

Quick Start Transportation Guide

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[AffinityPlan.com](https://www.affinityplan.com)



Need a ride? Affinity by Molina Healthcare has you covered!

This guide provides all the details you need to use your transportation benefits. You're important to us and we're here to help you!



What type of transportation can I use?

New York Affinity Medicaid or HARP members can qualify for one of these:

- Mileage reimbursement
- Bus passes
- Taxi
- Long-distance travel and one-time use of service

How are you getting to places now?

Do you walk, take the bus or subway, or do you have a friend drive you? There's good news! We will cover the same type of transportation you are using now! Medicaid Answering Service (MAS) will provide your transportation. They will help you set up and approve your rides.

- We cover most types of transportation, if medically appropriate.
- We cover rides when your medical condition requires a specific type of transportation, such as a taxi, ambulette or ambulance.
- We cover taxi service, but your provider must fill out the New York State 2015 form.

Where can I get a ride to?

 Pharmacy	NO	 Dentist	YES
 Medical visits	YES	 Grocery store	NO

Mileage reimbursement

If you use your vehicle to travel to a covered routine or urgent health care service, you can be reimbursed for mileage.

All trips must be prior authorized by the New York State Department of Health's Transportation Manager (**TM**). Your family and friends can also be reimbursed if they use their vehicle to take you to a medical visit.

Prior authorization for mileage reimbursement

Step 1:

You can contact the TM by phone or online. The phone number varies by location. Click the link to find the number: **[Medanswering.com/contact-center/](https://www.medanswering.com/contact-center/)**.

To reach the TM online, you must create an account. Click the link to create an account: **[Medanswering.com/login.taf](https://www.medanswering.com/login.taf)**.

You must request services by phone or online at least 72 hours before your medical visit. When you need overnight travel or special accommodations, please request the trip as far in advance as possible. This will ensure the TM can make the appropriate accommodation.

You must provide these items to the TM:

- 1.** Member's Medicaid number.
- 2.** Member's date of birth.
- 3.** Member's address.
- 4.** Member's telephone number.
- 5.** Name and telephone number of the person scheduling the trip.
- 6.** Date and time of the visit.
- 7.** Member's primary care provider (PCP) or provider ordering the trip.
- 8.** Address of the destination, including zip code.
- 9.** If someone other than the member is driving.
- 10.** Any extra information required by the TM.

Step 2:

- Request an invoice number from the TM for every trip for your records. This is proof of prior authorization. It is required on the mileage reimbursement forms.

Step 3:

- If you have a computer and a printer, you can print the forms out. They can be found at **[Medanswering.com/enrollees/forms-resources/](https://www.medanswering.com/enrollees/forms-resources/)**. If you don't have a computer or printer, ask the TM to mail them to you.

New York State Department of Health (NYSDOH) Physician Attestation for Mileage Reimbursement Individual Appointments

- Use this form to be reimbursed for **one medical visit**.

[Medanswering.com/wp-content/uploads/2021/05/Physician-Attestation-Mileage-Reimbursement-Individual.pdf](https://www.medanswering.com/wp-content/uploads/2021/05/Physician-Attestation-Mileage-Reimbursement-Individual.pdf)



The form is titled "Physician Attestation for Mileage Reimbursement Individual Appointments" and includes the New York State Department of Health logo. It is labeled "Mail Claims to" and includes the address: "Medical Reimbursement, LLC, P.O. Box 1225, Syracuse, NY 13218".

Fields include:

- Invoice #
- Date of Appointment
- County of Residence
- Multiple Visits (Yes/No)
- Physician's Name
- Physician's Address
- Physician's Phone
- Physician's Email
- Physician's Signature
- Physician's License #
- Physician's Specialty
- Physician's Payment Method
- Change in Address? (Yes/No)
- Medical Provider's Signature (with Yes/No/Not Sure options)
- Physician's Name
- Physician's Address
- Physician's Signature
- Physician's License #
- Physician's Specialty
- Physician's Payment Method

There is a "Print" button and a "Cancel" button at the bottom right.



NYSDOH Daily Mileage Reimbursement Form

- Use this form to be reimbursed for **multiple medical visits**.
- You must have a **physician's signature for every date of service**.

[Medanswering.com/wp-content/uploads/2021/05/Mileage-Reimbursement.pdf](https://www.medanswering.com/wp-content/uploads/2021/05/Mileage-Reimbursement.pdf)

Mileage Reimbursement New York State Department of Health Office of Health Insurance Programs

we care now STATE OF NEW YORK OFFICE OF HEALTH INSURANCE PROGRAMS

Multiple Appointments

Circle or check one: Multiple Appointments Single Appointment

Circle or check one: Patient Physician

Patient or Provider Information		Physician Information	
Multiple Appointments	Single Appointment	Multiple Appointments	Single Appointment
Name	Name	Name	Name
Address	Address	Address	Address
City	City	City	City
State	State	State	State
Zip	Zip	Zip	Zip
Phone	Phone	Phone	Phone
Signature	Signature	Signature	Signature

Date	Provider Name	Provider Address	Provider Phone	Provider Signature

Provider Signature _____ Date: ____/____/____

Circle Signature _____ Date: ____/____/____

How to submit for mileage reimbursement

Complete a New York State Department of Health mileage/travel reimbursement form.



Submit the original completed form with any original receipts to the TM within 60 calendar days.



If someone other than the member drives, the driver and the member must sign the completed form.



The driver's social security number is required for the first reimbursement, but future claims do not.



Submitted receipts should be arranged by the date and time of purchase.



Save and attach all ORIGINAL receipts for the travel-related expenses. Write the amounts in the appropriate fields. Save copies of all information submitted to the TM for your personal record.



Claim forms and receipts must be legible. Claim forms and receipts that are hard to read, faded or damaged, cannot be processed.



Mail claims form and receipts to:
Medical Answering Services, LLC
PO Box 12000
Syracuse, NY 13218

Urgent and sick care visit | Same-day visits

You can be reimbursed for mileage after an urgent or sick care visit. Refer to the steps above for prior authorization and mileage reimbursement. You must get a prior authorization number and bring the form to the visit.



Bus and subway

If you normally use public transit, bus or subway, you can get passes or fare reimbursement.

Routine appointments | Public transit | Book five days in advance

If you can use public transit, you must submit your transportation requests at least five days before the appointment. When possible, MAS will mail your bus or train fare before the service date.

Step 1:

- You can contact the TM by phone or online. The phone number varies by location. Click the link to find the number: **[Medanswering.com/contact-center/](https://www.medanswering.com/contact-center/)**.
- To reach the TM online, you must create an account. Click the link to create an account: **[Medanswering.com/login.taf](https://www.medanswering.com/login.taf)**.

You must provide these items to the TM:

1. Member's Medicaid number.
2. Member's date of birth.
3. Member's address.
4. Member's telephone number.
5. Name and telephone number of the person scheduling the trip.
6. Date and time of the visit.
7. Member's primary care provider (PCP) or provider ordering the trip.
8. Address of the destination, including zip code.
9. If someone other than the member is driving.
10. Any extra information required by the TM.

You will receive the bus pass in the mail.

Urgent and sick care visit | Same-day visit

A bus or subway pass is not available on the same day. You can be reimbursed for bus or subway transportation after an urgent or sick care visit. Refer to the steps for bus or subway fare reimbursement with a pass.

Bus and subway

For more details on transportation services in your area, click below.

Upstate

- [Syracuse](#)
- [Rochester](#)
- [Buffalo](#)

Downstate

- [MTA](#)



Taxi

Routine appointments | Book three days in advance

Transportation for routine care and recurring appointments should be scheduled at least three days in advance. You must get prior authorization for a taxi service and your provider needs to complete Form-2015.

Step 1:

Form-2015 is **not required** if you live:

- More than 1/2 a mile from a public transit route in New York City.
- 3/4 a mile from a public transit route in the rest of the state.

Step 2:

Form-2015 is **required** for all other taxi services.

- Your **provider must submit** an electronic New York State 2015 Form to MAS stating medical necessity.
- Your **provider must renew** the Form-2015 on the online portal at one of these:
 - Annually (at a minimum)
 - At the end date listed on the current form
 - When the medical condition requires a different type of transportation

Step 3:

When Form-2015 is completed, contact the TM by phone or online. The phone number varies by location.

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- To reach the TM online, you must create an account. Click the link to create an account: **[Medanswering.com/login.taf](https://www.Medanswering.com/login.taf)**.

Have the following items ready to provide TM:

1. Member's Medicaid number.
2. Member's date of birth.
3. Member's address.
4. Member's telephone number.
5. Name and telephone number of the person scheduling the trip.
6. Date and time of the visit.
7. Member's primary care provider (PCP) or provider ordering the trip.
8. Address of the destination, including zip code.
9. If someone other than the member is driving.
10. Any extra information required by the TM.

Important:

Be outside 10 minutes before the scheduled pick-up time. When your visit is complete, contact the TM for a return ride.

Urgent and sick care visit | Same-day visit

You can schedule a ride to urgent and sick visit care on the same day. Give as much notice as possible. Refer to the steps for scheduling a taxi.



Make the most of your health plan

Learn about all the benefits we cover at no cost. Review your benefits in our Member Handbook:

- Go to **MolinaHandbook.com/NY/MD**
- Visit **MyMolina.com**
- Use the My Molina® mobile app from Google Play or the Apple App Store
- Text “JOIN” to 94870 to get information and updates from us



Scan the QR code
to visit us online!

Affinity by Molina Healthcare complies with Federal civil rights laws. **Affinity by Molina Healthcare** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **(800) 223-7242 /TTY: 711**. 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 **(800) 223-7242 /TTY: 711**。