

NEW YORK STATE MEDICAID TRANSPORTATION



GUIDELINES FOR MEDICAL PRACTITIONERS & FACILITIES

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Effective May 1, 2012, facilities and medical providers located in Brooklyn shall request transportation for fee-for-service Medicaid patients through the Department of Health's contractor, LogistiCare.

Effective August 1, 2012, facilities and medical providers located in Queens shall request transportation for fee-for-service Medicaid patients through LogistiCare.

Effective September 1, 2012, facilities and medical providers located in Bronx and Manhattan shall request transportation for fee-for-service Medicaid patients through LogistiCare.

Effective October 1, 2012, facilities and medical providers located in Staten Island shall request transportation for fee-for-service Medicaid patients through LogistiCare.

The contents of this manual will help guide medical office and health facility staff through the approved LogistiCare processes.

Section I – Requesting Transportation Prior Authorization

When the Medicaid Program was established in the 1960s, the federal government recognized that unless needy individuals could actually get to and from providers of services, the entire goal of the Medicaid Program is inhibited at the start. As a result, States are required under federal regulations to ensure 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. For the Medicaid population, getting to and from medical services can be a struggle. If the enrollee cannot get to medical services, then the Program fails from the start; so New York State made the decision to cover a series of optional services under the Medicaid Program, including medical transportation.

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

Scheduling Transportation to Routine Medical Care

Routine medical care includes those appointments that are occasional or episodic.

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

Orderers have the following options for the ordering of Medicaid transportation of Medicaid enrollees:

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

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.

**New York State Medicaid Transportation
Guidelines for Medical Practitioners & Facilities**

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

To schedule transportation for regularly recurring medical care, you may:

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

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

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

Scheduling Transportation for Urgent Medical Care & Hospital Discharges

Urgent medical care includes episodic situations in which, while there is no immediate threat to life or limb, the patient must be seen within 24 hours of the request as treatment cannot be delayed.

Hospital discharges are considered urgent.

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

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

Webinar Availability

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

Site Visit Availability

Throughout the years, each facility or medical practitioner has developed processes for requesting transportation. The intent of this initiative is to streamline the authorization process and ensure efficient, quality transportation of Medicaid enrollees. To that end, LogistiCare is contractually obligated to perform a series of site visits to each medical facility to learn the current processes so that the new processes can evolve to meet the needs of each facility.

To schedule a site visit, please call LogistiCare at **(877) 564-5925**.

Paper Prior Authorization Request Form

As you will be requesting transportation through LogistiCare for all enrollees who visit your facility, **you should no longer complete the paper prior authorization request form** (i.e., the “Pilot” form).

Section II - Covered Transportation Services

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. When traveling to medical appointments, a Medicaid enrollee is to use the same mode of transportation as used to carry out the activities of daily life. For most New York City residents, this mode is bus or subway; however, for some Medicaid enrollees, their condition necessitates another form of transportation, such as an ambulette. In these circumstances, Medicaid will pay for the **least costly, most medically appropriate** level of transportation to and from services covered by the Medicaid Program. To determine whether a medical service is a Medicaid-covered service, please contact the [Transportation Policy Unit](#).

Covered non-emergency transportation services include:

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



Section III – Rules for Requesting Transportation

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

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

- chose to go to a medical provider outside the common medical marketing area (CMMA) although services were available within the CMMA;
- could have taken a less expensive form of transportation but opted to take the more costly transportation.

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

Responsibility of the Ordering Practitioner

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

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

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

Acceptable Requestors of Transportation

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

**New York State Medicaid Transportation
Guidelines for Medical Practitioners & Facilities**

Category of Service	Provider Type	Category of Service	Provider Type
0010	Shared Health Facility	0382	Long Term Care Health Related Facility
0020	Dental Group	0383	Long Term Care Day Care
0046	Physician Group	0384	ICF for Developmentally Disabled
0052	Midwife Group	0385	Mental Retardation: Outpatient Services
0058	Clinical Psychologist Group	0386	Nursing Home Sponsored HHA Professional Svcs
0160	Free-Standing Diagnostic & Treatment Ctr	0388	Long Term Home Health Care
0163	Ordered Ambulatory (Other than Labs)	0421	Salaried Optometrist
0165	Hospice	0389	LTC: Ordered Ambulatory (Other than Labs)
0180	Dental School	0422	Self-Employed Optometrist
0200	Dental Service	0403	Salaried Optician
0220	Prepaid Capitation Plan	0460	Physician
0260	Free-Standing Home Health Ag Professional Svc	0404	Self-Employed Optician
0267	Assisted Living Program	0461	Physician: CHAP Practitioner
0268	OMH-Certified Rehabilitation Facility	0462	Registered Physician's Assistant
0269	HHAS: OMR/DD Waiver Services	0463	Physician
0282	Hos Svc: Ordered Ambulatory (Other than Labs)	0469	Nurse Practitioner
0284	Hos Svc: Home Care Program	0500	Podiatrist
0285	Inpatient Facility	0525	Midwife
0286	Skilled Nursing Facility	0580	Clinical Psychologist
0287	Hos Svc: Hospital Base Outpatient Services	0621	Occupational Therapist
0289	Hos Svc: Health Related Facility	0622	Physical Therapist
0325	Audiologist	0623	Speech Therapist
0381	Long Term Care Skilled Nursing Facility	0626	Respiratory Therapist
		0627	Respiratory Therapist Technician

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

Medicaid Enrolled Provider List

A list of Medicaid-enrolled transportation providers, by service and/or borough, is available online at <http://www.nycmedicaidride.net/en-us/medicalpractitioners/transportationproviders.aspx>.

Non-Emergency Ambulance

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

A request for prior authorization **must** be supported by the order of a practitioner who is the Medicaid enrollee's:

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

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

Ambulette

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

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

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

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

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

Ambulettes may also provide livery (curb-to-curb) service and will transport livery-eligible enrollees in the same vehicle as ambulette-eligible enrollees. The Medicaid Program does not require the ambulette service to be separately licensed as a livery service. The only requirement that ambulette services need to meet is the proper authority and licensure to operate as an ambulette service.

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

- Attending physician;
- Physician's assistant;
- Nurse practitioner;

**New York State Medicaid Transportation
Guidelines for Medical Practitioners & Facilities**

- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

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

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

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

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

Livery Transportation

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

- Attending physician;

**New York State Medicaid Transportation
Guidelines for Medical Practitioners & Facilities**

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

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

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

Day Treatment Transportation

Day treatment/day program transportation is unique in that this transportation can be provided by an ambulance, ambulette or livery provider. The difference is that a typical transport involves a group of individuals traveling to and from the same site, at the same time, on a daily or regular basis.

The economies of this group ride transport are reflected in a different reimbursement amount than that reimbursed for an episodic medical appointment.

Providers of transportation to day treatment/day program must adhere to the same requirements for their specific provider category.

Public Transportation (Bus/Subway)

Most Medicaid enrollees in New York City regularly use public transit. Accordingly, as the enrollee's medical condition permits, the Medicaid program **expects** that New York City Medicaid enrollees will use public transit if their appointment is within ten (10) city blocks of a bus or subway stop.

The New York City Human Resources Administration (HRA) has established a web-based application in which **facilities and practitioners** may participate called PTAR (Public Transportation Automated



**New York State Medicaid Transportation
Guidelines for Medical Practitioners & Facilities**

Reimbursement). Through PTAR, a participating facility/practitioner purchases MetroCards directly from the Metropolitan Transit Authority. When a Medicaid-enrolled patient uses public transit to travel to a Medicaid-covered medical appointment, the participating facility/practitioner distributes a pre-paid MetroCard directly to the enrollee. Then, the facility/practitioner data-enters patient-identifying information into PTAR. Based upon the information collected, a dollar-for-dollar reimbursement is paid to the facility/practitioner from HRA.

Section IV – Required Documentation

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

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

Medical Justification Form – The Form-2015

The Form-2015 (formerly referred to as the MAP-2015) is available on the following page, and may be downloaded electronically online at <http://www.nycmedicaidride.net/en-us/medicalpractitioners/downloads.aspx>.

What is the Form-2015?

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

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

This document incorporates the medical justification with the requested trips. Form 2015-SO is available online at:

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

Why Use the Form-2015?

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

New York State Medicaid Transportation Guidelines for Medical Practitioners & Facilities

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

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

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

When Should the Form-2015 be Used?

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

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

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

Who Should Complete the Form-2015?

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

How is the Form-2015 Completed?

The Form-2015 requests patient-specific information such as the patient’s name, Medicaid enrollee identification number, and space to justify the need for the requested mode of transportation. Additionally, there are yes/no questions, such as whether or not the patient uses a wheelchair.

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

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

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

Where Must the Completed Form-2015 be Kept?

Once completed, the form should be maintained in the Medicaid enrollee’s patient record **and** be faxed to LogistiCare as follows:

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

If the form is completed online, the medical staff should maintain a signed original on file and “attest” online that the physician agrees with the information on the form.

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

Inappropriate Orders

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

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

Maintain Original in Medical Record

Form 2015 (7/2012)

MEDICAID TRANSPORTATION JUSTIFICATION REQUEST

New York State Department of Health

Patient Name _____

Date of Birth __/__/__

Medicaid Number: _____

Address: _____

Telephone: _____

1. Please check the medically necessary mode of transportation:

- Livery:** The enrollee can walk to the curb and board and exit the vehicle unassisted, but cannot utilize the bus or subway.
- Ambulette Ambulatory:** The enrollee can walk but requires driver assistance from residence to the medical appointment.
- Ambulette Wheelchair:** The enrollee is a wheelchair user, requires a lift-equipped or roll-up wheelchair vehicle and driver assistance.
- Stretcher Van:** The enrollee is confined to bed, cannot sit in a wheelchair, and does not require medical attention/monitoring during transport.
- BLS Ambulance:** The enrollee is confined to 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 bed, cannot sit in a wheelchair, and requires medical attention/monitoring during transport for reasons such as IV requiring monitoring, cardiac monitoring, tracheotomy.

2. Please justify the mode of transportation chosen above:

3. Is the requested mode of transport a long term need of the patient, or temporary? Long Term Temporary If temporary, for how long? ___ months

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

Physician's Name (PRINT)	NP#	Date	Telephone #	
Hospital/Clinic/Practitioner Name		Hospital/Clinic/Practitioner Address		
Name of person who helped complete this form	Title	Telephone #	Signature of physician completing form	

Fax to: 877-585-8758 (Brooklyn); 877-585-8759 (Queens); 877-585-8760 (Manhattan); 877-585-8779 (Bronx); 877-585-8780 (Staten Island)

Section V – Ordering Provider Roster

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

When the prior authorization request is approved, a copy of the roster containing the prior authorization information is sent to the ordering provider. Upon receipt of the roster, the practitioner should review the information to ensure accuracy and that the enrollee(s) on the roster were indeed referred by the practitioner receiving the roster.

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

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



Section VI – Medicaid Managed Care Contact Information

Many New York City Medicaid enrollees are enrolled in Medicaid Managed Care plans (also known as a Prepaid Capitation Plans or Health Maintenance Organizations), that include non-emergency transportation as a covered benefit. Therefore, **transportation of Managed Care enrollees must be ordered through the Managed Care Plan.**

Questions should be referred to the enrollee's Managed Care Plan. Information regarding Managed Care plans, including contact information, can be found in the Information for All Providers Managed Care Information Manual online at:

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

Complaints regarding Medicaid Managed Care plans can be registered via telephone to

(800) 206-8125.

Additional information regarding Medicaid Managed Care is available online at:

http://www.health.state.ny.us/health_care/managed_care/index.htm.

January 1, 2013 Carveout

Under the Medicaid Redesign Team (MRT) initiative #29, the Department is phasing in a Medicaid fee-for-service non-emergency transportation (NEMT) management program under which transportation services are carved out of the Medicaid managed care benefit package.

Beginning **January 1, 2013**, the following transportation services will be carved out of the managed care benefit package for managed care enrollees in all New York City boroughs:

- 1) Emergency and non-emergency transportation services for all Medicaid managed care enrollees in the region; and
- 2) Non-emergency transportation only for Family Health Plus (FHPlus) enrollees aged 19 through 20 in the region.

Medical providers and facilities in New York City are advised to follow the processes detailed in this Manual for guidance in securing fee-for-service transportation for Medicaid managed care enrollees as of January 1, 2013.

Section VII – Transportation Service Complaints

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

LogistiCare accepts complaints regarding:

- poor driving habits (e.g., speeding, driving while texting);
- unacceptable vehicle conditions (e.g., dirty, broken windows);
- inappropriate passenger care (e.g., ambulette dropped rider off alone at the curb);
- unusually/unnecessarily long transports (e.g., what is normally a 20-minute trip took 4 hours to complete);
- untimely pickup or discharge (e.g., pickup scheduled for 1:00, but vendor did not arrive until 1:30); or
- any other situation you find alarming or questionable concerning the transportation of a Medicaid enrollee.

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



Section VIII – Important Contact Information

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

Section IX – Definitions

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

Ambulance

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



Ambulance Service

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

Ambulette

A special-purpose vehicle designed and equipped to provide non-emergency transport that has wheelchair-carrying capacity, stretcher-carrying capacity, or the ability to carry disabled individuals.



Ambulettes are licensed by the New York State Department of Transportation and the Taxi and Limousine Commission of New York City.

Ambulette Service

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

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

Common Medical Marketing Area

The common medical marketing area is the geographic area from which a community customarily obtains its medical care and services. In New York City, this is five (5) miles from one's residence.

Livery Transportation

Livery transportation is transportation in a sedan vehicle, or at times, in an ambulette, for ambulatory individuals who cannot use public transportation.



New York City Human Resources Administration

New York City Human Resources Administration (HRA) is the “local social services district” responsible for administering the Public Transit Automated Reimbursement (PTAR) system.

Ordering Practitioner

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

The ordering practitioner is responsible for initially determining when a specific mode of transportation to a particular medical care or service is medically necessary.

Personal Assistance

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



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

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

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

injury due to a sudden loss of steadiness or balance.

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

Prior Authorization

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

Public Transportation

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

Public Transportation Automated Reimbursement

Public Transportation Automated Reimbursement (PTAR) is a web-based application implemented by the New York City Human Resources Administration wherein approved facilities/practitioners data-enter patient-identifying information to receive reimbursement for Metrocard distribution.

Transportation Services

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