MEDICAID TRANSPORTATION MANAGEMENT

P.O. BOX 12000
SYRACUSE, NEW YORK 13218

Travel Reimbursement Guide

Personal Vehicle Mileage reimbursement is available, **with prior approval from Medical Answering Services (MAS)**, to transport an eligible Medicaid enrollee to/from a qualified service covered by the Medicaid program both for short trips and longer distance trips.

Please review this document for more information.

Requesting Approval of a Trip

Step 1: Call MAS to obtain prior approval for all trips. Trip requests can be made by telephone or through our website. You must provide:

- The enrollee's Medicaid number
- The enrollee's date of birth.
- The enrollee's current address.
- The enrollee's current telephone number
- The name and telephone number of the person scheduling the trip.
- The date of appointment.
- The reason for the medical appointment.
- The enrollee's primary care physician or physician ordering the trip.
- The exact address of the destination, including zip code.
- Whether somebody other than the enrollee is driving.
- Any additional information required by MAS.

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

Step 3: Download reimbursement forms from www.medanswering.com or request the operator mail you reimbursement forms prior to the medical appointment.

Requesting Reimbursement

Step 1: Complete the reimbursement form.
If someone other than the enrollee is driving or there is a volunteer driver involved, the form must be signed once the trip is completed. (The driver's social security number is **required** for the first reimbursement. Future claims do not require social security numbers).

Step 2: On the day of the medical appointment, request physician or other staff member within facility to sign designated area of the reimbursement form to support attendance.

Step 3: Save and attach all **ORIGINAL** receipts pertaining to parking/toll expenses **and** write amounts in the appropriate spaces provided. Save copies of all information to be sent to MAS for your personal records.

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

Medical Answering Services, LLC
Attention: Mileage Reimbursement
PO Box 12000
Syracuse, NY 13218

Please review the Claim Certification on the following pages

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 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.

Processing Reimbursement

Please allow **three weeks** from date of receipt for MAS to mail reimbursement to you.

Weeks 1&2: Upon receipt of your claim form, it takes MAS two weeks to process your check.

Week 3: MAS processes reimbursement checks each Friday and uses a third party processor to generate these payroll checks.

Checks cut on Friday are mailed by the following Tuesday.

Please allow three days for US Postal delivery.

Example:		
	Approved trip occurred on:	Wednesday, October 9.
	Claim received by MAS on:	Tuesday, October 22.
	Claim processed by MAS by:	Tuesday, November 5.
	Claim paid by MAS on:	Friday, November 8.
	Payment mailed by MAS on:	Tuesday, November 12.

Customer Service

For any questions you have concerning your claim, please call **1-800-850-5340.**

Have available the invoice number(s) you are calling in reference to.

Please refer to the Frequently Asked Questions (FAQ) listed below for answers to many of the questions you may have.

Frequently Asked Questions

What are the current reimbursement rates?

Self-drive/In-home relative, caregiver or friend:	24 cents per loaded mile
Out-of-home family member/neighbor/friend/volunteer:	57 cents per loaded mile

These rates are established by the Internal Revenue Service (IRS). The IRS generally updates its rates annually.

If I drive myself to my medical appointment, can I be reimbursed?

Yes, if you are eligible for Medicaid on the date of your medical appointment, and you have received prior approval from MAS for the trip, you can be reimbursed for your mileage reimbursement.

Medicaid enrollees who receive prior approval and drive themselves to and from medical appointments receive the self-drive rate listed above.

If someone else drives me who will be paid?

If someone else drives you, they will be reimbursed by Medical Answering Services. If the driver is a family member that lives in your home, they will be paid the self-drive rate. If they are an out-of home family member or a volunteer driver, they will be paid the volunteer driver rate.

Do I need to track my miles?

You can track your mileage, but do not need to track or report your miles. MAS uses an automated mileage calculation system similar to *MapQuest* and *Google Maps* to calculate the distance traveled. The mileage calculated is based on the shortest distance route determined by the system. If you travel a route other than the shortest calculated distance, additional justification may be required.

Mileage/Travel Reimbursement is paid for loaded mileage (actively transporting a Medicaid Enrollee) only.

What expenses will MAS reimburse for?

MAS will reimburse for the round-trip loaded miles to and from your qualified medical appointment. Loaded miles are the miles traveled in which the Medicaid enrollee having an appointment is transported to and from their home address to the appointment location.

MAS will also consider reimbursement for tolls, parking and bridges, if accompanied by an original receipt. Lodging and meals will be reimbursed if prior approved.

MAS does not reimburse for fuel.

Does Medical Answering Services reimburse for other travel-related expenses such as lodging and meals?

Yes, with approval, Medical Answering Services (MAS) can consider reimbursement for other travel-related expenses including lodging, meals, tolls, parking, bridge and ferry fare, etc. *All expenses associated with travel must obtain approval prior to the trip. MAS understands that some tolls and fares may not be known prior to the trips. Call MAS if you have any questions about unanticipated expenses.*

If MAS agrees that certain expenses are expected to be incurred while transporting a Medicaid enrollee to his or her appointment, MAS will consider reimbursement only if original receipts are submitted when the claim is submitted.

Please understand that reimbursement for pre-approved meals and pre-approved lodging may be limited to the Federal Per-Diem reimbursement limit established for the travel destination city.

My mother has an appointment in Boston. How can I secure approval?

Please call the toll-free number assigned to your county of residence. An enrollee (or person calling on his/her behalf) has 72 hours from the service date to request authorization for their trip.

My Tuesday appointment was scheduled Monday, and I forgot to call to get approval for my trip. What do I do?

Medical Answering Services understands that, in order to be fair, some flexibility is needed. Therefore, all mileage/travel reimbursement trips are required to be authorized within 72 hours following the trip. This provides time for you to call in your trip after it has taken place in the event you forgot to or had a last minute trip need.

How long after my appointment do I have to submit to Medical Answering Services my claim for reimbursement?

Anyone submitting a claim for Mileage/Travel Reimbursement must do so within 90 days of the trip date.

I submitted a claim for reimbursement, and it was returned to me unprocessed. What happened?

Claim forms received that are incomplete or contain unauthorized trips/expenses will be returned unprocessed to claimant.

Why does the amount I received does not match the amount I requested?

Medical Answering Services may adjust your claim if expenses exceed Federal Per Diem limits or exclude receipts. For any questions you have concerning your claim, please call **1-800-850-5340.**

Where can I obtain a reimbursement form?

Forms are available online at www.medanswering.com / Select MAS Contacts and Forms.

If you do not have access to the internet, please call the toll-free number assigned to your county and ask Medical Answering Services to mail a form to you.

Which form should I use?

There are two forms available to submit a claim for personal vehicle mileage reimbursement:

Physician Attestation Mileage Reimbursement Form
Use this form if you are filing a claim for a single trip.

Enrollee Daily Appointment Mileage Reimbursement Form
Use this form if you are filing a claim for multiple trips to the same location.

You can also use this form to claim reimbursement for multiple trips at different locations if the claimant is the same for all trips and you are comfortable with multiple physicians signing the same form.

Can I fax or email my claim form(s)?

No. All claim forms must be mailed in order for MAS to review the original signature and receipts for reimbursement.

What happens to my claim before it is paid?

Upon receipt of your claim, a Travel Reimbursement specialist reviews your claim and audits to:

- Ensure that the prior approved trip(s) invoice numbers on claim form match to trip record(s) in the Medical Answering Services system.
- Review Medicaid eligibility.
- Review Physician Attestation signature.
- Verify location of origin and destination.
- Verify and calculate any expense claims for accuracy and amount due.
- Enter approval attestation to system.

This process takes about two weeks. Providing the claim is approvable, the claim is then ready for payment on the next payment date.

I submitted my claim and haven't been paid. What should I do?

Please remember that it takes up to three weeks for Medical Answering Services (MAS) to process and pay a claim.

If you are concerned about the status of your payment, please contact MAS at **1-800-850-5340**.

What do I do if my mailing address is different than the physical address where I live?

Medical Answering Services (MAS) can track both your physical and mailing address. Please call MAS at **1-800-850-5340** to provide this information.

How do I report a change of information such as change of address?

Contact Medical Answering Services at **1-800-850-5340** to provide this information.