



**Department
of Health**

**Office of
Health Insurance
Programs**

Medicaid Transportation

The Basics

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

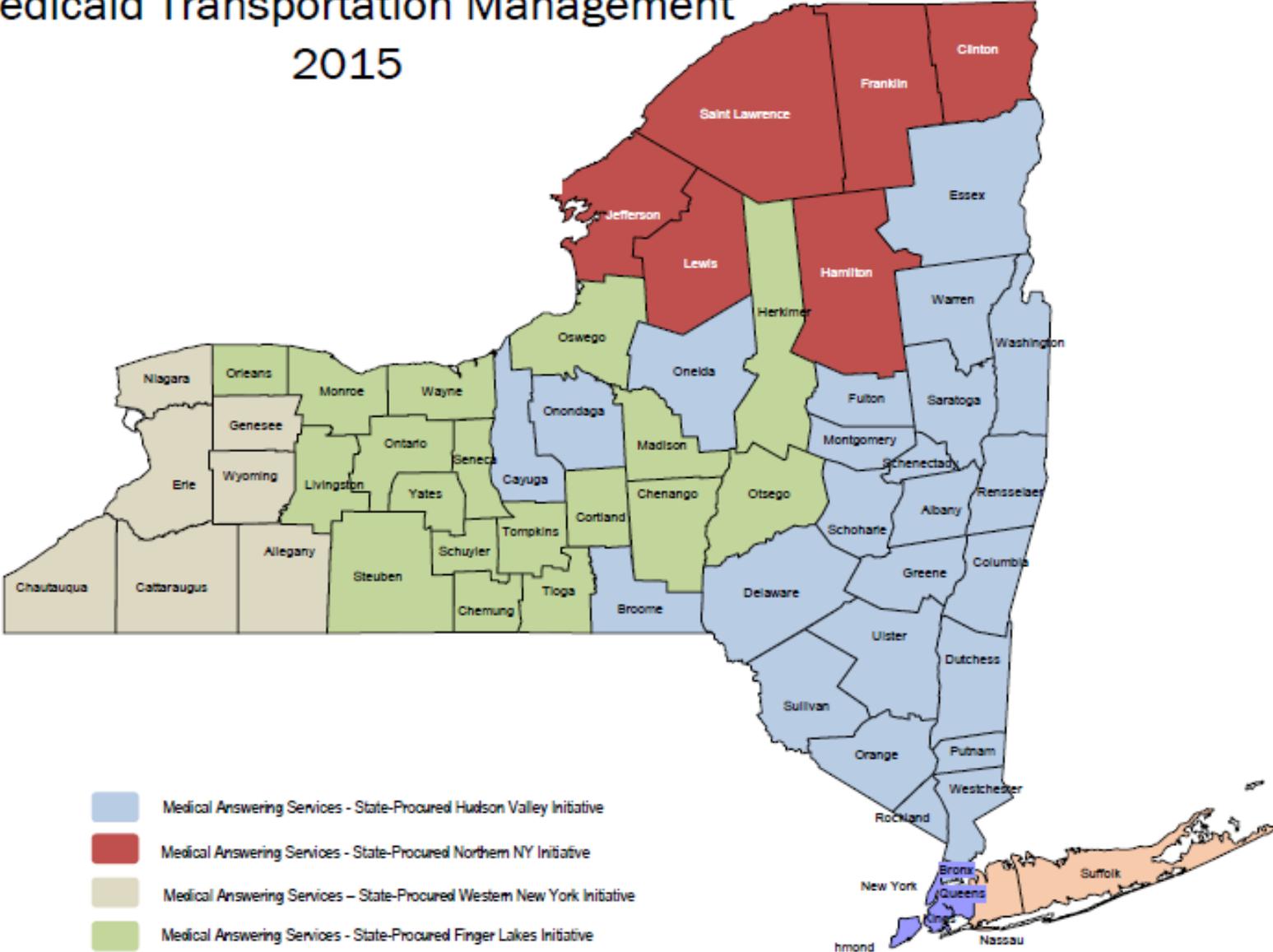
From the County to the State

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

The Breakdown of the State

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

Medicaid Transportation Management 2015



- Medical Answering Services - State-Procured Hudson Valley Initiative
- Medical Answering Services - State-Procured Northern NY Initiative
- Medical Answering Services - State-Procured Western New York Initiative
- Medical Answering Services - State-Procured Finger Lakes Initiative
- LogistiCare Solutions - State-Procured Long Island Initiative
- LogistiCare Solutions, State-Procured NYC Initiative

Who are the Transportation Managers?

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

Volume of Annual Trips (Not Including Public Transportation)

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

Annual Call Volume by Region

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

Transportation Managers Call Center Staffing

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

Transportation Management Outreach

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

Benefits of Transportation Management

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

Quality Assurance

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

Who is covered for fee-for-service transportation?

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

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

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

What Is Covered? Where Can Enrollees Go?

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

How Do Enrollees Get Transportation

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

What modes of transportation are covered?

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

Which Mode of Transportation is Necessary?

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

Medical Justification “2015” Form:

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



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Non-Medical Transportation For HARP enrollees in NYC

Non-Medical Transportation Services

- In addition to any medical transportation furnished under 42 CFR 440.17(a) in the State Plan, Non-Medical Transportation may be available to individuals receiving BH HCBS in HARPs and HIV SNPs.
- Non-Medical Transportation will be paid Fee For Service (FFS), the same way regular Medicaid transportation is paid. Regular Medicaid transportation covers trips to and from Medicaid-covered medical appointments.
- There are two types of Non-Medical Transportation:
 - Trips to and from BH HCBS that are included in the Plan of Care (POC).
 - Trips to and from non-HCBS destinations (e.g. job interview) that are time-limited/non-routine (with a start and end date) and specifically tied to a goal related to recovery from mental health or substance use disorders in the individual's POC. (see the guidance manual for examples of qualifying trips).
- \$2,000 cost cap per individual per year – excludes public transportation and transportation to and from BH HCBS in the POC.

Examples of Non-HCBS Locations Specifically Related to Goals in POC

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

- 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.

Non-Medical Transportation Grid

- Health Home Care Managers are responsible for completing the “NYS Behavioral Health Home and Community Based Services (BH HCBS) Plan for Transportation Grid” (Grid) based on the BH HCBS and goals in an individual’s POC.
- The Grid is only to be completed if an individual requires Non-Medicaid Transportation, and this grid should NOT include regular Medicaid transportation (i.e. trips to Medicaid-covered medical appointments).
- The care manager will send the completed Grid to the Managed Care Organization (MCO) along with the POC.
- As soon as the POC is approved, the MCO is responsible for forwarding the Grid to the transportation manager (e.g. LogistiCare) to ensure that individuals’ non-medical trips (NMT) can be authorized. Note that the transportation manager also coordinates the transportation for other Medicaid covered transportation.
- If the services or goals within the POC require NMT change, then the Grid needs to be re-submitted by the care manager to the MCO and from the MCO to the transportation manager.

Guidance for Non-Medical Transportation

- The “Guidance for Behavioral Health Home and Community Based Non-Medical Transportation Services for Adults in HARPs and HARP Eligibles in SNPs” can be found at the following link: <http://www.omh.ny.gov/omhweb/guidance/hcbs/html/services-application/non-medical-transportation-guidance.pdf>
- The guidance document includes:
 - Definition of Non-Medical Transportation.
 - Roles for Health Home Care Managers, MCOs and Transportation Managers.
 - Guidelines for Non-Medical Transportation.

Questions, Comments, Concerns?

Department of Health Medicaid Transportation Unit

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