

NYS Medicaid Transportation Program
TRAVEL REIMBURSEMENT POLICY MANUAL

Meals will not be reimbursed during the period of time an enrollee is hospitalized or when an enrollee is fed by a gastrostomy tube (**G-tube**).

The TM will consider providing reimbursement for receipted parking, tolls, and additional local travel expenses directly related the enrollee receiving a Medicaid-covered service.

The TM will consider providing reimbursement of a prior approved rental vehicle secured by an enrollee on a case by case basis when such use is directly related to the provision of the necessary Medicaid-covered service, has a medical justification provided by the enrollee's physician and is deemed the most cost effective mode of transportation. Note that, when prior approved, the rental vehicle may not exceed the size or accommodation needs of the enrollee and/or his/her attendant. For example, the TM will not reimburse for a luxury car when a compact or mid-size vehicle is more appropriate.



Personal Vehicle Mileage Reimbursement*

The following information relates to reimbursement for the use of a personal vehicle to travel to and from prior-approved Medicaid covered service appointments.

***Exception:** Enrollees who reside in New York City and are transported via a personal car or by a volunteer driver to and from a prior-approved Medicaid covered service appointment, will not receive reimbursement for mileage, tolls or parking if the travel occurs within the five city boroughs. A prior-approved trip authorization must be obtained in instances where there are potential ancillary travel related expenses incurred; such as meals and/or lodging and such expenses are in accordance with the guidelines set forth in the Department's Travel Reimbursement Policy Manual.

Trips originating within the five boroughs and ending outside or beginning outside and ending within the five boroughs may receive mileage reimbursement if travel expenses are in accordance to the guidelines set forth in the Department's Travel Reimbursement Policy Manual.

Requesting Prior Approval for a Trip

For the TM to consider reimbursement of transportation and travel related expenses, the following steps are required:

Step 1: Obtain prior approval for all trips by calling the TM. Trip requests can be made by telephone or online, and must be made no less than 72 hours prior to the Medicaid covered service appointment.

You must provide:

1. The enrollee's Medicaid number;
2. The enrollee's date of birth;
3. The enrollee's current address;
4. The enrollee's current telephone number;
5. The name and telephone number of the person scheduling the trip;
6. The date of appointment;
7. The enrollee's primary care physician or physician ordering the trip;
8. The exact address of the destination, including zip code;
9. If someone other than the enrollee is driving; and
10. Any additional information required by the TM.

phone = 866-573-2148

online @ www.medanswering.com/enrolleelogin

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Step 2: Request an invoice number for every trip for your records and proof of prior approval.

Step 3: Request the operator mail the reimbursement forms to you prior to the Medicaid covered service, or you may obtain the forms directly from the TM's website.

Requesting Reimbursement

Step 1: Complete the mileage/travel reimbursement form found on the TM's website. If someone other than the enrollee is driving, the form must be signed by the driver when the form is completed. Please note, the driver's social security number is required for the first reimbursement, but subsequent claims do not require social security numbers.

Step 2: On the day of the Medicaid covered service, request the physician or staff member within the facility to sign the designated area of the reimbursement form to confirm attendance.

Step 3: Save and attach all ORIGINAL receipts pertaining to parking/toll expenses and/or meal receipts, if applicable, and write amounts in the appropriate fields. Save copies of all information submitted to the TM for your personal record.

Step 4: Mail completed form with any original receipts to the TM within 90 days of the trip.

Claim Certification Statement

By submitting a claim, the claimant certifies that:

I am a qualified to provide such services for which I am submitting for reimbursement.

I have reviewed the form.

I have furnished or caused to be furnished the care, services and supplies itemized in accordance with applicable federal and state laws and regulations.

The amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any source other than, the Medicaid Program.

Payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid.

All statements made hereon are true, accurate and complete to the best of my knowledge.

No material fact has been omitted from this form.

I understand that payment and satisfaction of this claim will be from federal, state and local public funds and that I may be prosecuted under applicable federal and state laws for any false claims, statements or documents or concealment of a material fact.

Taxes from which the State is exempt are excluded.

All records pertaining to the care, services and supplies provided including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals

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under the New York State Medicaid Program will be kept for a period of six years from the date of payment, and such records and information regarding this claim and payment therefore shall

be promptly furnished upon request to the Health Department, the State Medicaid Fraud Control Unit of the New York State Office of Attorney General or the Secretary of the Department of Health and Human Services.

There has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion.

I agree to comply with the requirements of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to:

- (1) make administrative corrections to this claim to enable its automated processing subject to reversal by provider, and*
- (2) accept the claim data on this form as original evidence of care, services and supplies furnished.*

By making this claim I understand and agree that I shall be subject to and bound by all rules, regulations, policies, standards, rates and procedures of the Health Department as set forth in Title 18 of the New York Official Compilation of Codes, Rules and Regulations of New York State and other Department publications.

I understand and agree that I shall be subject to and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or the entity's) past, present or future status in the Medicaid Program and/or imposing any duly considered sanction or penalty.

I understand that my signature on the claim form incorporates the above certifications and attests to their truth.

Customer Service

Contact the TM if you have any questions.

Frequently Asked Questions

1. What are the current reimbursement rates?

- Enrollee self-driveIRS medical mileage rate.
- In-home relative/partner or spouse/caregiver/friend.....IRS medical mileage rate.
- Out-of-home family member/neighbor/friend/volunteer.....IRS standard mileage rate.

Mileage rates are established annually by the Internal Revenue Service (IRS) and can be found on the U.S. General Services Administration (GSA) website of:

<https://www.gsa.gov/portal/category/26429> .

2. Do I need to track my miles?

You do not need to report miles on the claim form, since mileage is automatically calculated using the TM's mileage calculation system. Mileage is calculated using the shortest distance route as determined by the system. Mileage/Travel reimbursement is

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available for loaded mileage only, i.e., mileage incurred while actively transporting the enrollee.

3. What mileage expenses are considered reimbursable?

The TM will reimburse for round-trip loaded miles to and from an approved Medicaid covered service. Loaded miles are the miles traveled in which the enrollee having an appointment is transported to and from their home address/approved pickup location to the appointment location/approved drop off location.

The TM considers reimbursement of expenses for tolls, parking and bridge fare, if accompanied by an original receipt or EZ Pass account statement.

4. How long after my appointment do I have to submit my claim for reimbursement?

The claimant has 90 days from the appointment date to submit a claim for reimbursement.

5. I submitted a claim, but it was returned to me unprocessed. What happened?

Incomplete claim forms or those that contain unauthorized trips/expenses are returned unprocessed to the claimant.

6. Why does the amount on my check not match the amount I requested?

The TM audits your claim and may make adjustments as needed. Please call the TM for an explanation.

7. What is an itemized receipt?

An itemized receipt (see example on page 10) has ALL of the following pieces of information on it:

- 1) Business Name
- 2) Date
- 3) Item(s) Purchased
- 4) Price of Each Item
- 5) Amount of Bill
- 6) Method of Payment

Questions?

Questions concerning this Travel Reimbursement Policy may be directed to Department's Medicaid Transportation Policy Unit via email to MedTrans@health.ny.gov or telephone to (518) 473-2160.