

**NYS Medicaid Transportation Program
TRAVEL REIMBURSEMENT POLICY MANUAL**

The purpose of this Travel Reimbursement Policy Manual is to provide guidance to the New York State Department of Health's (Department) Transportation Manager (TM) and eligible Medicaid enrollees to better understand and apply the Department's travel rules and regulations.

The Department sets rules and regulations for reimbursement of prior authorized travel related expenses in accordance to Federally approved guidelines regarding such reimbursement.

When travel arrangements are necessary for an eligible Medicaid enrollee(s) to obtain a Medicaid covered service, such arrangements must be prior authorized by the applicable TM in order for the enrollee to be eligible for reimbursement of allowable expenses incurred. The TM will only reimburse for prior approved travel related expenses. The TM will also reimburse for allowable expenses for an additional person (escort) to accompany an enrollee to their Medicaid covered service and will reimburse expenses per person per day **if** the following criteria is met: (1) it is determined to be medically necessary for the enrollee to travel with an escort, (2) the TM has received the appropriate medical justification signed by the medical provider and (3) if the travel arrangements were prior approved by the TM.

Definition of Travel-Related Expenses

Breakfast: a meal consumed by traveler between the hours of 5:00 am- 10:00 am.

Lunch: a meal consumed by traveler between the hours of 10:01 am and 3:00 pm.

Dinner: a meal consumed by traveler between the hours of 3:01 pm and 10:00 pm.

Incidentals: snacks and/or beverages consumed in addition to breakfast, lunch and dinner; or consumed outside of the defined timeframes defined for meals as noted above.

Non-Compensable Expenses

The non-reimbursable items include, but are not limited to the following:

- SNAP benefits (e.g. food stamps)*
- tobacco products;
- tips;
- meal delivery services;
- shipping expenses;
- alcoholic beverages;
- internet services;
- laundry services;
- additional hotel amenities such as movies and entertainment;
- excessive meal expenses;
- fuel;
- vehicle repairs and supplies;
- rental cars (unless prior authorized by the TM);
- medical supplies;
- over the counter medications, and
- other personal items.

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***Note:** Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) cannot be used while in travel status. Per the Food and Nutrition Act of 2008, SNAP benefits are to be used to purchase food for home consumption.

Meal & Incidental Expense Allowance While in Travel Status

Eligible enrollees may be reimbursed for travel related expenses when an enrollee is considered to be in “travel status.” An enrollee is considered to be in “travel status” when traveling from their residence to a Medicaid covered service and during their return trip home following the appointment. Reimbursement for travel related expenses may be considered under the following circumstances:

- When an eligible enrollee is in travel status for at least four hours *and* must travel at least 80 miles one-way to a Medicaid covered service, enrollee may be allowed reimbursement for one meal.
- When an eligible enrollee is in travel status for at least eight hours *and* must travel at least 80 miles one-way to a Medicaid covered service, enrollee may be allowed reimbursement for two meals.
- When an eligible enrollee is in travel status for at least eight hours *and* must travel at least 160 miles one-way to a Medicaid covered service, enrollee may be allowed reimbursement for two or more meals and one-night lodging.

The TM takes into consideration the method of transportation, scheduled appointment time and meals consumed by the enrollee in order to determine if they are appropriate expenses prior to issuing a reimbursement. If an enrollee is traveling less than one full day, the enrollee may not be reimbursed at the federal government’s full per diem rate*.

*Visit <http://www.gsa.gov> to check the most current per diem and standard mileage reimbursement rates for your planning purposes.

“Overnight Travel” is defined as pre-approved travel requiring an overnight stay. This may apply when the enrollee must travel on the day prior to an appointment to arrive on time, prepare for the appointment, or upon completion of the appointment, the return home is excessively burdensome or is not feasible for the enrollee to immediately return home.

The TM will reimburse for up to three (3) meals per day and possible incidentals, based upon location and in accordance with the following guidelines.

The daily maximum reimbursable meal expenses are \$51.00 to \$74.00 for full day or overnight travel depending on the city where the medical service takes place. The TM will reimburse for reasonable meal expenses according to valid receipts (see below) submitted. Examples of valid and invalid receipts are found at the end of this Travel Reimbursement Policy Manual.

A reasonable reimbursement guideline for meal expenses is:

- 15% of the daily allowance for breakfast;
- 25% of the daily allowance for lunch;
- 50 % of the daily allowance for dinner; and
- 10% of the daily allowance for incidentals (to include snacks) in accordance with the federal rates and guidelines for per diem meals.

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The TM may reimburse approved expenses for one to two reasonable meals per day or one meal and/or reasonable incidentals according to the following guidelines for daily travel where the travel or appointment time is less than one full day.

However, the TM will not reimburse an entire day's meal expense for a single meal. When an enrollee is claiming a meal expense, the following must be provided: an original dated and itemized receipt including the business name and address; date; item(s) purchased; price of each item, and the total amount of the bill and method of payment, in order to be reimbursed for meal expenses.

Daily Travel

Breakfast

Customarily, a person consumes breakfast at home prior to starting their daily activities. On a day an enrollee or an enrollee and pre-approved attendant is beginning to travel to a Medicaid covered service that has been prior authorized, the TM expects breakfast to be consumed prior to engaging in travel and is therefore not an eligible travel expense.

Lunch

Customarily, a person consumes lunch during the day. On a day an enrollee or an enrollee and pre-approved attendant is traveling to a prior authorized Medicaid covered service, lunch may be consumed and is therefore an eligible travel expense that may be submitted in accordance with these guidelines. Lunch reimbursement shall not exceed the lower of the receipted amount or 25% of the medical location's federal per diem rate. *Please note that travel commencing later in the day does not automatically guarantee lunch expenses to be reimbursed as it is not unreasonable to eat a meal at home prior to traveling.*

Dinner

Customarily, a person consumes dinner in the evening or at the end of the day. On a day an enrollee or an enrollee and pre-approved attendant is beginning to travel to a prior authorized Medicaid covered service where the appointment or travel time will not allow them to consume dinner prior to leaving home, dinner may be consumed prior to returning home, and is therefore an eligible travel expense that may be submitted in accordance with these guidelines. Dinner reimbursement shall not exceed the lower of the receipted amount or 50% of the location's federal per diem rate.

Please note that travel commencing later in the day does not automatically guarantee dinner expenses to be reimbursed as it is not unreasonable to eat a meal at home prior to traveling or returning home.

Incidentals

Incidental expenditures, including snacks and beverages, may be incurred throughout the trip and reimbursement may be submitted in accordance with these guidelines. Reimbursement for incidentals shall not exceed the lower of the receipted amount or 10% of the medical location's federal per diem rate.

Overnight Travel

Breakfast

On a day an enrollee or an enrollee and pre-approved escort has travelled to a prior authorized Medicaid covered service, or must return home the morning after the appointment, accrued breakfast travel expenses may be submitted in accordance with these guidelines and additional

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breakfast expenses may be submitted on each subsequent travel day prior to returning home. Breakfast reimbursement shall not exceed the lower of the receipted amount or 15% of the medical location's federal per diem rate. *Reimbursement for breakfast is not available after the traveler(s) have returned home.*

Lunch

On a day an enrollee or an enrollee and pre-approved escort is traveling to and from a prior authorized Medicaid covered service, lunch may be consumed and is an eligible travel expense that may be submitted in accordance with these guidelines. Lunch reimbursement shall not exceed the lower of the receipted amount or 25% of the location's federal per diem rate. *Reimbursement for lunch is not available after the travelers have returned home.*

Dinner

Customarily, a person consumes dinner in the evening (typically anywhere between 5:00pm-7:00pm). On a day an enrollee or an enrollee and pre-approved escort has travelled to a prior authorized Medicaid covered service and the enrollee's appointment or travel time will not allow them to consume dinner prior to leaving home, dinner may be consumed during travel to their destination or after the Medicaid covered service, and is therefore an eligible travel expense that may be submitted in accordance with these guidelines. Dinner reimbursement shall not exceed the lower of the receipted amount or 50% of the location's federal per diem rate. *Reimbursement for dinner is not available after the travelers have returned home.*

Hotel Selection

The TM will select value rated, reasonably priced hotels using the federally established lodging expense as a guideline, or select hotels with reduced medical rates associated with a medical facility, if more cost effective. Current per diem rates can be found on the General Service Administration (GSA) website: <https://www.gsa.gov/portal/content/104877>

The TM will attempt to secure hotel arrangements with the closest, most appropriate hotel in approximation to the enrollee's Medicaid covered service to minimize additional expenses. Any expenses incurred are to be within the specified allowable guidelines in order to be considered for reimbursement.

Unreceipted Stay

This method provides for flat rate allowances for meals, lodging and incidental expenses regardless of where lodging is obtained, as well as circumstances where an official receipt cannot be generated, such as when lodging with relatives or friends. Rates are established based on the county where lodging is obtained or the location to which the enrollee was traveling (whichever rate is less), and such location must be indicated. No receipts are required when using this method. Please note that if the enrollee has a hotel receipt and no meal receipts, this method cannot be used for reimbursement. Current rates as of October 26, 2016 are as follows:

- New York City, Nassau, Suffolk, Rockland and Westchester Counties \$50.00
- Albany, Broome, Erie, Monroe and Onondaga Counties \$40.00
- All other Counties within New York State \$35.00
- Out of State \$50.00

Exclusions & Additional Information

Many hotels include a continental breakfast. When a continental breakfast is included, the TM will not reimburse for incurred breakfast expenses.

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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.

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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.

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Examples of Invalid Receipts

Welcome to Mel's

Check #: 0001	12/20/16
Server: Josh F	4:38PM
Table: 7/1	Guests: 2

2 Beef Burger (@9.95/ea)	19.90
SIDE: Fries	
1 Bud Light	3.79
1 Bud	4.50

Sub-total	28.19
Sales Tax	<u>2.50</u>
TOTAL	30.69

Balance Due	30.69
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Thank you for your patronage!

This receipt shows alcohol was purchased. Per NYSDOH policy, the purchase of alcohol is a non-compensable item and will not be reimbursed. The Bud and Bud Light along with the taxes associated would be deducted from the amount to be reimbursed.

This receipt does not show how the bill was paid. Notice how it still shows "balance due"?

**KINGSGATE MARRIOTT
CONFERENCE CENTER AT THE
UNIVERSITY OF CINCIANNATI**

151 Goodman Dr.
Cincinnati, OH 45219
(513) 487-3800
CHECK 2520

REF: 0888
CD TYPE: VISA
TR TYPE: PURCHASE
DATE: MAY 19, 2016

TOTAL	\$8.50
ACCT: 9806	EXP: **/**
AP: 012315	
NAME: DAVID M ROE	

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HERON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU

CUSTOMER COPY

This receipt does not show what was purchased.

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Example of a Valid Receipt

Greater Cincinnati Northern
Kentucky International Airport
Operated by Standard Parking

Fee Computer Number: 12
Cashier: Fitzgerald Id #106
Transaction Number: 35836
Entered: 11/09/2016 06:44
Exited: 11/14/2016 20:00
Ticket #12313
Lot: Lot 2
Area: Area 2
Rate: VarRate2

Parking Fee: \$ 48.00
Subtotal: \$ 48.00
Total Fee: \$ 48.00

MasterCard: A
Credit Card Number: *****XXXX
Total Paid: \$ 48.00

Thank You
For Comments or Questions
Call 859-767-3105

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