

Office of Health Insurance Programs

Division of Long Term Care

MLTC Policy 16.05: Non-Emergent Medical Transportation Benefit in MLTC

Date of Issuance: October 17, 2016

The purpose of this document is to provide additional guidance to Managed Long Term Care (MLTC) plans on existing Department policy regarding the scope of non-emergency transportation as a covered benefit.

Transportation of Managed Long Term Care plan enrollees to medical care and services, is covered within Managed Long Term Care plans scope of benefits. Transportation can be approved to medical services including primary care physician, various therapies, and vision and dental care. Authorization and reimbursement for services rendered is the responsibility of the applicable Plan. Transportation should be authorized at the appropriate level for the Enrollee's condition and identified in the Person Centered Service Plan (PCSP).

A provider of transportation may be an agency or provider contracted by the MLTC plan for the provision of non-medical transportation, or a public/mass transportation service. Transportation may be provided by means of a wheelchair van, ambulance, ambulette, taxi or livery service, or public transportation. All providers must have a current New York State driver's license in good standing, and drive a New York State-registered, inspected and insured vehicle.

Effective January 28, 2016, the Department no longer requires that New York City ambulette providers who have been granted contract carrier permits by the New York State Department of Transportation (DOT) be licensed by the New York City Taxi and Limousine Commission (NYCTLC). However, any transportation provider who does not have a DOT carrier permit, must be licensed by the NYC Taxi and Limousine Commission and is subject to the same requirements and oversight as black car livery services in New York City. The Plan is required to use only approved Medicaid ambulette vendors to provide ambulette transportation services to MLTC plan members. These responsibilities may not be assigned, delegated or subcontracted out. Other modes of transportation may be provided by non-Medicaid enrolled providers, as long as appropriate licensure is in place.

Plans should have policies and procedures for monitoring the effectiveness of the covered transportation service with respect to appropriate level of service and in accordance with the PCSP. Plans should have a formal process for credentialing subcontracted providers on a periodic basis (initially and not less than once every three (3) years) and for monitoring provider performance. Mechanisms should be in place to ensure the health and safety of MLTC plan members which could include such activities as criminal background checks or review of abuse registries. Plans should enter into contracts only with providers who are in compliance with all applicable state and federal licensing, certification, and other requirements; are generally regarded as having a good reputation; and have demonstrated capacity to perform the needed transportation services. Plans are expected to conduct periodic contract monitoring to assure that insurance coverage is in place. Such monitoring protocol should specify requirements for

corrective action, revocation of the provider contract or imposing sanctions if the provider's performance is inadequate or if insurance, or licensing lapses.

All MLTC plans should review and /or update their existing policies and procedures to ensure that this information is accurately reflected.