrollee has been non-compliant with local medical providers and that enrollee is unable to receive services locally based on their own actions. For guidance on completion of this form, please call the Health Department's transportation manager, MAS, at the appropriate number for your borough or county.*

MAS Individual Trip Request Form and Transportation Request Spreadsheet

MAS, at (315) 299-2786. The Transportation Request Form can be filled out to request a single trip. The Transportation Request Spreadsheet for multiple rides

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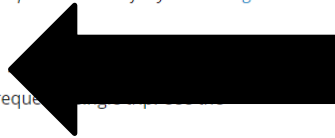
Public Info

Modes of Transportation

Terms and Definitions

Rates and Fees

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Transportation Request Form:

Fax Completed Form to 315-299-2786

TO: Medicaid Transportation, 375 W. Onondaga St. #15, P.O. Box 11998, Syracuse, NY 13218

FROM: _____ at _____

Phone #: (____) ____ - ____ Fax #: (____) ____ - ____

DATE COMPLETED: ____/____/____

Client Name: _____ Sex: ☐ Male or ☐ Female

Medicaid # _____ DOB: ____/____/____ Client's Phone #: (____) ____ - ____

Pickup Address: _____

Drop off Address: _____

☐ Medicaid or ☐ Title XX(Services Case) Client's Phone #: (____) ____ - ____

Pickup/Start Date: ____/____/____ **Pickup Time:** _____

Reason for Trip (s) _____

Transportation Vendor: _____

Appt. Time: _____

Round Trip: ☐ Yes or ☐ No, If "Yes" approx time of return pickup: _____

Standing Order: ☐ Yes or ☐ No, If "Yes" days of week ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Addition to Standing Order: ☐ Yes or ☐ No

Transp. Mode: ☐ Bus ☐ Taxi ☐ Wheelchair ☐ Ambulatory ☐ Stretcher

If wheelchair, does client ☐ Have or ☐ Need a wheelchair

Client's medical provider: _____ Medicaid Provider NPI#: _____

Special Instructions: _____

If you any questions regarding this form, or any Medicaid Transportation Prior Approval request, please call Medical Answering Services, LLC at 315-701-7551. Please destroy all previous versions of this form.

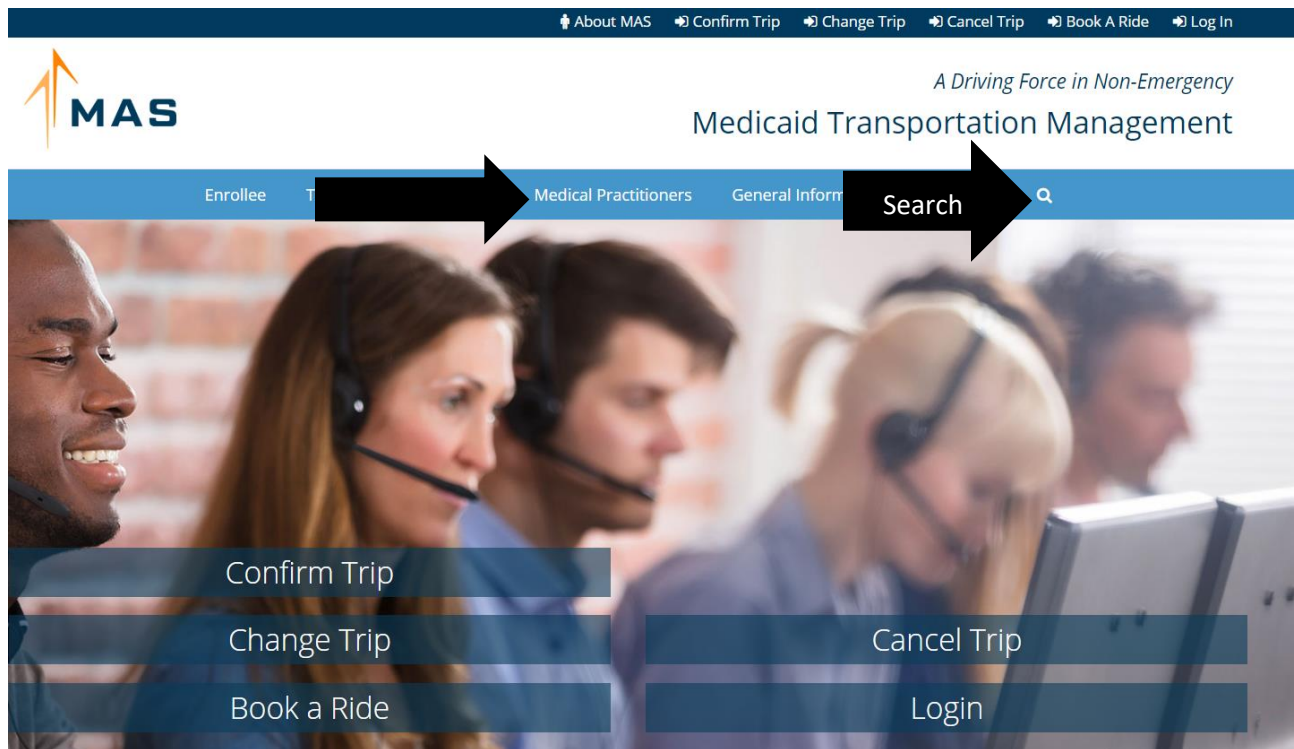
Revised 01/23/2012

Transportation Request Spreadsheet:

[illegible]

Documents and Forms

- You can access all non-emergency medical transportation forms by going to www.medanswering.com and selecting the “**Medical Practitioners**” tab on the top navigation bar.
***You can also access the page with the forms by utilizing the search function



- The next page contains all forms, including the 2015 and 2020 form.

2015 (Verification of Transportation Abilities) Form: An enrollee’s transportation ability registered within the MAS system by this form. This form is filled out by the enrollee’s relevant medical practitioner and indicates what mode of transportation the enrollee is capable of using on a day to day basis.

2020 (Out of Common Medical Area) Form: The information on this form helps in establishing an enrollee’s need for transportation outside their common medical area. This occurs when necessary care is receivable only outside the community generally. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally per NYCRR Title 18 §505.10, §360, 92 ADM 21, and/or review by representatives of the NYS Department of Health and/or its agents.



A Driving Force in Non-Emergency Medicaid Transportation Management

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Forms & Resources

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Resources and forms collected in one place.

Standing Order Renewal Policy: Standing orders are set up on a bi-annual basis, set to expire at the end of June and December. Standing orders scheduled at any time between December and May, will expire in June. Those placed June through November, will expire in December. **Please Note:** Standing orders do not auto-renew; rather either the medical practitioner or enrollee will need to renew by June 15, or December 15.

2015 (Verification of Transportation Abilities) Form: An enrollee's transportation ability registered within the MAS system by this form. This form is filled out by the enrollee's relevant medical practitioner and indicates what mode of transportation the enrollee is capable of using on a day to day basis.

2020 Form (Outside Common Medical Area Form): The information on this form helps in establishing an enrollee's need for transportation outside their common medical market. This occurs when necessary care is receivable only outside the community generally. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally per NYCRR Title 18 §505.10, §360, 92 ADM 21, and/or review by representatives of the NYS Department of Health and/or its agents. **Please note:** While this completed form is received, completion of this form does not guarantee authorization of Medicaid-funded

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2015 (Verification of Transportation Abilities Form)

	Department of Health	Office of Health Insurance Programs
Form 2015 (5/2015)		
Maintain Original in Medical Record		
VERIFICATION OF MEDICAID TRANSPORTATION ABILITIES		
Patient Name: _____	Patient Date of Birth: ____/____/____	Patient Medicaid Number: _____
Patient Address: _____	Patient Telephone: _____	
<p>1. Can the patient use public transit? Yes <input type="checkbox"/> No <input type="checkbox"/> If you checked NO, please proceed to #2.</p> <p>2. In the left column below, please check the medically necessary mode of transportation you deem appropriate for this patient:</p> <p><input type="checkbox"/> a) Taxi: 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.</p> <p><input type="checkbox"/> b) Ambulette Ambulatory: The patient can walk but requires assistance.</p> <p><input type="checkbox"/> c) Ambulette Wheelchair: The patient is a wheelchair user, requires lift-equipped or roll-up wheelchair vehicle and assistance.</p> <p><input type="checkbox"/> d) Stretcher Van: The patient is confined to a bed, cannot sit in a wheelchair, and does not require medical attention/monitoring during transport.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>3. If you selected letter (a-f) above, please use the space below to justify the corresponding mode of transportation by providing <u>the following required information:</u></p> <p>a. Enter all relevant medical, mental health or physical conditions and/or limitations that impacts the required mode of transportation for this patient.</p> <p>b. Enter the level of assistance the patient needs with ambulation. (Example – patient requires 2 person assistance, patient requires 1 person assistance etc.)</p> <p>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)</p>		

	Department of Health	Office of Health Insurance Programs	
Form 2015 (5/2015)			
<p>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 Medical Answering Services if a change in the enrollee's condition occurs that would necessitate a change in level of service.</p> <p><input type="checkbox"/> Temporary until ____/____/____ <input type="checkbox"/> Long Term until ____/____/____ <input type="checkbox"/> Permanent</p> <p style="text-align: center;">(Date) (Date)</p>			
<p>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.</p>			
_____ 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 #
Fax to: (315)299-2786			
Form must be completed in its entirety or it will not be processed or approved			

2020 (Out of Common Medical Area) Form

<u>REQUEST FOR TRANSPORTATION OUTSIDE THE COMMON MEDICAL MARKETING AREA</u>		
<small>The information provided below will assist the Medicaid program in determining the need for transportation outside the common medical market, i.e., the area where the community generally receives its medical care. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally. While this completed form is required, completion of this form does not guarantee authorization of Medicaid-funded transportation outside the common medical marketing area. The Medicaid program will not authorize transportation outside the common medical marketing area when the enrollee has been non-compliant with local medical providers and is unable to receive service locally based on their own actions.</small>		
Patient Name: _____	Patient Medicaid Number: _____	Patient Date of Birth: ____/____/____
1.) Please indicate whether you are the referring physician: ____ YES / ____ NO 2.) Is the medical service to which you are referring the enrollee available locally? ____ YES / ____ NO		
3.) If the services are available locally, please explain below why the services within the CMMA are inappropriate for this enrollee. <i>Please note, to avoid a delay in transportation for the patient your response requires detailed information. For example, continuity of care without specific reasons why that care must happen outside the CMMA will result in an immediate denial.</i>		
4.) Please indicate whether the referral is to see a specialist: ____ YES / ____ NO (if no please move to question 5). If yes, please answer the following questions.		
4a.) To which specialty is the enrollee being referred? _____ 4b.) What is the specialist's name? _____		
4c.) What is the specialist's service location? _____ 4d.) Do you believe that this referral will require multiple appointments? ____ YES / ____ NO		
5.) Is this referral for Primary Care, Mental Health, Physical Therapy, lab work or an Independent Medical Exam (IME)? ____ YES / ____ NO		
Referring Physician: _____ 10 digit NPI #: _____ Telephone Number: _____		
Hospital/Clinic/Facility/Practitioner Name: _____ Hospital/Clinic/Facility/Practitioner Address: _____		
Name of Staff Member who helped complete this form: _____ Title: _____ Telephone Number: _____		
Signature of Referring Physician: _____ Date Signed: _____		
<small>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.</small>		

Modes of Medicaid transportation

All non-emergency transportation is subject to the prior approval of MAS on behalf of the NYS Department of Health and *such approval must be obtained prior to incurring expenses.*

In an emergency medical situation dial 911 for assistance.

Private Vehicle

If a Medicaid enrollee uses a private vehicle for their regular daily activities, the enrollee is to utilize the same means of transportation for medical care and services.

A Medicaid enrollee who uses a private vehicle for medical care and services may be eligible for mileage reimbursement.

Bus - Public

If a Medicaid enrollee uses a bus for their regular daily activities, the enrollee is to utilize the same means of transportation for medical care and services.

If an enrollee uses the bus for medical care and services bus passes may be available, enrollee should contact their local caseworker.

Bus - Commercial

If a commercial bus is medically appropriate and the most cost-effective mode of transportation for medical care and services, it should be utilized.

Taxi – Ambulatory

Prior authorization of taxi and livery services is required to ensure that a Medicaid enrollee uses the means of transportation most appropriate to their medical needs. Orders for taxi/livery services should be made in advance by either the enrollee or the enrollee’s medical provider.

Taxi services may be available curb to curb or as ambulatory when enrollee is in need of door through door assistance.

Ambulette

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

- The Medicaid enrollee needs to be transported in a recumbent position;

- The Medicaid enrollee is wheelchair-bound and is unable to use a taxi, livery, private vehicle or public transportation;

- 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, private vehicle or public transportation;

- An otherwise ambulatory Medicaid enrollee requires radiation therapy, chemotherapy, or dialysis treatments, which result in a disabling post-treatment physical condition, making the enrollee unable to access transportation without the personal assistance of an ambulette service;

- The Medicaid enrollee has a disabling physical condition other than one described above or a disabling mental condition requiring personal assistance provided by an ambulette service; or

- The ordering practitioner certifies in a manner designated by and submitted to the Department that the Medicaid enrollee cannot be transported by a taxi, livery, private vehicle, or public transportation, necessitating use of an ambulette service.

Ambulance

Ambulance services are covered by the New York State Medicaid Program.

In non-emergency situations, a determination must be made by the appropriate prior authorization official whether the use of an ambulance is medically necessary as opposed to a non-specialized mode such as an ambulette, taxi service, livery service or public transportation.

The Medicaid enrollee’s physician, physician’s assistant, or nurse practitioner must order non-emergency ambulance services.

Non-emergency ambulance transportation may be ordered when the Medicaid enrollee is in need of services that can only be administered by an ambulance service. The ordering practitioner must note in the enrollee's patient record the condition which qualifies the use of non-emergency ambulance services. An ordering practitioner or facilities and programs ordering transportation on the practitioner behalf, which do not meet these rules, may be sanctioned according to the regulations established by the New York State Department of Health.

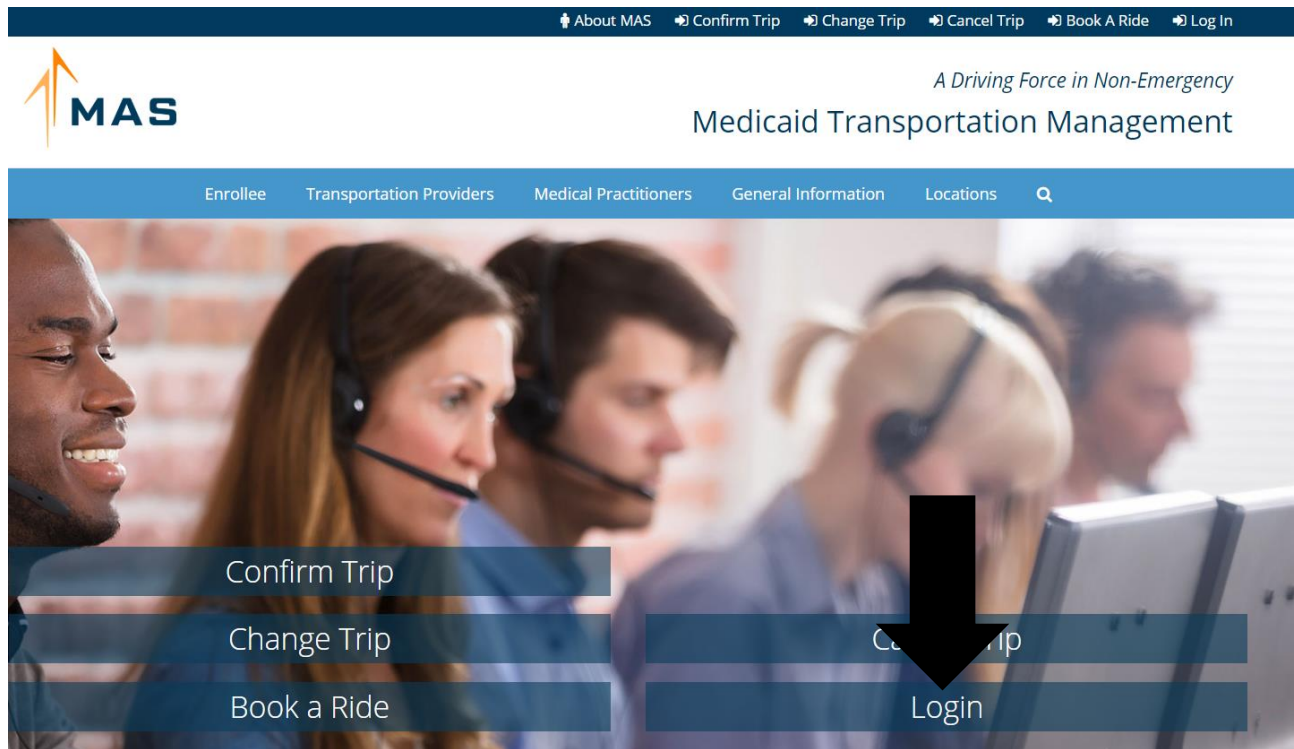
Train

If a train is medically appropriate and the most cost-effective mode of transportation for medical care and services, it should be utilized.

Commercial Air

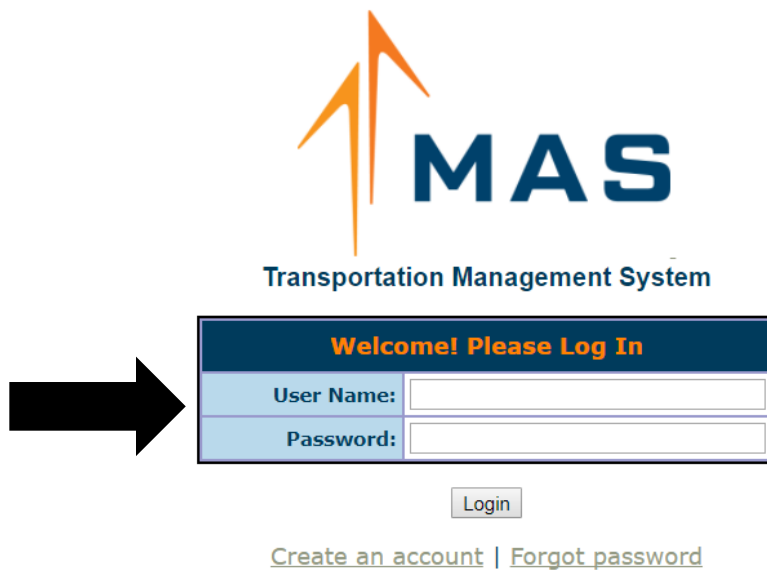
If commercial air travel is medically appropriate and the most cost-effective mode of transportation for medical care and services, it should be utilized.

Online Standing Order Renewal Process



Each user will have a unique username and password, please **DO NOT SHARE LOG-INS**.

- First go to the MAS website (www.medanswering.com) and select "Login"
- On the next screen enter your user name and password to login to the secure MAS system

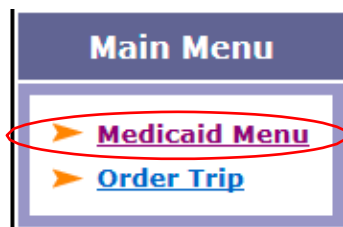


- Blocked Account/Forgotten Password
 - enter Username and Email in the “Forgot Your Password” section
 - A new password will be emailed to you.
- New users
 - Select “Create an Account”

Viewing Message Alerts

Messages may contain important information or updates in regard to Medicaid Transportation. Users are required to read alerts before continuing to schedule a transportation request.

- Select **Medicaid Menu**



- Click **Standing Order Renewal**

A screenshot of a web application titled "Medicaid Menu". It contains a list of links, each preceded by a right-pointing arrow. The links are: "Add/Edit Recipients", "View/Edit Trips", "Add/Edit Users", "Appointment Verification - Bus Pass", "Standing Order Renewal", and "Bus Pass By Agency Report". The "Standing Order Renewal" link is circled in red.

- Begin typing in **address**, select correct match.
 - Enter medical **Reason for Trip**
 - Or enter **Medicaid Number**
- Take special note of the address and how it is typed in
 - *750 E Adams* may not yield the same results as *750 East Adams*
 - If user's list of enrollees does not show up, go back to select an alternate address option
- Enter medical **Reason For Trip** Or **Medicaid Number**
 - Entering a **medical reason** with **no** Medicaid Number will provide list of orders to that address, for that medical reason, for all enrollees with a current order
 - Entering **Medicaid Number** with **Any** medical reason will provide list of orders for that one Medicaid enrollee

A screenshot of a web form titled "Enter Facility Information". It has three input fields: "Facility Address" (containing "400 Westage Business Ctr Dr, Fishkill, NY 12524"), "Reason For Trip" (a dropdown menu showing "Appt Doctor Sched"), and "Medicaid Number" (a blue bar). Three black arrows point to each of these fields from the left. Below the fields is a "Submit" button, which is circled in red.

- The next page will be for you to Renew Standing Orders
 - Renewal **dates** auto filled
 - January- June, then July- December
 - Confirm **days of the week**
 - Must check days that apply
 - Must uncheck days that **do not** apply
 - If enrollee has a day attached to that order outside of their regular schedule, on a holiday for example, that day of the week may be checked
 - Choose **weekly or bi-weekly**
 - Confirm/edit details such as **times and addresses** (Reach out to MAS contact or call center for changes to addresses or transportation provider)
 - Check **Renew** box.
 - *****If this box is not checked, orders will not be renewed
- For **holiday closures and changes**, complete list of dates at the bottom of the screen.
 - If facility is closed on 12/25/2017, and everyone will be seen the following day, enter dates in respective boxes.
 - If facility is closed and there is no alternate date, enter closed date and leave second box blank.
- Click **Create** once all information is entered
 - List will only yield **20 results per screen****
 - Once first list is completed, there will be an option to continue to the next set of 20 on the following screen

Standing Order Renewals

Renewal Start Date: 01/02/2018 Renewal End Date: 06/30/2018

Parent Trip ID	Date Created	Days	Interval	Enrollee Name	DOB	Transport Type	Trans Provider	Med Provider	Appointment Time	Pick-Up	Drop-Off	Renew?
	09/22/2017	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input checked="" type="radio"/> Weekly <input type="radio"/> BiWeekly		03/16/1975	Wheelchair-Rensselaer	A+ Medtrans (Rejha Group)(REN)	Devereux Elizabeth	1000 1500 1730 Call	20 Community Way, E Greenbush		<input type="checkbox"/>
	08/09/2017	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input checked="" type="radio"/> Weekly <input type="radio"/> BiWeekly		10/29/1960	Taxi-Schenectady	Care 4 You Transportation (SCH)	KANSAS DEVINE, MARIA	0900 Call			<input checked="" type="checkbox"/>
	06/30/2017	<input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input checked="" type="radio"/> Weekly <input type="radio"/> BiWeekly		03/25/1989	Ambulatory-Fulton	Access Trans Inc (FUL)	Etkorn, Emily	0900 1430			<input checked="" type="checkbox"/>
	06/30/2017	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input checked="" type="radio"/> Weekly <input type="radio"/> BiWeekly		03/25/1989	Ambulatory-Fulton	Access Trans Inc (FUL)	Etkorn, Emily	1000			<input checked="" type="checkbox"/>

Closed Holiday: 05/14/2018 Move Trips To (leave blank if none): 05/15/2018

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Closed Holiday: Move Trips To (leave blank if none):

Create Reset

- Please wait while renewals are processed

Medical Answering Services Administration

Standing Orders Being Created..... Please Wait

XXXXXXXXXXXXXXX

[Medicaid Menu](#) | [Main Menu](#) | [Login](#) | [Logout](#) | [Turn on Debug](#) | [Reload Object Cache](#)

11/29/2017 17:03:45 • 0.50 seconds • Server (7.1.1)

[Terms of Use and General Privacy Policy](#)
[Notice of Privacy Practices](#)

- List of **invoice numbers** provided as **confirmation**
 - This invoice number represents the initial date of the standing order and can be communicated to vendors as needed
 - Select **Continue** to move on to next list of standing orders to be renewed

NYC PTAR System

- **MAS does not authorize transportation for the NYC PTAR System.**
- **For additional information on the PTAR system please go to:**

<https://www.emedny.org/selfhelp/PTAR/archive.aspx>

[What's New](#)[Information](#)[Provider Enrollment](#)[Provider Manuals](#)[Provider TRAINING](#)[Contacts](#)[eMedNY HIPAA Support](#)[eMedNY Tools Center](#)[PTAR](#)

[PTAR overview](#) > PTAR Manual Archive



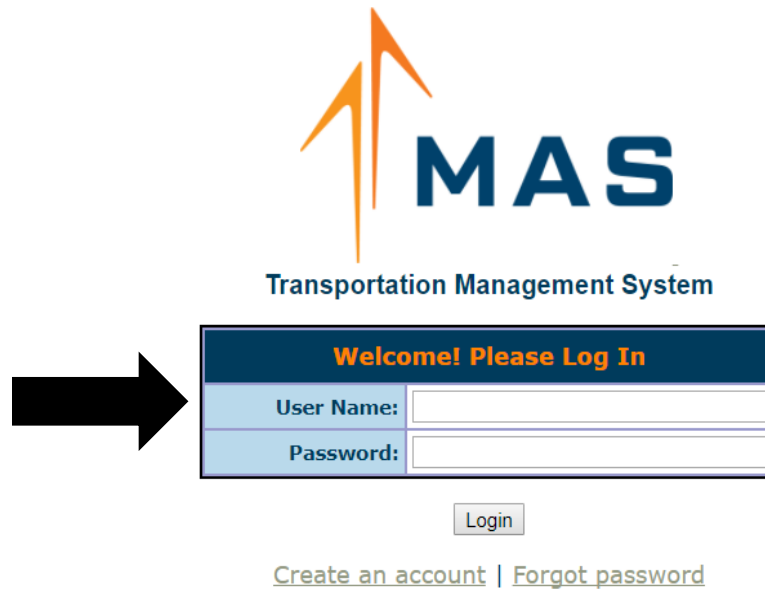
PTAR Manual and Document Archive

Below are the previous versions of the PTAR user manual and other relevant documents.

Version	Archive Date	Manual Document
2015 - 5 <small>(September 2015)</small>	Archived May 13, 2016	PTAR/MMTP Facility Administrator User ID Request Form (PDF 68KB)
2015 - 4 <small>(June 2015)</small>	Archived September 14, 2015	PTAR/MMTP Facility Administrator User ID Request Form (PDF 73KB)
2015 - 1 <small>(June 2015)</small>	Archived August 6, 2015	User Manual (PDF 1.62MB)
2014 - 1 <small>(May 2014)</small>	Archived July 2, 2015	PTAR FAQs (PDF 587KB)
2015 - 3	Archived June 18, 2015	PTAR/MMTP Facility Administrator User ID Request Form (PDF 79KB)
2015 - 2	Archived June 12, 2015	PTAR/MMTP Facility Administrator User ID Request Form (PDF 68KB)
2015 - 1	Archived June 5, 2015	PTAR/MMTP Facility Administrator User ID Request Form (PDF 69KB)
2014 - 1 <small>(April 2014)</small>	Archived June 1, 2015	User Manual (PDF 1.14MB)
2013 - 1 <small>(December 2013)</small>	Archived April 21, 2014	User Manual (PDF 1.13MB)

Upstate New York Bus Pass Agency Ordering

Access the Website



- Blocked Account/Forgotten Password
 - Enter Username and email in the “Forgot Your Password” section
 - A new password will be emailed to you.
- New users
 - Select “Create an Account”

Viewing Message Alerts

Messages may contain important information or updates regarding Medicaid Transportation.

- Users are required to read alerts before continuing to schedule a transportation request.

Bus Pass Availability and Distribution

Bus passes are available to agencies for distribution to **eligible NYS Medicaid enrollees** attending to and from **Medicaid billable services** at an agency's location.

- It is the **responsibility of an ordering agency to verify Medicaid eligibility** prior to issuing a bus pass.
- Regardless of the number of passes distributed, orders should be submitted to MAS each month to keep agency status active.

Bus Pass Type Usage

- The number of appointments per month, as well as the number of passes/tokens required per trip, should be considered when determining the type of pass/token an enrollee is issued. This may vary depending on the county in which the trip takes place.
- Bus Passes will be issued to enrollees in consideration of both your agency participant's dynamics as well as the number of times per month/passes per visit needed.

Roster Based and Replenishment Agencies

Replenishment Agency

- A replenishment agency is responsible to purchase an initial supply of bus passes directly from the public transit entity.
 - By the 15th of the current month the agency will log passes distributed to each enrollee.
 - MAS will reimburse for the passes distributed.
- Agencies must have online requests entered prior to the 15th of each month to guarantee delivery by the first of the next month.
 - Subsequent requests will be processed but cannot guarantee delivery prior to the first of the next month.
- When online ordering is complete. Agency must email MAS bus pass department
 - MAS will review each agency request and issue passes to the respective agency for each Medicaid Enrollee that is Medicaid eligible for transportation at time of request.

Roster Based Agency

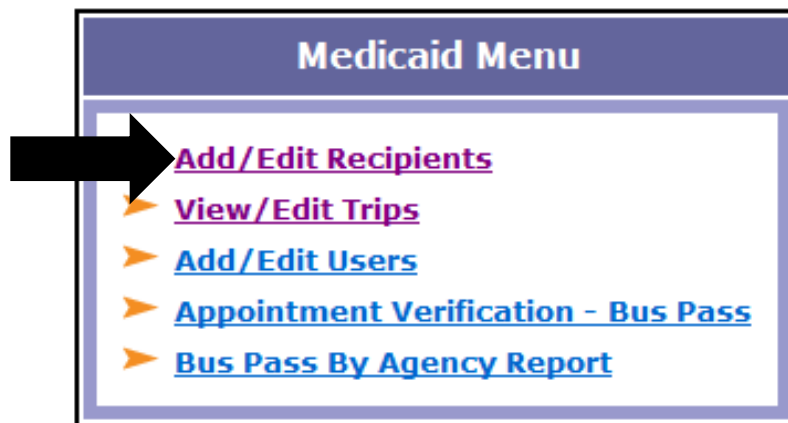
- A roster based agency is aware of the number of appointments an enrollee has at their location in advance.
- A roster-based agency will request passes using the MAS online system by the 15th of the month prior to month of service.
 - MAS will mail passes to the agency for distribution.

- Agencies must have online requests entered prior to the 15th of each month to guarantee delivery by the first of the next month.
 - Subsequent requests will be processed but cannot guarantee delivery prior to the first of the next month.
- When online ordering is complete. Agency must email MAS bus pass department
 - MAS will review each agency request and issue passes to the respective agency for each Medicaid Enrollee that is Medicaid eligible for transportation at time of request.

Creating Agency Roster

Enrollees must be added to agency's roster prior to requesting bus passes.

- **Find Enrollee to Be Added**



- From **Medicaid Menu**, select **Add/Edit Recipients**

Advanced Search

Find Recipients

CIN/Medicaid # (begins with):	<input style="width: 90%;" type="text"/>	
County:	<div style="border: 1px solid #ccc; padding: 2px;">Any ▼</div>	
Status:	<input type="radio"/> Any <input checked="" type="radio"/> Active <input type="radio"/> Inactive	
First Name (begins with):	<input style="width: 95%;" type="text"/>	
Last Name (begins with):	<input style="width: 95%;" type="text"/>	
DOB:	<input style="width: 40%;" type="text"/> - <input style="width: 40%;" type="text"/>	
Bus Pass Agency:	<div style="border: 1px solid #ccc; padding: 2px;">Any ▼</div>	
Sort By:	<div style="border: 1px solid #ccc; padding: 2px;">Recipient Name ▼</div>	

Find Recipients

Clear Form

- Enter the enrollee's identifying information (such as Medicaid number) to refine search.
- Change Status to **Any**
- Select **Find Recipients**
- On the next screen, select the enrollee's name from the list to enter the enrollee's profile

Add Enrollee to Agency Roster

- Select the Agency name in the appropriate Bus Pass Agency drop down list on the enrollee's profile.

[Set Up Trip](#) | [View Trips](#) | [View Bus Passes](#)

Edit Recipient - ID: 1389334

Record ID: 1389334	Status: Active
Medicaid # / Seq #: AA00026A /	
SSN: XXX-XX-0000	DOB: 11/11/1926
Medicaid Case Starts/Ends: 09/01/2016 - 09/30/2016	

Transport Type: Wheelchair-Monroe	Coverage Code: 01
Bus Access: No	
Bus Access Comment: Double above the knee amputee	
Bus Pass Agency 1: ** Another Agency **	Bus Pass Agency 2: <input type="text"/>
Bus Pass Agency 3: <input type="text"/>	
Vehicle Access: No	No Access Reason: No Vehicle
Vehicle Comment: no car	

Eligibility Starts/Ends: 09/01/2016 - 09/30/2016	Eligibility Status: Eligible
Eligibility Submitted: 09/12/2016 07:28 AM	Submission Status: Processed
Coverage Verified By: Abbie Mendoza	Eligibility Code: ()
Date Eligibility Verified: 09/12/2016	Plan Coverage:

Restricted Med. Prov:

First Name/MI: Test	Last Name: Monroe
Street: 1234 Drive Way	
City: Rochester	State/Zip: NY, 14602
Phone: 585-555-1234	County: Monroe
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Marital Status: <input type="text"/>
Case Name: <input type="text"/>	
Created/Modified: 05/15/2012, 09/15/2016	

Save Changes

Reset Values

- **Select your Agency name** in the next available Bus Pass Agency drop down menu
 - Enrollees may have multiple agencies requesting passes
 - Up to three separate agencies can be added to an enrollee's profile
 - Each agency must be listed in the profile for passes to be ordered online by that agency
- Select **Save Changes** to add enrollee to agency

*****Enrollee is now associated with the selected agency.**

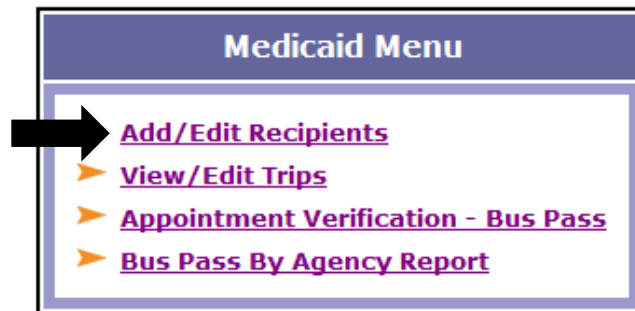
- Return to the **Medicaid Menu** to proceed with requesting passes or replenishments

Ordering Passes

Bus pass agency must log each pass requested for distribution or replenishment in the MAS system.

- Each type and quantity of bus pass, per enrollee, must be logged in MAS system

List enrollee by bus pass agency



- From the **Medicaid Menu**, select Add/Edit Recipients

 A screenshot of a web application titled "Find Recipients". The form contains several input fields and dropdown menus: "CIN/Medicaid # (begins with):", "County:" (dropdown), "Status:" (radio buttons for Any, Active, Inactive), "First Name (begins with):", "Last Name (begins with):", "DOB:", "Bus Pass Agency:" (dropdown), and "Sort By:" (dropdown). A black arrow points to the "County:" dropdown, and another black arrow points to the "Bus Pass Agency:" dropdown. Below the form are two buttons: "Find Recipients" and "Clear Form".

- Select **Bus Pass Agency** from list
- Change Status to **Any**
- Select **Find Recipients** to generate a list of enrollees associated with selected agency

Order Passes and Replenishments

View Recipients														
There is 1 matching recipient.														
Request Bus Passes														
Record ID	Status	Type	Verify Status	Notify Status	Name	County	Eligibility	Date Verified	Plan Coverage	DOB	CIN Medicaid #	Phone	Transport Type	
1389334	Active	Medicaid	Unknown		Monroe, Test	26	Eligible	04/01/2013		01/01/2001	AA00026A	585-555-1234	Bus Monroe	Log Call

- At the top of the list of agency's enrollees, select **Request Bus Passes** to access the bus pass request list.

Request Bus Passes For Recipients											
There is 1 matching recipient.											
Record ID	Status	Verify Status	Name	CIN Medicaid #	Transport Type	Bus Pass 1 Type	Days of Attend. / Week	Bus Pass 2 Type	Day of Attendance Per Week	Quantity	Coverage
1389334	Active	Unknown	Monroe, Test	AA00026A	Bus Monroe	None	1	None		1	5/1/2013

- Using the drop down menus “**Bus Pass Type 1 & Quantity**” and “**Bus Type 2 & Quantity**”, select the type of bus pass being requested and the number of that particular pass needed.
 - Each type and quantity of bus pass, per enrollee, must be logged in MAS system
 - Up to 2 types of passes can be chosen for each enrollee (Ex. 5 Day Swiper, quantity of 1 and Single Ride Tokens, quantity of 6)
- Choose **Coverage month**
 - Select the month the passes were or will be in use
- Once all selections have been made, click **Submit to complete the process**
 - MAS will review your requested bus passes to either issue or decline a pass based on Medicaid eligibility.

List of Managed Long Term Care Plans

Medicaid Managed Care Provider Manual:

[https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information for All Providers Managed Care Information.pdf](https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information%20for%20All%20Providers%20Managed%20Care%20Information.pdf)

The following Managed Care Plans are **NOT ACCEPTED IN THE UPSTATE 55 MAS COUNTIES**

- AC - Catholic MLTC - ArchCare Senior Life, 866-263-9083
- AG - Agewell NY LLC, 866-586-8044
- AH – Aetna Better Health, 855-456-9126
- AL - Alphacare of NY Inc, 888-770-7815
- AP - Catholic Managed LTCS MLTC, 800-934-7704
- C7 - Center Light Health Care Pace, 877-226-8500
- CC - Complete Senior Care Inc, 888-303-4333
- CH – Catholic Health Plan Life PACE, 855-671-3341
- CP - Centers Plan for Healthy Living LLC, 855-270-1600
- E7 - Senior Care Connection, 855-376-7888
- EC – Extended MLTC LLC, 866-389-2656
- ED - Elderplan Inc Home First, 866-398-2656
- EG - Erie Niagara MLTCP Inc, 800-894-2464
- EG - Kalos Health, 800-894-2464
- EH – River Spring at Home (Elderserve), 800-370-3600
- FB – Aetna Better Health FIDA Plan, 855-494-9945
- FC – AgeWell New York FIDA, 866-586-8044
- FD – AlphaCare Signature FIDA, 855-632-5742 (Plan closed 12/31/16)
- FE – HealthPlus Amerigroup FIDA Plan (Closed 01/01/16)
- FF – ArchCare Community Advantage FIDA (Closed 11/30/15)
- FG – CenterLight Healthcare FIDA (Plan closed 12/31/16)
- FH – FIDA Care Complete, 800-466-2745
- FI – Elderplan FIDA Total Care, 855-462-3167
- FJ – RiverSpring FIDA Plan, 800-950-9000
- FK – Fidelis Care FIDA Plan, 800-247-1447
- FL – Guildnet Gold Plus FIDA Plan, 800-815-0000
- FM – Healthfirst AbsoluteCare FIDA, 855-675-7630
- FN – EmblemHealth Dual Assur, FIDA Plan (Plan closed 01/01/16)
- FP – ICS Community Care Plus FIDA, 877-427-2525
- FQ – Integra FIDA Plan (Plan closed 01/01/16)
- FR – Metroplus FIDA, 844-288-3432
- FT – North Shore – LIJ FIDA Live Well, 855-776-7545
- FV – VillageCare MAX Full Advantage FIDA Plan, 800-469-6292
- FW – VNSNY Choice FIDA Complete, 866-783-1444
- FX – WellCare Advocate Complete FIDA (Plan closed 12/31/16)
- FY – SWH Whole Health FIDA, 844-861-3432
- FZ – Fallon Heath Weinburg PACE, 855-665-1113

- GD – Fidelis Care at Home, 888-343-3547
- GN – Guildnet, 800-932-4703
- H1 - Senior Health Partners Inc, 866-585-9280
- HC - Hamaspik Choice, 855-552-4642
- HP – HIP MLTC Partial (Plan closed 01/01/16)
- IC - iCircle Services of the Finger Lake, 844-424-7253
- IL – Elder One (Independent Living), 855-457-4636
- IT - Integra MLTC Inc, 855-661-0002
- IS – Pace CNY, 888-728-7223
- IX – Independent Care Systems, 877-427-2525
- KX – Amerigroup Community Connections, 866-805-4587
- M3 – Evercare Choice Inc (Elant Choice), 877-255-3678
- MF - Montefiore HMO, 855-556-6683
- MH – HealthFirst Complete Care, 888-260-1010
- MP – MetroPlus MLTC, 855-355-6582
- MZ - Senior Network Health, 888-355-4764
- N6 - Total Aging in Place (Fallon Health Weinberg) , 716-250-3100
- NA - Niagara Advantage Health Plan LLC, 866-843-7526
- NS – North Shore – LIJ Health Plan, 855-421-3066
- PC - Prime Health Choice, 855-777-4630
- PO – Partners Health Plan FIDA IDD, 855-747-5483
- SW – Senior Whole Health, 877-353-0185
- TF - Center Light HealthCare Select (Plan closed 05/01/17), 877-226-8500
- TS - Total Senior Care Inc, 866-939-8613
- UH - United Health Care of NY, Inc. MLTCPC, 877-512-9354
- VA - VNA Homecare Options, 855-877-8868
- VC - VNS Choice, 888-867-6555
- VL – Village Senior Services, 800-469-6292
- VN – VNS, 866-469-7774
- WN - Wellcare of NY Inc, 212-463-6100
- Y2 – Neighborhood Health (Closed)
- Y9 – Liberty Health Advantage, 866-542-4269
- YD - Fidelis Dual Advantage, 718-896-6500
- YF - Fidelis Care of NY, 877-533-2404
- YG – GuildNet, Inc MAP M/M, 800-932-4703
- YH - Senior Whole Health, 877-353-0185
- YL – Elderplan MAP, 866-386-9437
- YM – MetroPlus MA Advantage (Closed 01/01/16)
- YN – VNS Choice Plus M/M, 866-597-6674
- YO – Empire BCBS HealthPlus (Amerigroup Advantage Plus), 866-805-4589
- YT - Touchstone HLTH Prestige M/M, 914-288-1157 (Eligible only in Westchester)
- YU – United Health Care M/M, 866-362-3368
- YY – Affinity, 866-247-5678
- ZH - Health Insurance Plan of Greater NY, 646-447-5180

The following Managed Care Plans will not be authorized for NYC

- AC - Catholic MLTC - ArchCare Senior Life, 866-263-9083
- AG - AgeWell New York LLC, 866-586-8044
- AH - Aetna Better Health, 855-456-9126
- AL - AlphaCare of New York, 888-770-7815
- AP - Archcare Community Life, 866-467-9351
- C7 - Centerlight (formally CCM), 877-226-8500
- CC - Complete Senior Care, 888-303-4333
- CH - Catholic Health Life PACE, 855-671-3341
- CP - Centers Plan for Healthy Living, 855-270-1600
- Elant Choice (Health Advantage Plan Inc)
- E7 - Senior Care Connection (Eddy), 855-376-7888
- EC - Extended MLTC, LLC, 866-389-2656
- ED - Elderplan dba Homefirst, 866-389-2656
- EH - River Spring at Home (Elderserve), 800-370-3600
- FI - Elder Plan FIDA Total Care, 718-921-7979
- GD - Fidelis Care at Home, 888-343-3547
- H1 - Senior Health Partners Inc, 800-633-9717
- IL - Independent Living for Seniors d/b/a ElderOne, 855-457-4636
- IS - Loretto/PACE CNY/Independent Living Services HMO, 888-728-7223
- IT - Integra MLTC Inc, 855-661-0002
- IX - Independent Care Systems, 877-427-2525
- KX - Amerigroup Community Connections (Care Plus Conn), 866-805-4589
- MF - Montefiore HMO, LLC, 855-556-6683
- MH - MHI Healthfirst Complete Care, 888-260-1010
- MP - Metroplus MLTC, 855-355-6582
- MZ - Senior Network Health LLC, 888-355-4764
- N6 - Total Aging in Place, 866-882-8185
- NS - NorthShore, LIJ Health Plan, Inc, 855-421-3066
- PO - Partners Health Plan Inc, 646-844-4020
- SW - Senior Whole Health, 877-353-0185
- TF - Centerlight Select (formally CCM Select), 877-226-8500
- TS - Total Senior Care Inc, 866-939-8613
- UH - UnitedHealth Personal Assist, 855-345-6582
- VA - VNA Homecare Options LLC, 855-877-8868
- VC - VNS Choice, 888-867-6555
- VL - VillageCareMAX, 800-469-6292
- YF - Fidelis Care of NY, 877-533-2404
- YG - GuildNet, Inc, MAP M/M, 800-932-4703
- YH - Senior Whole Health M/M Plus, 877-353-0185
- YL - Elderplan MAP, 866-386-9437
- YN - VNS Choice Plus M/M, 866-597-6674
- YU - United Health Care M/M
- YO - Amerigroup Advantage Plus, 866-805-4589
- WN - Wellcare of NY MLTC, 212-463-6100
- ZH - HIP of Greater NY, 866-447-9717

MAS Hours of Operation

- MAS operates 24/7, 365 days a week. The calling hours for enrollees are 7am-6pm Monday-Friday.
 - Please contact MAS as far in advance as possible when scheduling your non-emergency medical transportation. Enrollees should contact MAS a minimum of 3 days in advance of their medical appointment
- Please contact MAS during normal business hours (8am-5pm, Monday- Friday) for information on processing and/or the status of 2015 and 2020 forms.
- Please contact MAS during normal business hours (8am-5pm, Monday- Friday) for scheduling of long distance/commercial travel trips.
- If you need to document a situation that took place during a trip, whether off hours or not, you should contact MAS to enter a “Trip Concern”, any Customer Service Representative is capable of entering a trip concern.
 - To enter a trip concern, you can either call your MAS County number and provide the Customer Service Representative with the appropriate information to document the situation or fill out a secure online submission on the MAS website. The Trip Concern option can be found on the MAS website, www.medanswering.com
- In the event you encounter an issue during off hours you can call MAS on your general county number and ask to speak with a supervisor, we have supervisors and managers staffed 24/7.



THE PREMIER PROVIDER OF
TRANSPORTATION MANAGEMENT SERVICES

PHONE 844-666-6270 P.O. BOX 12000 SYRACUSE, NEW YORK 13218 FAX 315-299-2786

Bronx / New York / Queens

Medicaid Transportation

Contact Information

February 1, 2017

To schedule, cancel or inquire about Medicaid Transportation Services contact MAS by:

Telephone844-666-6270
 Fax.....315-299-2786
 Order Medicaid Transportation On-Line.....www.medanswering.com
 Website Transportation Vendors requires login Username & Password...Web_Access@medanswering.com
 On-site training can be requested at..... NYC_outreach@medanswering.com

Medical Answering Services

Key Personnel

Regional Medicaid Adm	Jazmine Martinez	Jmartinez@medanswering.com	315-701-7487
Asst Regional Medicaid Adm	Justyn Linney	Jlinney@medanswering.com	315-701-7479
Asst Regional Medicaid Adm	Ralithia Dennis	Rdennis@medanswering.com	315-701-7489
Asst Regional Medicaid Adm	Myesha Britt	Mbritt@medanswering.com	315-299-2711
Director Field Liaison	Monique Robinson	Mrobinson@medanswering.com	315-414-8761
Field Liaison	Carrie Besaw	Cbesaw@medanswering.com	315-484-6732
Field Liaison	Keone Vance	Kvance@medanswering.com	315-729-1836
General Manager NYC	Ricky Rodriguez	Rrodriguez@medanswering.com	315-414-8560
Asst Dir of Medicaid Policy	Sierra Floyd	Sfloyd@medanswering.com	315-299-2783
Director of Medicaid Policy	Notchaca Cosby	Ncosby@medanswering.com	315-299-2792
Asst Director of QA	Sofiya Samekhova, RN	Ssomekhova@medanswering.com	315-729-1516
Director of Compliance/QA	Jennifer De Lucia, RN	Jdelucia@medanswering.com	315-299-2754
President	Russ Maxwell	Rmaxwell@medanswering.com	716-983-3726

Other Key Contacts

Computer Sciences Corporation/EmedNY	www.eMedNY.org	800-343-9000
NYSDOH Medicaid Transportation Bureau	MedTrans@Health.NY.Gov	518-473-2160

Mailing Address

Medical Answering Services, LLC, PO Box 12000, Syracuse, New York 13218



THE PREMIER PROVIDER OF
TRANSPORTATION MANAGEMENT SERVICES

PHONE 844-666-6270 P.O. BOX 12000 SYRACUSE, NEW YORK 13218 FAX 315-299-2786

Brooklyn / Staten Island

Medicaid Transportation

Contact Information

February 1, 2017

To schedule, cancel or inquire about Medicaid Transportation Services contact MAS by:

Telephone844-666-6270

Fax.....315-299-2786

Order Medicaid Transportation On-Line.....www.medanswering.com

Website Transportation Vendors requires login Username & Password....Web_Access@medanswering.com

On-site training can be requested at.....NYC_outreach@medanswering.com

Medical Answering Services

Key Personnel

Regional Medicaid Adm	Darlene Starks	Dstarks@medanswering.com	315-299-2752
Asst Regional Medicaid Adm	Antonia Mackey	Amackey@medanswering.com	315-701-7490
Asst Regional Medicaid Adm	Unique Bishop	Ubishop@medanswering.com	315-299-2711
Asst Regional Medicaid Adm	April Jackson	Ajackson@medanswering.com	315-299-2728
Director Field Liaison	Monique Robinson	Mrobinson@medanswering.com	315-414-8761
Field Liaison	Megan Hickey	Mhickey@medanswering.com	315-729-0802
Field Liaison	Bryan Cohen	Bcohen@medanswering.com	315-748-8971
General Manager NYC	Ricky Rodriguez	Rrodriguez@medanswering.com	315-414-8560
Asst Dir of Medicaid Policy	Sierra Floyd	Sfloyd@medanswering.com	315-299-2783
Director of Medicaid Policy	Notchaca Cosby	Ncosby@medanswering.com	315-299-2792
Asst Director of QA	Sofiya Samekhova, RN	Ssomekhova@medanswering.com	315-729-1516
Director of Compliance/QA	Jennifer De Lucia, RN	Jdelucia@medanswering.com	315-299-2754
President	Russ Maxwell	Rmaxwell@medanswering.com	716-983-3726

Other Key Contacts

Computer Sciences Corporation/EmedNY	www.eMedNY.org	800-343-9000
NYSDOH Medicaid Transportation Bureau	MedTrans@Health.NY.Gov	518-473-2160

Mailing Address

Medical Answering Services, LLC, PO Box 12000, Syracuse, New York 13218

1d. MAS MCOs Out of Network

The following Managed Care Plans will not be authorized with MAS

- AC - Catholic MLTC - ArchCare Senior Life, 866-263-9083
- AG - AgeWell New York LLC, 866-586-8044
- AH - Aetna Better Health, 855-456-9126
- AL - AlphaCare of New York, 888-770-7815
- AP - Archcare Community Life, 866-467-9351
- C7 - Centerlight (formally CCM), 877-226-8500
- CC - Complete Senior Care, 888-303-4333
- CH - Catholic Health Life PACE, 855-671-3341
- CP - Centers Plan for Healthy Living, 855-270-1600
- Elant Choice (Health Advantage Plan Inc)
- E7 - Senior Care Connection (Eddy), 855-376-7888
- EC - Extended MLTC, LLC, 866-389-2656
- ED - Elderplan dba Homefirst, 866-389-2656
- EH - River Spring at Home (Elderserve), 800-370-3600
- FI - Elder Plan FIDA Total Care, 718-921-7979
- GD - Fidelis Care at Home, 888-343-3547
- H1 - Senior Health Partners Inc, 800-633-9717
- IL - Independent Living for Seniors d/b/a ElderOne, 855-457-4636
- IS - Loretto/PACE CNY/Independent Living Services HMO, 888-728-7223
- IT - Integra MLTC Inc, 855-661-0002
- IX - Independent Care Systems, 877-427-2525
- KX - Amerigroup Community Connections (Care Plus Conn), 866-805-4589
- MF - Montefiore HMO, LLC, 855-556-6683
- MH - MHI Healthfirst Complete Care, 888-260-1010
- MP - Metroplus MLTC, 855-355-6582
- MZ - Senior Network Health LLC, 888-355-4764
- N6 - Total Aging in Place, 866-882-8185
- NS - NorthShore, LIJ Health Plan, Inc, 855-421-3066
- PO - Partners Health Plan Inc, 646-844-4020
- SW - Senior Whole Health, 877-353-0185
- TF - Centerlight Select (formally CCM Select), 877-226-8500
- TS - Total Senior Care Inc, 866-939-8613
- UH - UnitedHealth Personal Assist, 855-345-6582
- VA - VNA Homecare Options LLC, 855-877-8868
- VC - VNS Choice, 888-867-6555
- VL - VillageCareMAX, 800-469-6292
- YF - Fidelis Care of NY, 877-533-2404
- YG - GuildNet, Inc, MAP M/M, 800-932-4703
- YH - Senior Whole Health M/M Plus, 877-353-0185
- YL - Elderplan MAP, 866-386-9437
- YN - VNS Choice Plus M/M, 866-597-6674
- YU - United Health Care M/M
- YO - Amerigroup Advantage Plus, 866-805-4589
- WN - Wellcare of NY MLTC, 212-463-6100
- ZH - HIP of Greater NY, 866-447-9717



Scheduling NEMT Transportation

Medicaid Transportation

Medicaid Transportation Ordering Guidelines

Background:

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. In circumstances where the enrollee needs a different mode of transportation that is not the same as what is used to carry out activities of daily living, 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 Medical Answering Services at the appropriate County 800# (listed in MAS website), between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. Visit MAS' website at <https://www.medanswering.com>

PLEASE NOTE:

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.

Standing order transportation 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.

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

1. Call Medical Answering Services at the appropriate County 800# (listed in MAS website), between the hours of 7:00 a.m. and 6:00 p.m. Monday through Friday.
2. Enter the standing order online at: <https://www.medanswering.com> .

Once the standing order is scheduled in Medical Answering Services' system, it is scheduled for six (6) months, therefore, there is no need to contact Medical Answering Services again within the six-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 six months, through August. Mr. Smith experienced a debilitating stroke in late May, and now requires stretcher transportation to dialysis. The facility must contact Medical Answering Services to request that Mr. Smith's transportation modality be changed to better reflect his current mobility status.

Three Day Window:

The Medicaid program requires that both standing order and ad hoc transportation be scheduled at least three (3) *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:

If the appointment is scheduled for:	Contact Medical Answering Services 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

1f. Script for booking NEMT (via phone)

Template for calling any transportation management company for booking a ride

Below is an overview of what to expect when calling a transportation management company for booking a ride.

Call transportation manager associated with the patient's managed care organization.

- **Representative:** Thank you for calling [name of company]. How can I help you?
- **You:** I am calling to schedule a *(select one: discharge or transportation for an appointment)*.
- **Representative:** Sure, please provide patient's Medicaid ID.
- **You:** *Provide Member Medicaid ID/CIN*
- **Representative:** Please verify Patient's name, date of birth and address.
- **You:** *Provide patient full name, date of birth and address.*
- **Representative:** Please provide date and time of pick up
- **You:** *Provide date of appointment, time of appointment and pick up time.*
- **Representative:** Please provide address of pick up and drop off location
- **You:** *Provide pick up address and drop off location.*
- **Representative:** Please provide name of physician patient is seeing (if it is a routine appointment) and contact number.
- **You:** *Provide name and office number of physician*
- **Representative:** Is this a round trip?
- **You:** *If discharge from hospital answer no, if a routine appointment and patient requires trip home answer yes.*
 - *Please note that the provider's office will have to call and advise when patient is ready for pick up.*
- **Representative:** Mode of transportation required?
- **You:** *Provide mode of transportation based on medical necessity.*
 - **Livery**
 - **Ambulate** – if patient needs assistance walking (i.e. cane, wheelchair, etc.)
 - **Ambulance** – if patient requires higher needs of assistance (i.e. oxygen, cannot ambulate etc.)

- **Representative:** *If mode of transportation is not documented in the Form 2015, or if form is not on file, representative may request a signed copy faxed to them. Courtesy ride may also be booked to reduce delays.*
- **Representative:** Do you have a preferred vendor for this trip?
- **You:** *If you or the patient has a preferred vendor to travel with, please provide. If not, the representative will locate a vendor who will accommodate the trip.*
- **Representative:** *Will locate vendor and review trip details. Vendor name and contact number will be provided to the caller. Invoice number will be provided as a reference number for the trip. Keep invoice on hand for any additional follow up.*

Trip is booked.



MEDICAID TRANSPORTATION REQUEST

Fax Completed Form to 315-299-2786

TO: Medicaid Transportation, 375 W. Onondaga St. #15, P.O. Box 11998, Syracuse, NY 13218

FROM: _____ at _____

Phone #: (____) ____ - ____ Fax #: (____) ____ - ____

DATE COMPLETED: ____/____/____

Client Name: _____ Sex: ☐ Male or ☐ Female

Medicaid # _____ DOB: ____/____/____ Client's Phone #: (____) ____ - ____

Pickup Address: _____

Drop off Address: _____

☐ Medicaid or ☐ Title XX (Services Case) Client's Phone #: (____) ____ - ____

Pickup/Start Date: __/__/__ Pickup Time: _____

Reason for Trip (s) _____

Transportation Vendor: _____

Appt. Time: _____

Round Trip: ☐ Yes or ☐ No, If "Yes" approx time of return pickup: _____

Standing Order: ☐ Yes or ☐ No, If "Yes" days of week ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☒ S ☐ Su

Addition to Standing Order: ☐ Yes or ☐ No

Transp. Mode: ☐ Bus ☐ Taxi ☐ Wheelchair ☐ Ambulatory ☒ ~~Self~~

wheelchair, does client ☐ Have or ☐ Need a wheelchair

Client's medical provider: _____ Medicaid Provider NPI#: _____

Special Instructions: _____

1h. MAS Multiple Trip Request Fax Form

Medical Answering Services, LLC
Transportation Request

[illegible]

1i. Transportation Providers for The Bronx

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

Other		
AllTown Limo Corp	(718) 543-7771	(718) 543-7777
Black Sea Transportation	(914) 664-3124	(914) 573-3356
Cautious Car Corp	(718) 296-3333	(917) 434-6497
El Barrios Car Service	(212) 722-5555	(212) 360-5555
Friendly Best Way Transportation	(718) 252-6363	(347) 587-4141
Kiss Car Service	(718) 562-1111	
Koop Dispatching	(718) 824-6666	(718) 828-1381
New Superior Radio Grp Corp	(212) 663-6560	(212) 663-7206
Premium Radio Dispatcher	(212) 694-2222	(212) 491-9669

Taxi		
3210 Webster Ave Prestige Car	(718) 654-3852	
5J Transportations Inc	(718) 554-8363	(718) 679-4292
7 Ocean Express, Inc.	(718) 714-1414	(718) 266-1111
811 Transit Corp	(718) 429-8111	(747) 900-1116
A New Day Radio Dispatch, Inc	(212) 420-0101	(212) 228-6666
A&S Limousine Service Corp	(718) 455-1900	(347) 380-3831
Abiel Transportation Corp	(718) 733-6000	(347) 805-6128
ACA Transportation Inc	(718) 787-0410	(718) 787-0410
Adon	(718) 676-1132	(929) 420-8088
Advanced Luxury Limo Svc	(718) 231-2188	
Afro Car Svc	(718) 342-4200	(917) 586-3771
Agape Luxury Corp	(718) 585-2222	(718) 993-2097
Agape Taxi Corp	(718) 585-2222	(718) 707-2880
Aguila Car & Limo Corporation	(718) 393-3333	(718) 699-8100
All Access Transport Group	(718) 284-0006	(646) 772-7617
All Around Transportation, Inc	(718) 332-6033	(718) 332-6023
AllTown Limo Corp	(718) 543-7771	(718) 543-7777
Ally Car Service/Active Express Car	(718) 435-7777	
Amazing Car and Limo Service	(718) 942-5959	(718) 975-0909
American Base No. 1, Inc.	(718) 665-6663	(718) 665-7777
AMG Transportation, Inc.	(718) 646-0550	(718) 646-0500
Anytime Forsyth Transport Cor	(718) 213-4505	(212) 431-5919
Apollo Radio Dispatch Inc	(718) 518-1111	(347) 577-5770
Approach Quality Transportation LLC	(646) 661-3333	(813) 600-9613
Arecibo Car Service	(718) 783-3030	(718) 783-6465
ASAP Luxe, Inc	(718) 498-4444	(718) 498-9291
Ascona Ambulette Service, Inc	(718) 646-1611	(646) 644-6548
Ascona Car Service	(718) 646-1611	(646) 644-6548

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

AVA Ambulette Corp	(718) 380-6080	(718) 969-3800
Basit N Tariq Ambulette Svc	(718) 513-6262	
Bay Express Corp	(718) 946-2200	
BeeBee Car Service Inc	(718) 498-2525	
Best Deal Dominican Car Svc	(718) 653-6368	(718) 653-6368
Black Sea Transportation	(914) 664-3124	(914) 573-3356
Blessing Transportation Grp	(917) 473-7373	(718) 801-4732
Blue Eagle Transportation Service	(718) 483-8388	(917) 202-2344
BQN C/S Corp	(718) 328-5510	(718) 635-9889
Bronxwood Transport	(347) 843-6565	(718) 881-1805
Brooklyn Radio Dispatcher	(718) 388-2525	(718) 384-4411
C-REL Transportation	(914) 299-4712	(914) 299-4712
Cautious Car Corp	(718) 296-3333	(917) 434-6497
Chelsea Express Transportation	(718) 897-5838	(718) 897-5838
Clean Air Car Svc & Parking	(800) 668-6906	(646) 586-2400
Convenience Ride Trans Svc Inc	(347) 606-8698	
Courtesy Transportation Svcs	(718) 693-1999	(516) 398-4410
Dash Car Service Corp	(718) 280-5322	(917) 902-1659
Dash Xpress	(646) 944-0537	(917) 736-5230
DAT Radio Dispatcher	(718) 840-9335	(718) 991-7899
Dependable Ambulette Inc	(516) 596-0830	
Diplo Radio Dispatcher	(718) 731-2222	(212) 304-0452
Divine Luxury Transportation Inc	(917) 793-1111	(201) 233-4011
DLS Transportation Corp	(718) 285-0357	(347) 998-2879
Domino Transport	(914) 623-7023	(914) 760-1378
DV Luxury Car Service	(718) 962-0999	(718) 962-0999
DV Luxury Trans Corp	(718) 619-8970	(718) 619-8970
El Barrios Car Service	(212) 722-5555	(212) 360-5555
Endicott Union Inc	(607) 245-9155	(347) 810-5282
Equaltrans LLC	(718) 261-2642	(718) 261-2642
Excellent Car & Limo Services Inc	(718) 294-3306	(718) 731-1111
First Alert Ambulette	(718) 220-0010	(718) 220-0010
First Class Car Service	(718) 584-8888	(212) 304-1111
Four Ones Car Service	(718) 441-1111	
Friendly Best Way Transportation	(718) 252-6363	(347) 587-4141
G&M Ambulette	(718) 946-6543	(718) 946-2121
Galaxy Transport	(718) 824-7500	
Gallant Luxury Service Corp	(212) 304-0707	(347) 465-1844
Go Car Corp	(718) 387-6777	(718) 387-7777
Happy Care Ambulette	(718) 823-5523	
High Class Bronx Limo & Car Service	(718) 561-0441	(718) 561-0441
Hola Transportation Inc	(718) 364-6060	(718) 364-6060
Hope Ambulette Service, Inc	(718) 842-8000	(718) 842-5100

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

International Car Service, Inc	(718) 230-0808	(347) 305-6357
JFK Luxury Limousine Inc	(718) 659-5501	
Jo Dan Transportation	(718) 449-1111	
Jora Mgt Corp.	(718) 824-2222	(718) 882-2222
Kaluma Transportation Group Inc	(718) 543-7771	(718) 548-2222
Kingsbay Car Service, Inc.	(718) 266-1111	(718) 648-2601
Kirin Transportation Inc	(718) 526-8888	(718) 661-9666
Kiss Car Service	(718) 562-1111	
KJ Transportation C Service	(718) 933-3333	(718) 515-2600
Lakeville Ambulette Transport	(516) 506-5711	(718) 289-2275
Lapuma Transportation Group	(347) 763-8185	
Li Yang Limousine Inc	(929) 337-9394	(929) 337-9391
LJC Limo Service Inc	(718) 444-5466	(516) 292-8294
Llama Limo Car Service/Metro	(718) 537-5406	(718) 538-6000
Low Touch Luxury	(212) 567-3168	(212) 567-6460
Lucky Express Corp.	(212) 219-8886	(212) 965-1010
Manhattan Ambulette Inc	(718) 841-7424	(917) 770-3691
Masada III	(718) 336-1515	(646) 732-1919
Mavros Transportation Inc	(347) 770-8664	(347) 770-8665
Mayoor Transportation	(914) 235-4700	
MEDTrips, Inc	(914) 874-5555	(914) 472-7391
Metro Luxury Inc	(718) 665-5079	(718) 665-4900
NBT Transportation	(718) 676-7222	(718) 676-7222
New American Car & Limo	(718) 972-7979	(917) 603-7809
New App Car & Limo	(212) 222-7999	(212) 222-7999
New Bell Car Service	(718) 230-4499	
New College Car Svc	(718) 731-8000	(917) 773-7183
New Elegante Car	(718) 492-7680	1002
New Generation Black Car Trans	(347) 991-6111	
New Heaven Radio Dispatch	(212) 923-1212	(917) 767-8170
New Superior Radio Grp Corp	(212) 663-6560	(212) 663-7206
New York Apple Car Service	(718) 455-2222	(347) 822-3446
New York City Ambulette	(718) 805-2500	
Newtown Private Car Svc	(718) 798-7802	(718) 994-1852
North Shore Ambulance/WC	(718) 458-9300	(718) 458-9300
Norwood Car & Limo	(718) 484-7252	(718) 484-7252
NY Minute Car Svc, Inc	(718) 365-7777	(718) 502-9299
NY88 Express Corp	(718) 238-8822	(212) 260-6900
NYC 2 Way International	(718) 643-4600	(718) 643-6250
NYC Fly Wheels	(718) 423-1111	(570) 985-3003
On-Time Car Service	(718) 934-2222	(718) 288-7892
Onix Transportation, Inc.	(718) 918-1888	(718) 918-9888
Option Transportation Corp.	(718) 537-1212	

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

Orion Luxury Corp	(212) 567-3879	(212) 304-0208
Outside's Car Service Inc	(718) 684-5555	(347) 539-9426
Persist Corporation	(718) 466-0040	(347) 398-1081
Pratt Car Service, Inc	(718) 789-4900	(917) 577-1338
Preferred Care Transportation	(718) 328-5248	(718) 328-5248
Premier Ambulette Transport	(914) 633-9151	(914) 633-7379
Premier Car Service	(718) 629-1777	(718) 629-1038
Premium Bronx Corp	(718) 617-6666	(718) 617-6666
Premium Radio Dispatcher	(212) 694-2222	(212) 491-9669
Prince Luxury Corp.	(718) 439-6000	(718) 492-4845
Professional Car Service Inc	(212) 923-6565	(212) 923-6565
Purple Heart Transportation	(800) 381-4819	(800) 381-4819
Q Flash Car Service Inc	(646) 510-9480	(646) 510-9480
Quality Service Medical Trans	(718) 747-8815	(718) 747-8816
Rainbow Ambulette	(718) 842-2000	
Rainbow Radio Dispatch, Inc	(718) 498-4444	(718) 498-9291
Rescue Car Service, Inc	(718) 363-0200	
Reyno Car Service	(212) 740-2415	(212) 923-6800
Riverside Radio Dispatcher	(212) 543-6262	(212) 923-1111
Safe Ride Dispatch LLC	(914) 730-2333	(347) 303-0455
Sano Car, LLC	(212) 567-5009	(212) 567-5065
Sarah Ventures Inc	(917) 722-2390	(917) 295-9550
Scorpio Five Star Car & Limo Svc	(718) 641-8100	(917) 683-9470
SDR Transportation Corp	(718) 863-0002	(917) 929-5146
Seaman Radio Dispatchers	(212) 304-1516	(646) 500-2975
Sinai I	(718) 868-0099	(718) 868-0202
SLK Transportation LLC	(845) 513-4090	(845) 513-4090
Sovereign Transportation Inc	(718) 435-0700	(917) 685-0843
Special Radio Dispatcher Corp	(212) 666-3939	(917) 407-0771
Starlight Ambulette	(718) 655-7827	(718) 655-7827
STS Luxury Inc	(718) 619-8980	(347) 266-2426
Super Class Car Service	(718) 367-2222	(718) 365-6691
Tamar Transportation Corp	(718) 368-1111	
Temana Associates	(718) 380-0580	(646) 512-1459
Transcare Solutions	(718) 676-6754	(718) 676-6756
U & Me Transport	(917) 962-9880	(917) 642-8326
Ultra Radio Dispatch Inc	(718) 992-8000	(718) 992-9162
Unicar Co Inc	(347) 430-6785	(718) 931-5555
Universal Ambulette Svc	(718) 850-4989	(347) 261-1483
US Ambulette	(718) 946-1000	(718) 444-5125
V.I.T Car Service	(718) 904-7410	(718) 823-1111
Vismar Radio Dispatch	(917) 473-7777	(917) 801-4397
W Diamond Limo Inc	(718) 495-4444	

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

Wecan One Corp	(347) 843-6565	(718) 881-1805
WMC Service Inc	(516) 943-5140	(516) 943-5140
World Ambulette Transportation	(718) 445-8899	
X Radio Dispatcher Inc	(347) 798-1515	(347) 798-1515
Xpress Transport & Multi Svc	(718) 682-2540	(646) 353-5746
Zapp Car Service Inc	(718) 484-8673	(718) 810-6438

Ambulatory		
ACA Transportation Inc	(718) 787-0410	(718) 787-0410
All Around Transportation, Inc	(718) 332-6033	(718) 332-6023
Ambutrans/NXK Corp	(914) 699-0785	
AMG Transportation, Inc.	(718) 646-0550	(718) 646-0500
Approved Transportation Services	(718) 648-2222	(718) 648-2222
Ascona Ambulette Service, Inc	(718) 646-1611	(646) 644-6548
AVA Ambulette Corp	(718) 380-6080	(718) 969-3800
Basit N Tariq Ambulette Svc	(718) 513-6262	
Chelsea Express Transportation	(718) 897-5838	(718) 897-5838
Coling Ambulette Service, Inc.	(718) 469-6200	
Courtesy Transportation Svcs	(718) 693-1999	(516) 398-4410
Dependable Ambulette Inc	(516) 596-0830	
Domino Transport	(914) 623-7023	(914) 760-1378
Elegante Services	(718) 492-7680	1023
Esther Transportation Inc	(718) 987-1555	(917) 295-2125
First Alert Ambulette	(718) 220-0010	(718) 220-0010
G&M Ambulette	(718) 946-6543	(718) 946-2121
Galaxy Transport	(718) 824-7500	
Happy Care Ambulette	(718) 823-5523	
Hope Ambulette Service, Inc	(718) 842-8000	(718) 842-5100
Jora Mgt Corp.	(718) 824-2222	(718) 882-2222
Kirin Transportation Inc	(718) 526-8888	(718) 661-9666
Lakeville Ambulette Transport	(516) 506-5711	(718) 289-2275
Leon's Ambulette INC	(718) 291-0765	(718) 848-2592
Lifecare Ambulette	(718) 684-9979	
Manhattan Ambulette Inc	(718) 841-7424	(917) 770-3691
Mayoor Transportation	(914) 235-4700	
MEDTrips, Inc	(914) 874-5555	(914) 472-7391
Mercedes Ambulette Service LLC	(347) 480-8080	(917) 962-4100
Mobility Transportation- Sabe	(347) 702-6071	(347) 702-6072
MR Transportation Inc/Marquis Ambul	(516) 569-2400	
New York City Ambulette	(718) 805-2500	
North Shore Ambulance/WC	(718) 458-9300	(718) 458-9300

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

NY88 Express Corp	(718) 238-8822	(212) 260-6900
On-Time Car Service	(718) 934-2222	(718) 288-7892
Premier Ambulette Transport	(914) 633-9151	(914) 633-7379
Premier Car Service	(718) 629-1777	(718) 629-1038
Rainbow Ambulette	(718) 842-2000	
Ranneta Transportation Inc	(347) 848-0049	
RC Transportation Svcs	(914) 837-5690	
Regeis Care Center/Chaim	(718) 320-3700	(718) 320-3700
Richmond Cty Ambulette	(718) 273-3555	(718) 273-7703
Safa Ambulette	(646) 358-0105	(718) 284-2654
Senior Ride Transportation	(718) 713-3700	
Sinai I	(718) 868-0099	(718) 868-0202
SLK Transportation LLC	(845) 513-4090	(845) 513-4090
Sovereign Transportation Inc	(718) 435-0700	(917) 685-0843
Tamar Transportation Corp	(718) 368-1111	
Temana Associates	(718) 380-0580	(646) 512-1459
Transcare Solutions	(718) 676-6754	(718) 676-6756
U & Me Transport	(917) 962-9880	(917) 642-8326
US Ambulette	(718) 946-1000	(718) 444-5125
World Ambulette Transportation	(718) 445-8899	

Wheelchair

ACA Transportation Inc	(718) 787-0410	(718) 787-0410
All Around Transportation, Inc	(718) 332-6033	(718) 332-6023
Ambutrans/NXK Corp	(914) 699-0785	
AMG Transportation, Inc.	(718) 646-0550	(718) 646-0500
Approved Transportation Services	(718) 648-2222	(718) 648-2222
Ascona Ambulette Service, Inc	(718) 646-1611	(646) 644-6548
AVA Ambulette Corp	(718) 380-6080	(718) 969-3800
Basit N Tariq Ambulette Svc	(718) 513-6262	
Black Sea Transportation	(914) 664-3124	(914) 573-3356
Century Ambulette	(718) 235-9000	
Chelsea Express Transportation	(718) 897-5838	(718) 897-5838
Coling Ambulette Service, Inc.	(718) 469-6200	
Courtesy Transportation Svcs	(718) 693-1999	(516) 398-4410
Dependable Ambulette Inc	(516) 596-0830	
Domino Transport	(914) 623-7023	(914) 760-1378
Elegante Services	(718) 492-7680	1023
Esther Transportation Inc	(718) 987-1555	(917) 295-2125
First Alert Ambulette	(718) 220-0010	(718) 220-0010
G&M Ambulette	(718) 946-6543	(718) 946-2121

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

Galaxy Transport	(718) 824-7500	
Happy Care Ambulette	(718) 823-5523	
Hope Ambulette Service, Inc	(718) 842-8000	(718) 842-5100
Jora Mgt Corp.	(718) 824-2222	(718) 882-2222
Kirin Transportation Inc	(718) 526-8888	(718) 661-9666
Lakeville Ambulette Transport	(516) 506-5711	(718) 289-2275
Leon's Ambulette INC	(718) 291-0765	(718) 848-2592
Lifecare Ambulette	(718) 684-9979	
Manhattan Ambulette Inc	(718) 841-7424	(917) 770-3691
Mayoor Transportation	(914) 235-4700	
MEDTrips, Inc	(914) 874-5555	(914) 472-7391
Mercedes Ambulette Service LLC	(347) 480-8080	(917) 962-4100
Mobility Transportation- Sabe	(347) 702-6071	(347) 702-6072
New York City Ambulette	(718) 805-2500	
North Shore Ambulance/WC	(718) 458-9300	(718) 458-9300
Premier Ambulette Transport	(914) 633-9151	(914) 633-7379
Rainbow Ambulette	(718) 842-2000	
Ranneta Transportation Inc	(347) 848-0049	
RC Transportation Svcs	(914) 837-5690	
Regeis Care Center/Chaim	(718) 320-3700	(718) 320-3700
Richmond Cty Ambulette	(718) 273-3555	(718) 273-7703
Safa Ambulette	(646) 358-0105	(718) 284-2654
Senior Ride Transportation	(718) 713-3700	
Sigma Transportation	(516) 739-5700	(516) 692-6644
Sinai I	(718) 868-0099	(718) 868-0202
SLK Transportation LLC	(845) 513-4090	(845) 513-4090
Sovereign Transportation Inc	(718) 435-0700	(917) 685-0843
Tamar Transportation Corp	(718) 368-1111	
Temana Associates	(718) 380-0580	(646) 512-1459
Transcare Solutions	(718) 676-6754	(718) 676-6756
TWCA	(516) 431-1377	(516) 320-6525
U & Me Transport	(917) 962-9880	(917) 642-8326
US Ambulette	(718) 946-1000	(718) 444-5125
World Ambulette Transportation	(718) 445-8899	

Ambulance		
Ambulnz NY LLC	(718) 863-8800	(212) 273-9770
American Medical Response of NY	(844) 375-8747	(844) 375-8747
Assist Ambulance	(718) 927-2111	(347) 960-2103
Century Ambulance Service	(718) 235-9000	
City Wide Mobile Response/AMB	(718) 597-6100	(718) 829-1661

Bronx Transportation Providers

Other | Taxi | Ambulatory | Wheelchair | Ambulance

Empress Ambulance Service	(914) 965-5040	(914) 965-5040
First Response Ambulance	(516) 239-1032	(718) 863-8800
Hunter Ambulance	(631) 777-5600	(718) 372-0700
Instacare 1, LLC	(718) 467-6600	(718) 467-8222
Lifeline Ambulance	(718) 824-4500	(718) 645-8500
North Shore Ambulance/AMB	(718) 458-9300	(718) 321-2413
Richmond Cty Ambulance Svc	(718) 273-3555	(718) 273-7703
Senior Care EMS	(718) 430-9700	(718) 430-1525
Volunteer Heart Ambulance	(718) 979-5850	

*as of 8/8/18 - For updates on the vendor list

visit:

<https://www.medanswering.com/locations/nys/ny-c/thebronx/bronxtp/>



Medicaid Transportation – Verification of Medicaid Transportation Abilities (Form-2015) Policy and Procedure

POLICY:

When traveling to medical appointments Medicaid enrollees are expected to use the same mode of transportation used to carry out daily activities. In some instances, an enrollee's medical condition necessitates a specific mode of transportation such as taxi/livery, ambulette, or ambulance. The Medicaid Transportation program will pay for the lowest cost, most medically appropriate mode of transportation as justified by an enrollee's medical practitioner.

Medical practitioners are required to complete the Verification of Medicaid Transportation Abilities (Form-2015) to provide a medical justification when requesting a specific mode of transportation for an enrollee.

In order to be approved, the Form-2015 must:

- Be fully completed.
- Clearly describe the diagnosis/medical condition which necessitates the requested mode of transportation.
- Describe how the condition prevents the enrollee from using a lower, less costly mode of transportation.
- Include the anticipated length of time the enrollee requires the requested mode of transportation.

The Form-2015 must be reviewed and signed by one of the following licensed medical professionals:

- Physician
- Physician's Assistant
- Dentist
- Registered Nurse
- Nurse Practitioner
- Occupational Therapist
- Physical Therapist
- Licensed Master Social Worker (LMSW)
- Licensed Clinical Social Worker (LCSW)
- Mental Health Counselor

An approved Form-2015 can cover one trip or multiple trips, including recurring appointments known as standing orders. The Form-2015 must be updated by the medical provider when the enrollee's status changes in any way. The Department of Health and its transportation managers may ask for an updated Form-2015 at any time to support the requested mode of transportation and ensure it remains medically appropriate.

The Form-2015 does not replace the requirement for obtaining prior authorization from the Department's transportation manager. Rather, the Form-2015 is used in conjunction with a prior authorization to support the request for a specific mode of transportation.

Medicaid Transportation – Verification of Medicaid Transportation Abilities (Form-2015) Policy and Procedure

In New York City and Long Island, the Form-2015 is NOT required when an enrollee travels via mass/public transit. For the rest of the state, the Form-2015 is NOT required for the taxi/livery level of service when an enrollee resides further than $\frac{3}{4}$ of a mile from a mass/public transit route.

The Form-2015 may be rejected if:

- It is not fully completed.
- It is not signed and dated by the enrollee's medical provider using their own NPI number.
- It is signed by a medical provider other than the titles listed above.
- It is illegible.
- The medical justification does not adequately support the need for the requested mode of transportation.
- The medical justification contains only a diagnosis or diagnosis code without speaking to the individual's ambulatory needs.

In an effort to ensure reliability and reduce fraud/abuse or misuse, the Department will be alerted if a pattern is identified where a medical provider submits Form-2015s on behalf of several enrollees all indicating a similar medical justification. The medical provider may be required to meet with the transportation manager to discuss the enrollees' needs and proper completion of the Form-2015. The medical provider may be required to resubmit the Form-2015 with updated, correct information for the enrollees.

PROCEDURE:

The Form-2015 can be obtained by 1) visiting the transportation manager's website, 2) calling the transportation manager, or 3) requesting the Form-2015 from a physician. Once the Form-2015 is obtained the following steps must be taken:

1. The Form-2015 must be fully completed and signed by approved medical personnel (see list on page one). The completed Form-2015 must clearly describe the diagnosis/medical condition which necessitates the requested mode of transportation.
2. Once the Form-2015 is completed, it must then be submitted to the transportation manager for review and approval.
3. The transportation manager is contractually required to ensure the request for a specific mode of transportation is appropriate and may ask for additional information to determine the legitimacy of the request. Any omission of the requested information will cause a delay in a determination.
4. Once the information is reviewed, enrollees will receive notification by the transportation manager of the determination.

**2b. Form 2015 -
Verification for Transportation Abilities**

VERIFICATION OF MEDICAID TRANSPORTATION ABILITIES

Enrollee's Name: _____ **Enrollee Date of Birth** ____/____/____ **Enrollee Client ID Number:** _____

Enrollee's Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

1. What mode of transportation does this enrollee use for activities of daily living such as attending school, worship, and shopping? _____

2. Can the enrollee utilize mass/public transportation? ☐ Yes ☐ No. *If Yes, please proceed to the Medical Provider Information section of this Form.*

3. 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.

4. 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.

5. 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.

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: _____

3a. LogistiCare Network MCO

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

National MedTrans in-Network MCOs

- Agewell
- AlphaCare
- Centers Plan for Healthy Living
- Extended MLTC
- GuildNet
- Village Care
- VNSNY MLTC

Calling: 844-714-2219

Online <https://www.natmedtrans.com/index.php/request-a-ride/>



ePACES - MEVS Eligibility Response



Eligibility Response

You may view the Eligibility Activity Worklist by clicking **Responses** under Eligibility on the left-hand menu. This page has two sections. The top section contains the **Search Criteria** which you enter to filter the pool of all Eligibility Requests in the system, and the lower portion is the filtered list of **Eligibility Requests/Responses**. The results may be sorted based on any of the columns by clicking the column name of Client ID, Name or Date Submitted.

Search Criteria Region

This section of the page contains multiple fields that you may use to filter the pool of Eligibility Requests. When the page is initially accessed from the menu, inquiries made within the past 3 days are defaulted in order to display the most recent inquiries made. Changing any of the values in the fields and clicking Search will refresh the page with the new list of requests displayed in the lower portion.

Requested within the last ____ days: Entering a value in this field will limit the returned requests to only requests made within the specified number of 24-hour periods. For example, if you open this page at 9:00 AM Friday and enter 2 in this field then click Search, the results will display requests made in the past 48 hours which translates to requests made after 9:00 AM on Wednesday. The value entered in this field must be greater than 0.
NOTE: This field cannot be used in combination with the "Date Sent" field.

Client Last Name: Entering the last name of a client will limit the returned requests to only inquiries made for clients where the last name in the database exactly matches what was typed. For example, to find "JOHN SMITH JR." you would need to enter "SMITH JR." in this search field.

Client ID: Entering the Medicaid Client ID will limit the returned requests to only those made for that exact value.

From Date: To retrieve requests made on a specific date, enter the date here. The format should be MM/DD/YYYY or may be selected from a calendar by clicking the calendar drop-down button.

NOTE: This field cannot be used in combination with the "Requested within the last ____ days" field.

To Date: To retrieve requests made for a specific date span (more than one day), complete both the From and To Dates. Otherwise, leave this field blank if only searching for one date in the From Date field.

NOTE: This field cannot be used in combination with the "Requested within the last ____ days" field.

Show just my transactions / Show all transactions for this provider:

- Selecting "Show just my transactions" will return only the Eligibility Requests created by you, the current user.
- Selecting "Show all transactions" will return all Eligibility Requests for the selected provider ID.



ePACES - MEVS Eligibility Response



Request/Response Region

Responses: Records 1-10 of 17		
Client ID	Name	Date Submitted
LL77777X	SMITH, JAMES	4/25/2013
LL00000X	DOE, JANE	4/25/2013
LL33333X	SMITH, JOE A	4/25/2013
LL66666X	WILLIAMS, BOB	4/25/2013
LL55555X	DOE JR, JOHN	4/24/2013
LL44444X	SMITH, CHRIS	4/24/2013
LL11111X	DOE, JOHN	4/24/2013
LL88888X	BROWN, JIM	4/24/2013
LL99999X	BROWN, MARY	4/24/2013
LL22222X	SMITH JR, MARK	4/24/2013
Page size: 10 ▼ Page: 1 of 2 Next Last 1 2		

This section of the page contains a table listing the Eligibility Requests that match the filtering criteria as defined in the above section. If minimal criteria were entered for the search, this list could be quite lengthy which is why there is a default of displaying requests made within the past 3 days. As soon as a Request is submitted, it will be displayed at the top of this list, as requests are displayed in order of most recent submission.

Client ID: Displays the Medicaid Client ID associated with an Eligibility Request using Client ID.

Name: This value is the Client Name in the following format: "LastName, FirstName MiddleInitial".

Date Submitted: The date when the Request was sent to NY Medicaid.

Page size defaults to 10 Eligibility Responses per page. Clicking the arrow for this field allows the number of responses per page to be changed to 20, 30, 40 or 50. Clicking Next will bring the user to the next page of Eligibility Responses. Clicking Last will bring the user to the last page of Eligibility Responses.

Review Eligibility Details

The Eligibility Response Details page contains the information that was received from NY Medicaid. The amount of information contained in the response is dependent on the specific plan in which the client is enrolled and whether or not a filter was used on the Eligibility Request.

The information presented is divided into sections. Any or all of these sections may be blank depending upon the level of information supplied by NY Medicaid.

Client Information - Includes the client ID, name, gender, date of birth, and address to assist in ensuring eligibility was requested for the proper individual. Additional information displayed includes SSN (this will only show if eligibility request was done by name search), Anniversary Date, Recertification Month, County, Office (this will only show if the county is NYC), Date of Service indicated on Eligibility Request and Plan Date.



ePACES - MEVS Eligibility Response


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 - The client's status with NY Medicaid along with Co-pay Remaining will display. Valid statuses will be displayed in **Black**, while error statuses will be displayed in **Red**. Any NAMI or Excess Resource amounts will also be returned with the corresponding NAMI Begin Date or Excess Resource Begin and End Date. Covered Services, Non-Covered Services and Standard Co-pays will display as well.

Medicaid Eligibility Information:
MA Eligible

Co-pay Remaining:	\$195.00		
NAMI:	\$1,500.00	NAMI Remaining:	\$1,500.00
	1/1/2012		

Covered Services

Code	Description
AG	Skilled Nursing Care
AL	Vision (Optometry)
MH	Mental Health
UC	Urgent Care
1	Medical Care
35	Dental Care
4	Diagnostic X-Ray
47	Hospital
48	Hospital - Inpatient
5	Diagnostic Lab
50	Hospital - Outpatient
86	Emergency Services
88	Pharmacy
98	Professional (Physician) Visit - Office

Standard Co-pay

Service Type	Co-pay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00

If a filter was used on an Eligibility Request for a specific Service Type, then the Eligibility Response will display for only the chosen Service Type(s). For example, if the Service Type was filtered for Dental Care only on the Eligibility Request, the Response will only pertain to Dental Care:

Medicaid Eligibility Information:

Co-pay Remaining:	\$200.00
-------------------	----------

Covered Services

Code	Description
35	Dental Care

Standard Co-pay

Service Type	Co-pay
Clinic	\$3.00
X-Ray	\$1.00
Lab	\$0.50
Inpatient	\$25.00
OTC	\$0.50
Brand Drug	\$3.00
Generic	\$1.00



ePACES - MEVS Eligibility Response



Utilization Threshold Units Information - The Service Category Code and Limits are displayed.

Utilization Threshold Units Information	
Service Category Code	Limits
98 - Professional (Physician) Visit - Office	At Limit
MH - Mental Health	At Limit
5 - Diagnostic Lab	At Limit
88 - Pharmacy	At Limit
35 - Dental Care	At Limit

Medicaid Restricted Recipient - Any Restriction Codes pertaining to the Client's plan will be listed in this box along with the ID and Name of the Provider to whom the Client is restricted.

Medicaid Restricted Recipient:	
Service Category	Provider
35 - Dental Care	1234567890 XYZ MULTI-SRV FAM H C
48 - Hospital - Inpatient	1234567891 ABC HSP MED CTR
88 - Pharmacy	1234567893 CITY PHARMACY
98 - Professional (Physician) Visit - Office	1234567892 JOHN DOE MD

Medicaid Exception - Individual Exception Codes will be displayed here, if applicable.

Medicaid Exceptions:	
Exception Code	
84	
86	

Third Party Insurance - Up to nine additional insurance policies can be returned. For each policy, the following will be returned (if available): Other Payer Name, Carrier Code, Other Payer Address, Phone Number, Policy Number, and Group Number.

Third Party Insurance:	
Other Payer Name:	TPI HEALTHCARE
Carrier Code:	01
Other Payer Address:	PO BOX 1111 CITY, STATE ZIP
Phone Number:	(800) 222-3333
Policy Number:	POLND1
Group Number:	GRPND1

Medicaid Managed Care - The Plan Name, Address, Phone Number and Plan Code will be returned for the Managed Care Plan when the Medicaid Eligibility Information displays ELIGIBLE PCP.

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

**ePACES - MEVS Eligibility Response**

Family Health Plus – The Plan Name, Address, Phone Number and Plan Code of the Family Health Plus participating Managed Care Plan will be returned when the Medicaid Eligibility Information displays FAMILY HEALTH PLUS.

Medicaid Managed Care:	
Plan name:	FAMILY HEALTH PLUS PLAN NAME
Address:	4321 MAIN ST CITY, STATE ZIP
Phone:	(800) 111-2222
Plan Code:	00

Once you have reviewed the information displayed on the page, you may click the Close button to exit the details page and return to the Eligibility Activity Worklist.

Phone Contact

- CSC Call Center: (800) 343-9000
Hours of Operation:

For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment: Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)

For provider inquiries pertaining to eligibility, DVS, and pharmacy claims: Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays) Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time

Note: This information was extracted from the **ePACES Help** documentation available internally in the ePACES application (click on the red *Help* link in the upper right corner of the screen) or on www.emedny.org.

Guidance for Behavioral Health Home and Community
Based (BH HCB) Non-Medical Transportation Services for
Adults in HARPs and HARP Eligibles in SNPs

June 2017

**NYS Department of Health
NYS Office of Mental Health
NYS Office of Alcoholism and Substance Abuse Services**

A Health and Recovery Plan (HARP) is a type of Medicaid Managed Care Plan designed to make community-based recovery-oriented services and supports available to a greater number of Medicaid Managed Care enrollees. HARPs will be offered to adults aged 21 and over having significant behavioral health needs and avail all of the physical health and pharmacy benefits available for New York State mainstream Medicaid Managed Care Plans, including behavioral health, Health Home and long term care services. In addition, based on the individual's specific needs as identified in their Plan of Care and approved by the HARP in which they enroll, the HARP enrollee may be eligible for an array of Behavioral Health Home and Community Based Services (BH HCBS). Individuals who meet the HARP eligibility criteria who are already enrolled in an HIV Special Needs Plan (SNP) may remain in their current plan and still receive the benefits of a HARP, including access to the same BH HCBS benefit package if they are eligible. The BH HCBS benefit package includes the following array of services:

- Psychosocial Rehabilitation (PSR);
- Community Psychiatric Support and Treatment (CPST);
- Habilitation;
- Family Support and Training;
- Education Support Services;
- Empowerment Services- Peer Supports;
- Non-Medical Transportation;
- Pre-vocational Services;
- Transitional Employment;
- Intensive Supported Employment;
- Ongoing Supported Employment;
- Short-term Crisis Respite; and
- Intensive Crisis Respite.

All BH HCBS are designed to enable participants to integrate more fully into the community and ensure the overall health, welfare and safety of the participant.

In order to receive BH HCBS, eligible participants must be assessed by the Health Home Care Manager using the New York State Community Health Mental Health Assessment tool. Each approved BH HCBS must be tied to a goal as indicated in the Plan of Care, along with the duration and frequency of the needed service, with the exception of Short-term Crisis Respite and Intensive Crisis Respite, which are typically unplanned services for individuals in crisis and are not required to be in an individual's Plan of Care.

Definition of Non-Medical Transportation

Non-Medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-medical Transportation services are available for individuals to access authorized behavioral health home and community

based services and destinations that are related to a goal included on the individual's plan of care.

Examples where this service may be requested include transportation to: BH HCBS that an individual was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED preparatory class, etc.

This service will be provided to meet the participant's needs as determined by an assessment performed in accordance with Department requirements and as outlined in the participant's plan of care.

There is a \$2,000 cost cap per participant per 12-month period for Non-Medical Transportation for trips to and from non-HCBS destinations that are related to goals in an individual's Plan of Care. Trips to and from BH HCBS and trips using public transportation are not subject to the \$2,000 cap.

Roles Related to a Participant's Access to Non-Medical Transportation

The following roles and guidelines serve to inform the Health Home Care Manager, Managed Care Organization (MCO), and the Transportation Manager of the procedures and rules surrounding an eligible participant's access to the Non-Medical Transportation benefit.

Health Home Care Manager Roles

Health Home Care Managers are responsible for conducting the New York State Community Mental Health Assessment and developing the Person-Centered Plan of Care. If the care manager determines there is a need for transportation to support an individual's identified goals, the Health Home Care Manager will include justification for this service within the Person-Centered Plan of Care. The Health Home Care Manager will complete the "NYS BH HCBS Plan for Transportation Grid" (Grid)¹. After completing the Plan of Care and the Grid, the Health Home Care Manager will send it to the MCO.

Managed Care Organization (MCO) Roles

The MCO is responsible for approving the Person-Centered Plan of Care and for forwarding the completed Grid to the Department of Health's Medicaid Transportation Manager. For individuals not enrolled in a Health Home, the MCO will be responsible for completing the Grid based on the individual's Plan of Care and forwarding to the Transportation Manager. The Grid will include documentation for Non-Medical Transportation including documentation of which goals in an individual's Plan of Care the trips will be tied to.

The "NYS BH HCBS Plan for Transportation Grid"¹ is completed by the MCO based on the participant's Plan of Care and includes the following information:

- Participant information;
- BH HCBS provider information;
- Non-Medical Transportation service requested;
- Supporting information includes:
 - Goal from the plan of care;
 - BH HCBS or Specific activity/support/task;
 - Mode of transportation service needed;
 - Trip destination/location;
 - Start date/end date; and
 - Frequency.

The MCO will forward the completed Grid with the Transportation Manager any time there are changes to this Grid.

Transportation Manager Roles

The Transportation Manager is responsible for authorizing transportation services in accordance with Medicaid policy and as supported on the MCO-provided Grid. The Transportation Manager is responsible for ensuring adherence to the guidelines below for Non-Medical Transportation,

¹ The "NYS BH HCBS Transportation Grid" can be found at <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>

which include assigning the most medically appropriate, cost-effective mode of transportation. Enrollees have freedom of choice regarding the transportation provider within the assigned mode (e.g. ambulette, taxi, public transportation, etc.).

For each participant utilizing Non-Medical Transportation, the Transportation Manager will provide a monthly report of authorized trips to the State. The State will review the reports and inform the Transportation Manager when the \$2,000 limit is approaching. The Transportation Manager will not authorize Non-Medical Transportation once they have been informed that the cost cap has been met.

Transportation Guidelines for Transportation Managers for Non-Medical Transportation

Generally, the same rules used to determine reimbursement of trips to medical appointments should be followed when considering reimbursement of non-medical trips for eligible participants.

The following guidelines apply to Non-Medical Transportation:

1. Transportation must be tied to a goal in the Plan of Care.

Use of transportation to non-medical locations not typically covered for the Medicaid population may only be requested when such transportation is necessary to meet a goal identified in the participant's Plan of Care.

2. Transportation is available for a specified duration and annual cost.

Non-Medical Transportation for trips to non-HCBS destinations tied to a goal in a participant's Plan of Care is limited to \$2,000 per calendar year per participant and in duration as specified in the participant's Plan of Care. Trips to BH HCBS and trips using public transportation are not subject to the \$2,000 cost cap. Non-Medical Transportation is intended to help initiate a new activity for a participant, rather than maintain an existing one. Non-Medical Transportation must be tied to a Plan of Care goal and is not available for routine events or ongoing treatment and services. An individual may use Non-Medical Transportation for reoccurring activities only if it is detailed in their Plan of Care; however the time frame and frequency for using Non-Medical Transportation in this capacity must be outlined. There must be an articulated frequency and start and end point for using Non-Medical Transportation to achieve a specific goal.

The Transportation Manager will not authorize Non-Medical Transportation after they have been informed that the cost cap has been met. The State will inform the Transportation Manager when the limit is approaching.

3. Individuals receiving residential services are ineligible for Non-Medical Transportation.

In order for individuals to access this benefit they must be assessed eligible for BH HCBS by the Health Home care manager. Individuals enrolled in residential services who receive transportation as part of the benefit are ineligible for Non-Medical Transportation.

4. Use transportation available free of charge.

The first consideration prior to seeking Medicaid reimbursement for Non-Medical Transportation must be all informal supports, community services and public transit. When friends or family members are available to transport a participant, the friends or family members should be used to provide transportation. The individual friend or family member's name must be listed in the Plan of Care, and he or she must maintain a current New York State driver's license in good standing and drive an insured vehicle registered and licensed by New York State. It is expected that local travel to family events can be performed by one's family.

Transportation should be provided in the most cost effective way, and using the appropriate mode of transport. There may be some situations when the trip(s) costs are higher than average. Reimbursement for these trips will be considered on a case-by-case basis.

This service is not intended to replace services provided by ACCES-VR or any other existing vendor.

5. Use the medically appropriate mode of transportation.

The same, appropriate mode of transportation used by the participant for standard medical trips should be used for non-medical trips, and vice versa. This includes the required submission of a 2015 Medical Justification form for modes above public transportation in NYC and Long Island and generally above taxi upstate.

Any individual or company providing services as described in these Guidelines must maintain compliance with New York State regulations, including those in Title 18 NYCRR Section 505.10.

6. Travel within the common marketing area.

Trips for the same or similar services should be within the same area that is frequented by others in the same community for those services as the participant.

7. When possible, trips should be combined.

It is reasonable to expect a participant to complete non-routine needs tied to a goal in his or her Plan of Care in the same location if possible. Travel to multiple similar types of services on the same day and/or during the same week should be avoided.

8. Justify need for travel outside the common marketing area.

Travel outside the common marketing area can be allowed when acceptable justification is presented.

9. Vouchers submitted for personal vehicle mileage reimbursement must be submitted within 90 days of the date of service. Only when there are extenuating circumstances, will the Department allow payment for trips that are submitted after the 90 day time period. These requests will be considered on a case-by-case basis provided valid justification is given.

Requests for personal vehicle mileage reimbursement should be submitted on a timely, periodic basis concurrent with Department reimbursement policy guidelines. Personal vehicle mileage reimbursement for Non-Medical Transportation must be documented in the participant's Plan of Care and the Grid completed by the MCO to ensure that this transportation is tied to a participant's goal.

10. Reimbursement for travel can be denied when the destination does not support the participant's integration into the community.

Absent adequate justification, travel to destinations such as casinos, "smoke shops", off-track betting parlors, adult entertainment businesses, hunting clubs, and pubs/bars will not be authorized. The participant can travel to these destinations; however, other community transportation supports should be used.

11. The Transportation Manager/Prior Authorization Official should review the "NYS BH HCBS Plan for Transportation Grid" provided by the MCO only, not the participant's Plan of Care. The Prior Authorization Official should not monitor travel compliance with that Plan.

A participant's Plan of Care outlines the general parameters of his or her Non-Medical Transportation needs. However, these needs can change or be amended based upon the participant's stated goals and/or successful ongoing integration into the community.

The MCO will complete the Grid based on the participant's Plan of Care and provide it to the Transportation Manager any time there are changes to the Grid. The Grid includes the following information:

- Participant information;
- BH HCBS provider information;
- Non-Medical Transportation service requested;
- Supporting documentation includes:
 - Goal from the plan of care;
 - Specific activity/support/task;
 - Type of transportation service needed;
 - Trip destination/location;
 - Start date/end date; and
 - Frequency.

The Transportation Manager/Prior Authorization Official will use the Grid coupled with Medicaid transportation policies to approve travel as appropriate. The Transportation Manager can request additional information from the Health Home Care Manager or MCO to assist with the decision to approve or disapprove Non-Medical Transportation reimbursement.

12. Non-Medical Transportation trips should be requested 72 hours in advance.

Consistent with current DOH policy, trips should be requested with 72 hours notice in order to ensure individual's freedom of choice and availability of providers. The Transportation Manager will accommodate urgent and last minute trips when possible requested with less than 72 hours notice.

13. Non-Medical Transportation can be used one time per day, during an episode of care, for Short-term Crisis Respite and Intensive Crisis Respite services, but these services do NOT need to be included in the individual's Grid.

The BH HCBS short-term crisis respite and intensive crisis respite do not require an assessment and are not required to be part of the individual's Plan of Care, as the use of these services is typically unplanned. Therefore, the use of Non-Medical Transportation for these services does not require that the services be included in the Grid. One trip per day during an episode of care can be authorized and is not subject to the 72-hour notice policy as these trips should be provided as immediately as possible.

If an individual requests a trip to these services, the Transportation Manager will verify eligibility for these services in ePACES by confirming that the individual is assigned an RE code H1-H6 prior to arranging this trip.

In addition to transportation to BH HCBS, examples of locations to which Non-Medical Transportation can be considered for eligible individuals include:

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

*All goals are to be met within a specific timeframe. Requests for transportation to a service associated with the goal that are submitted outside the specified timeframe will not be considered.

**Non-Medical Transportation cannot be used for routine transportation to and from a job or school. For example, a participant may be transported to a job interview, but not to work on a daily basis. Similarly, a participant may be transported to a college fair, but not to classes on a regular basis. The frequency of these trips should be included in the plan of care with a specific timeframe defined including a start and end date.

Date received by Transportation Manager: _____ Service Authorization Period: _____

1. Medicaid Beneficiary Information

Last Name:_____First Name:_____Medicaid ID #_____DOB_____/_____/_____
Street Address:_____City:_____State:_____Zip code:_____County:_____Telephone #_____

Medical Justification Form Submitted

Yes ☐ No ☐

Is beneficiary enrolled in a Health Home Management Agency? Y ☐ N ☐ Health Home Care Management Agency: _____

Transportation Services Requested

Goal from Plan of Care	Specific Activity, Support or Task	Provider of Services	Start Date	End Date	Frequency	Trip Destination & Address	Mode of Requested Transportation	Round Trip or One Way?	Non-BHHCBS Trip? (Yes or No)	Trip Cost <i>Completed by Transportation Manager</i>

2. Managed Care Organization (MCO) Information [for Managed Care beneficiaries only]

MCO: _____ Telephone: _____ Email: _____ Street Address: _____ City: _____ State: ____ Zip Code: _____

Is plan of care/service plan approved? Y ☐ N ☐ For the following period: _____

Transportation for Medicaid Covered Services or approved Plan of Care services must be prior authorized by the appropriate transportation manager on behalf of NYSDOH under [18 NYCRR §505.10](#). A current plan of care for the Medicaid beneficiary must be submitted to the appropriate transportation manager and needs to specify the mode of transportation requested, a [Medical Justification Form \(#2015\)](#) if traveling out of the Common Medical Market Area and/or requires Ambulette or a higher level of service. Completing this form does not schedule transportation for a beneficiary. It allows the transportation manager to ensure that the transportation requested is clear and reflects current NYS approved Medicaid transportation cost for service. Service plans may need to be amended or updated if Medicaid transportation levels of service and cost are not included in the Waiver Participant's service plan and accurately reflect NYS approved transportation rates for non-emergency Medicaid transportation. Inaccurate information may cause a delay in the ability of the transportation manager being able to prior authorize transportation.

To complete the Transportation Services Grid

1. **Waiver Participant Information.** Complete the Waiver Participant Information. The Medicaid ID # is the participant's Medicaid Number. The County is the county where the enrollee resides.
2. **Transportation Service Requested**
 - a. List Type of Transportation Service Needed, for example; wheelchair
 - b. List the complete trip destination address the participant will be taken to. Enter the appointment time and the return pickup time if known. Return pickup times can be "will call." The Medicaid beneficiary should be ready for pickup one hour prior to the appointment time.
 - c. The pickup location for each trip for the participant will be the address listed on the **Grid** unless otherwise noted. The pickup address will also be the address the beneficiary is returned to after the trip unless otherwise noted.
 - d. Enter the start date for the trip. If the transportation is ongoing (standing order) list the start date and the end date for the trip.
 - e. All standing orders scheduled are for a maximum of six months in duration and must be renewed every six months, ten business days prior to January 1 and July 1 each year.
 - f. Frequency; enter the days of the week transportation is required. For example (M-W-F).
 - g. RT/OW. Enter RT if the trip is a round trip. Enter OW if the trip is one way only.
 - h. Enter the trip cost. If needed you may call a supervisor to assist you with calculating the trip cost. The trip cost is derived from NYS approved transportation fees and may be a calculation of a base rate, approved mileage and other approved NYS costs.

For Non-Medical Transportation for HARP Enrollees: Use of Non-Medical Transportation should follow guidelines as stated in the [Guidance for Behavioral Health Home and Community Based \(BH HCB\) Non-Medical Transportation Services for Adults in HARPS and HARP Eligibles in SNPs.](#)

1. **Health Home Care Manager:** Complete the Medicaid beneficiary Information and send to MCO with Plan of Care. If the Medicaid beneficiary is not enrolled in a Health Home, the Managed Care Organization (MCO) completes the **Grid** based on the beneficiary's **Plan of Care**. The MCO will send the **Grid** to the Transportation Manager.
2. **MCO Information:** The MCO is responsible for approving the Person-Centered **Plan of Care** and for forwarding the completed **Grid** to the Transportation Manager. For beneficiaries not enrolled in a Health Home, the **MCO will be responsible for completing the Grid** based on the individual's **Plan of Care** and for forwarding on to the Transportation Manager. The **Grid** should include documentation for Non-Medical Transportation including documentation of which goals in a beneficiary's **Plan of Care** the trips will be tied to. The **Grid** should be completed based on the beneficiary's **Plan of Care**.
3. **Transportation Manager:** The Transportation Manager is responsible for authorizing transportation services in accordance with Medicaid policy and is supported on the MCO-provided **Grid**.
\$2,000 Cap: There is a \$2,000 cost cap per Medicaid beneficiary per year for non-medical **Non-Behavioral Health Home & Community Based Services** transportation.