

Group Rides Developed by the Medicaid Program

Through extensive data analysis, the Department and its transportation manager/s will develop group ride opportunities wherein a transportation provider or providers will be afforded the opportunity to “bid,” i.e., propose a flat reimbursement fee to cover all applicable trips. These trips will generally be from a single area or areas to a single area or areas, at around the same timeframe. Providers must be able to meet the Department’s expectations including:

1. In general, Medicaid enrollees will not be on a vehicle longer than one (1) hour, except in circumstances outside the transportation provider’s control (e.g., weather events, traffic conditions, etc.), or when the expected trip length exceeds one hour in duration based on the pickup and destination locations.
2. On the return/B-leg of the trip, the enrollee will not be made to wait more than one hour and fifteen minutes (1:15:00) for a pickup from their medical site.
3. Neither the Department nor its transportation manager can guarantee availability of a group ride on any particular service date. Regardless of the number of riders on any group route on any given day, when the selected provider is assigned a group ride trip to the group destination, the group fee shall be authorized.
4. The transportation manager will only assign enrollees to the group ride when the modality is medically appropriate for the individual enrollee.
5. The established fee is considered all-inclusive, i.e., no additional compensation will be made for additional pickups performed related to hub-spoke model transportation, add- on mileage, incurred tolls, or otherwise compensable expenses.
6. The applicable group ride fee will be in effect for a period of twelve (12) months without interruption.
7. The selected provider will work closely with the transportation manager to ensure efficient quality, safety and control measures.
8. DOH reserves the right to cancel the endeavor at the discretion of DOH, with notice of no more than five (5) business days.
9. The selected provider must meet all applicable policy requirements related to the category of service in which he is enrolled and the group ride assigned.
10. The selected provider may not reassign any portion of the group ride for any reason to a sibling company or competitor. If the any portion of the group ride for any reason cannot be completed by the selected provider, the selected provider must notify the transportation manager.
11. All applicable licensure requirements are solely the responsibility of the selected provider. Neither DOH nor the transportation manager are responsible for any penalties incurred due to the selected provider’s lack of appropriate licensure or other infractions.
12. Transportation providers not participating in the group ride endeavor will not be permitted to bill Medicaid at the group fees irrespective of their riders’ destinations.

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