



Department  
of Health

# Medicaid Transportation

April 2025

# The Basics

- The Medicaid Non-Emergency Medical Transportation benefit (NEMT) is authorized under the Social Security Act § 1902(a)(70) and 42 C.F.R. § 440.170. NEMT is transportation for eligible Medicaid beneficiaries to and from appointments and services for those who have a legitimate need for that service. State Medicaid agencies must:
  - Ensure necessary transportation to and from medical providers
  - Use the most appropriate form of transportation
  - Include coverage for transportation and related travel expenses necessary to secure medical examinations and treatment.
- States have option of providing transportation as an administrative or state plan service – New York is state plan.

# Emergency vs Non-Emergency Transportation

## Emergency Transportation

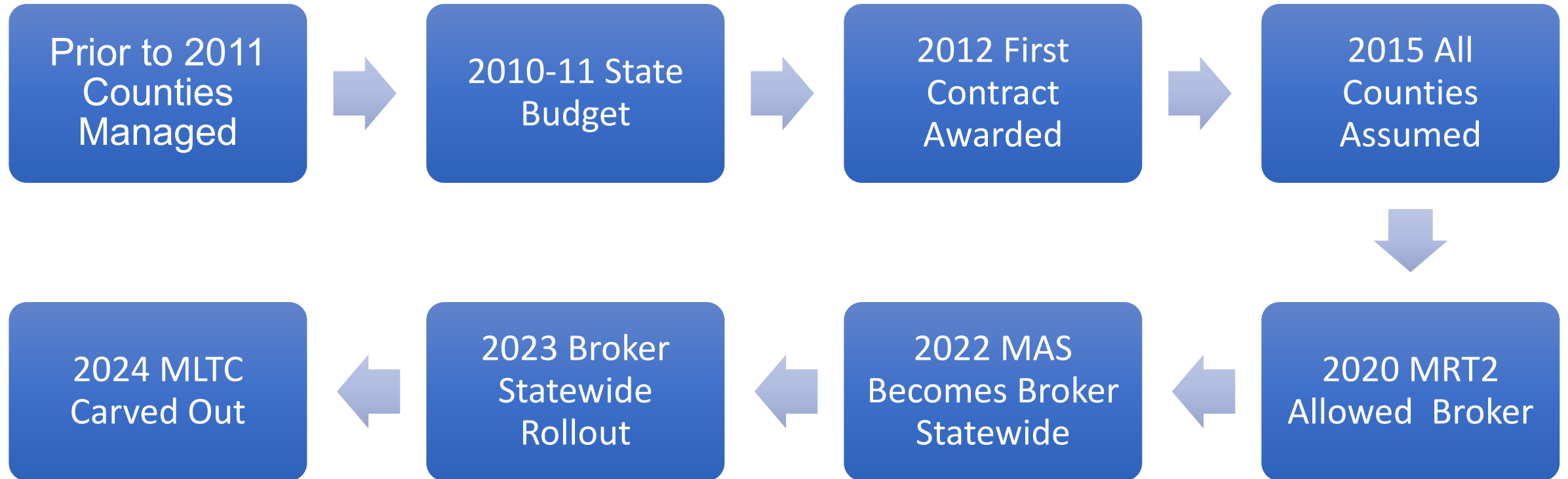
- Is for the provision of initial, urgent, medical care including the treatment of trauma, burns, and respiratory, circulatory and obstetrical emergencies. Emergency transportation typically emanates from a 911 call.

## Non-Emergency Transportation

- Is that which is not emergent, but necessary in order for an enrollee to access medical care.



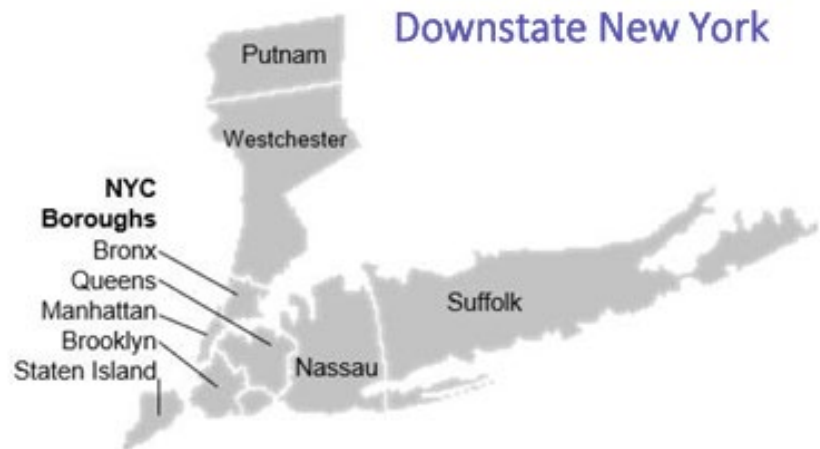
# From County Managed to a Statewide Broker



# Regional Broker Contracts

## Downstate NY – MAS

NYC, LI, Westchester and Putnam



## Upstate NY - MAS

Rest of State



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# Broker Improvements

- Creation of a high performing network of quality transportation providers resulting.
- Broker contracts directly with transportation providers.
  - Negotiates fees
  - Credentials drivers/vehicles
  - Sets qualifications such as GPS requirement.
- Broker performance and payment rely on network performance including
  - On time performance
  - Validated complaints
- Single-source Broker creates
  - Efficiencies for network providers
  - Efficiencies medical providers ordering transportation



# Who is Covered by Fee-for-Service Transportation?

- Medicaid enrollees
- Medicaid/Medicare dually eligible enrollees
- Most Medicaid managed care enrollees
- HIV SNP Enrollees
- Health and Recovery Program (HARP) enrollees
- Health and Community Based Service (HCBS) Waiver participants
- Members covered by Kids Waiver
- Enrollees of the State Offices of Mental Health and for Persons with Developmental Disabilities
- Managed Long Term Care (MLTC) plan enrollees (except Program of All-Inclusive Care for the Elderly (PACE) members)

# What's Covered?

- 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 waiver participants are eligible for trips to non-medical locations covered by the plans of care:
  - Job interviews
  - College fair
  - Beauty/barber shop





# How Do Members Get Transportation?

- The medical provider or the member contacts the transportation broker by phone or online to request transportation.
  - All trips must be prior approved by the transportation broker.
  - The Department of Health's policy requires 72 hours notice for non-urgent trips.
  - Trips may be arranged less than 72 hours prior to the trip to ensure access to care in urgent situations and for hospital discharges.
- The transportation broker reviews the information to:
  - Ensure that the member has appropriate Medicaid coverage
  - Ensure that the request is for a Medicaid-covered service
  - Assess the medically necessary mode of transportation
  - Ensure any required forms are approved and on file
  - Assign the trip according to the member's freedom of choice

# Modes of Transportation



Mileage  
Reimbursement



Public  
Transportation



Taxi/Livery



Ambulette



Ambulance



Rotary and  
Fixed Wing Air

# Which Mode of Transportation is Necessary?

- Transportation must be arranged at the most **cost effective, medically appropriate** mode.
- Electronic Form-2015
  - Completed by a member's physician
  - Medical condition(s) justifying the requested mode of transportation
  - Duration of need for the requested mode (up to 1 year)
  - Ability to access public transportation
  - Not required to receive public transportation or mileage reimbursement.
- After submission each form is reviewed by the transportation broker's utilization review team.

# Public Transportation

New York City – MTA

- PTAR
  - MetroCards
  - Carfare

Rest of State – Multiple Agencies

- Direct to Member
- Bus Pass Agencies
- Electronic Refillable



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# Common Medical Marketing Area

- The Common Medical Marketing Area (CMMA) is the geographic area from which a community customarily obtains its medical care and services.
  - **Not** determined by a mileage threshold or county border
  - Varies based on the medical specialty and the services available locally
- When a member requests transportation to services outside of their CMMA, a 2020 Form must be completed by the **referring** physician and approved by the transportation manager.





# Technology

- **Electronic Forms**
- **GPS**
- **Electronic Verifications**

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## ***Contact us:***

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### ***Medical Answering Services, LLC***

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