

ATTACHMENT C

DEFINITIONS

For the purposes of the Medicaid Program and as used in this request, the following terms are defined as follows:

Ambulance

An ambulance is a motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

An ambulance service is any entity, as defined in Section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat, or other form of transportation to or from facilities providing hospital services and which is certified or registered by the Department of Health as an ambulance service.

Ambulette

Ambulette, invalid coach or paratransit vehicle is a special-purpose vehicle designed and equipped to provide non-emergency transport that has either wheelchair-carrying capacity, stretcher-carrying capacity or the ability to carry transit-disabled individuals. A wheelchair-accessible minivan or similar vehicle is not an ambulette.

An ambulette service is an individual, partnership, association, corporation, or any other legal entity which transports the invalid, infirm or disabled by ambulette to or from facilities which provide medical care.

An ambulette service provides the invalid, infirm or disabled with personal assistance.

Common Medical Marketing Area

The common medical marketing area is the geographic area from which a community customarily obtains its medical care and services.

Conditional Liability

Conditional liability is the responsibility of the prior authorization official for making payment only for transportation services which are provided to Medicaid eligible individuals in accordance with the requirements of Title 18 (the regulations of the New York State Department of Social Services).

Day Treatment Program

A day treatment program or continuing treatment program is a planned combination of diagnostic, treatment and rehabilitative services certified by the Office for Persons with Developmental Disabilities or the Office of Mental Health.

Department Staff

Employees of the New York State Department of Health, or designees of the Department of Health, for the purposes of this contract.

Emergency

A medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could reasonably be expected to result in placing the enrollee's physical or mental health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, serious harm to self or others due to an alcohol or drug abuse emergency, injury to self or bodily harm to others, or with respect to a pregnant woman having contractions: (1) that there is inadequate time to effect a safe transfer to a hospital before delivery, or (2) that transfer may pose a threat to the health or safety of the woman or the unborn child.

Enrollee/Enrollee

An enrollee/enrollee is an individual who is enrolled in the Medicaid Program and is eligible to receive Medicaid services, including transportation.

Fee-for-Service

The payment of a fee by the Department of Health directly to a service provider for a specified direct service.

Medical Escort

A paid or unpaid individual or caregiver accompanying a program eligible enrollee who is physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Medicaid coverable service. The escort may drive or utilize transportation services with the program eligible enrollee.

Medical Necessity

Health care services are considered medically necessary when those services are:

- Medically appropriate;
- Necessary to meet the basic health needs of the enrollee;
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
- Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies;
- Consistent with the diagnosis of the condition;
- Required for means other than convenience of the enrollee or his or her physician;
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- Of demonstrated value; and,
- No more intense level of service than can be safely provided.

Medical Service Provider

An individual, firm, corporation, hospital, nursing facility, or association that is enrolled as a Medicaid provider, or provides a Medicaid coverable service free of charge (for example, a Veterans Administration Hospital, or local county Department of Health.)

Mode

The method used to provide transportation services to enrollees.

Non-Emergency Ambulance Transportation

Non-emergency ambulance transportation is the provision of ambulance transportation for the purpose of obtaining necessary medical care or services by a Medicaid enrollee whose medical condition requires transportation in a recumbent position.

Non-emergency ambulance transportation is transportation of a pre-planned nature where the patient must be transported on a stretcher or requires the administration of life support equipment, such as oxygen, by trained medical personnel.

No-Show

The result of a Department of Health enrollee or transportation service provider not keeping an appointment and failing to cancel the appointment.

Prior Authorization

A determination that payment for transportation is essential in order for a Medicaid enrollee to obtain necessary medical care and services and that the Medicaid Program accepts conditional liability for payment of the Medicaid enrollee's transportation costs.

Medical Practitioner

An ordering practitioner is the Medicaid enrollee's attending physician or other medical practitioner who has not been excluded from or denied enrollment in the Medicaid Program and who is requesting transportation on behalf of the Medicaid enrollee in order for the Medicaid enrollee to receive medical care or services covered under Medicaid.

Simple Rotation System

A simple rotation system is a method to identify the next available transportation vendor in the transportation manager's system that can perform the transportation service within the level transportation required. This system is used when an enrollee indicates they have no preference for a specific transportation vendor to perform the service.

Standing Order

Standing orders are requests for prescheduled transportation to recurring Medicaid-covered service appointments at the same location (and often with the same transportation provider). These orders usually occur at the same time(s) and day(s) every week. Dialysis, for example, is considered a regularly recurring service appointment.

Stretcher Van

A vehicle that transports a prone or supine person who does not require medical attention while traveling to services.

Transportation Provider

A transportation provider is a lawfully authorized provider of transportation services who is actively enrolled in the Medicaid Program.

Transportation Services

Transportation services are services by ambulance, ambulette or invalid coach, taxicab, common carrier or other means appropriate to the Medicaid enrollee's medical condition; and transportation attendant to accompany the Medicaid enrollee, if necessary.

Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Medicaid enrollee's family.

Urgent Care Transportation

"Urgent care" means that level of care ordered and verified by the individual's physician (online, by phone or fax) to be necessary on the day the request is made. Examples include, but are not limited to, high temperature, persistent rash, vomiting or diarrhea, symptoms which are of sudden or severe onset, but which do not require emergency room services. Urgent care is generally determined by the enrollee's medical care provider, but not necessary.

An appointment shall be considered urgent if the medical service provider grants an appointment within forty-eight (48) hours of the enrollee's request.

A hospital discharge shall be considered an Urgent Trip.