

NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE
DIVISION OF HEALTH CARE ACCESS & IMPROVEMENT

TRANSPORTATION CONTACT LIST
Effective June 2010

PLAN NAME	DEPARTMENT (Regular Transportation Requests including Metrocards)	TELEPHONE NUMBER(S)	DEPARTMENT (Special Transportation Requests including Taxis and Ambulettes)	TELEPHONE NUMBER(S)
AFFINITY HEALTH PLAN	Customer Services	1-866-247-5678	For Taxis, call Customer Services For Ambulette Service, call Medical Management	1-866-247-5678, Press Option #2 <hr/> 1-718-794-6463 or 6482
AMERIGROUP COMMUNITY CARE	Member Services	1-800-600-4441	Case Management	1-800-454-3730
AMERICHoice OF NEW YORK	Member Services	Americhoice – 1-800-493-4647	Member Services	Americhoice – 1-800-493-4647
FIDELIS CARE OF NY	Member Services	1-888-343-3547	Utilization Management Department	1-888-343-3547, Follow Directions to UM Prompt
HEALTHFIRST	Member Services	1-866-463-6743	Member Services	1-866-463-6743
HEALTHPLUS	Member Services	1-800-300-8181	Health Services	1-800-450-8753, then press #3
HIP	Customer Services	1-888-343-3547	For Taxis (when medically necessary) For Ambulette Service – Pre-Authorization Department	1-866-447-9717
METROPLUS	Customer Services	1-800-303-9626	Customer Services	1-800-303-9626
NEIGHBORHOOD HEALTH PROVIDERS	Customer Services	1-800-826-6240	Care Management Department	1-800-765-3805, Ext. 4438
NEW YORK SELECT HEALTH	Member Services	1-800-469-7774	Member Services	1-800-469-7774
VIDACARE	Member Services	1-800-556-0689	Utilization Management/Medical	1-888-364-6061
WELLCARE	Member Services	1-800-288-5441	Utilization Management	1-800-246-7983, Ask for the UM Department

All Medicaid managed care plans operating in New York City are required to follow the guidelines outlined below. Medicaid managed care enrollees and their health care providers can contact the toll-free 800 number for each health plan listed on the other side.

New York City Transportation Policy Guidelines

1. The Medicaid Managed Care Program contractual Benefit Package in New York City includes transportation to all medical care and services that are covered under the Medicaid program, regardless of whether the specific medical service is included in the Benefit Package or paid for on a fee-for-service basis, except for transportation costs to Methadone Maintenance Treatment Programs. The transportation obligation includes the cost of meals and lodging incurred when going to and returning from a provider of medical care and services when distance and travel time require these costs.
2. Generally, the health plan may provide transportation by giving or reimbursing the enrollee subway/bus tokens for the round trip for their medical care and services, if public transportation is available for such care and services. The health plan is not required to provide transportation if the distance to the medical appointment is so short that the enrollee would customarily walk to perform other routine errands. The health plan may adopt policies requiring a minimum distance between an Enrollee's residence and the medical appointment, which may not be greater than ten blocks; however, the policy must provide transportation for enrollees living a lesser distance upon a showing of special circumstances such as a physical disability on a case-by-case basis.
3. If the enrollee has disabilities or medical conditions which prevent him or her from utilizing public transportation, the health plan must provide accessible transportation which is appropriate to the disability or condition such as livery, ambulette, or taxi. The health plan may require pre-authorization of non-public transportation except for emergency transportation.
 - a) The MCO must provide livery transportation under the following circumstances, unless the enrollee requires transportation by ambulette or ambulance:
 - i) The enrollee is able to travel independently but due to a debilitating physical or mental condition, cannot use the mass transit system.
 - ii) The enrollee is traveling to and from a location that is inaccessible by mass transit.
 - iii) The enrollee cannot access the mass transit system due to temporary severe weather, which prohibits use of the normal mode of transportation.
 - b) The health plan must provide ambulette transportation under the following circumstances, unless the enrollee requires transportation by ambulance:
 - i) The enrollee requires personal assistance from the driver in entering/exiting the enrollee's residence, the ambulette and the medical facility.
 - ii) The enrollee is wheelchair-bound (non-collapsible or requires a specially configured vehicle).
 - iii) The enrollee has a mental impairment and requires the personal assistance of the ambulette driver.
 - iv) The enrollee has a severe, debilitating weakness or is mentally disoriented as a result of medical treatment and requires the personal assistance of the ambulette driver.
 - v) The enrollee has a disabling physical condition that requires the use of a walker, cane, crutch or brace and is unable to use livery service or mass transportation.
 - c) The health plan must provide non-emergency ambulance transportation when the enrollee must be transported on a stretcher and/or requires the administration of life support equipment by trained medical personnel. The use of non-emergency ambulance is indicated when the enrollee's condition would prohibit any other form of transport.
4. Emergency transportation may only be provided by accessing 911 emergency ambulances. Urgent care transportation may be provided by any mode of transportation so long as such mode is appropriate for the medical condition or disability experienced by the enrollee.
5. If an attendant is medically necessary to accompany the enrollee to the medical appointment, the health plan is responsible for the transportation of the attendant. A medically required attendant (authorized by the attending physician) may include a family member, friend, legal guardian or home health worker. When a child travels to medical care and services, and an attendant is required, the parent or guardian of the child may act as an attendant. In these situations, the costs of the transportation, lodging and meals of the parent or guardian may be reimbursable, and authorization of the attending physician is not required.