DOCUMENT TITLE: Transportation Program	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.68	**CATEGORY:** Compliance & Ethics
System Approval Date: 07/22/2025❖ **Site Implementation Date:** 07/22/2025❖	**Origination Date**: 12/7/2017 **Previously Reviewed/Approved:** 03/2025
Prepared by: Office of Corporate Compliance	**Notations:** N/A

GENERAL STATEMENT of PURPOSE

The purpose of this document is to ensure that when a Northwell Health facility or practice provides complimentary or discounted local transportation programs ("CLTPs") to its patients, it does so in a manner that: (1) promotes greater access to medical care for its patients; (2) promotes patient safety and ease of care; and (3) complies with applicable laws, such as the Anti-Kickback Statute ("AKS") and the federal physician self-referral ("Stark") law.

POLICY

All Northwell Health CLTPs shall meet the following requirements, which shall be applied in a uniform and consistent manner.

Federal Health Care Programs: The availability of a CLTP referral shall not be determined in a manner related to the past or anticipated volume or value of Federal Health Care Program (e.g., Medicare, Medicaid, TRICARE.)

1. **Type of Vehicle:** complimentary or discounted transportation shall not be provided in air, luxury or ambulance-level vehicles.

   Note: Complimentary or discounted transportation may be provided by rideshare services or other transportation methods similar to taxis so long as patient names and addresses are provided to drivers either by patient consent, or by the patient directly.

2. **Marketing:** CLTPs shall not be publicly marketed or advertised. Additionally, health care items and services shall not be marketed during the course of transportation or at any time by drivers who provide the transportation.

   Note: Shuttle Services are allowed to post necessary route and schedule details, but there cannot be advertising accompanying those details.

3. **Payment:**
    a. Drivers or others arranging for complimentary or discounted transportation shall not be paid on a per-beneficiary-transported basis.
    b. To the extent a CLTP program requires a patient to provide payment to the driver, such payment shall be provided to the patient by the Northwell Health facility in the form of a voucher. Northwell Health facilities are prohibited from providing cash to patients for complimentary or discounted transportation.

4. **Eligibility:**
    a. Patients shall be eligible for CLTPs if they meet all of the following requirements:
        i. they satisfy the definition of being an Established Patient (this requirement is not applicable to Shuttle Services)
        ii. they are being transported for the purpose of obtaining medically necessary items and services or back to a residence post-discharge from a Northwell Health inpatient facility or hospital; and
        iii. they are being transported within a Local Transportation Area except that, if the patient is discharged from a Northwell Health inpatient facility or hospital following inpatient admission or released from the Northwell Health hospital after being placed in observation status for at least 24 hours and transported to the patient's residence, or another residence of the patient's choice, the patient can be transported outside of the Local Transportation Area.
    b. Caregivers and immediate family members of Established Patients are eligible to accompany patients when they travel to and from Northwell Health facilities or practices for the purpose of obtaining medically necessary items and services.
    c. Cosmetic procedures, such as Botox, do not qualify for complimentary transportation.
    d. In accordance with the definition of Established Patients, a Northwell Health facility or practice can offer a patient transportation to the initial appointment with the practice once the patient has selected the provider and initiated contact to make an appointment or who has previously attended an appointment with that provider/supplier.

5. **Route (non-Shuttle Services CLTPs)**
    a. Complimentary or discounted transportation services may only be provided to and from a Northwell Health facility for the specific purpose of an Established Patient receiving medically necessary items and services from that facility.
    b. Established Patients may be picked up from and returned to the following locations as long as they are within the Local Transportation Area (except that, if the patient is discharged from a Northwell Health inpatient facility or hospital after being placed in observation status for at least 24 hours, the patient can be transported outside of the Local Transportation Area):
        i. the patients' residence (including custodial care facilities (provided that the patient established such facility as a residence prior to receiving treatment), homeless shelters, and a residence of the patient's choice (such as the home of a friend or relative who is caring for the patient post-discharge); or

ii. a Northwell Health practice or facility.

6. **Shuttle Services**:
    a. Shuttle Services shall only be available on routes within a Local Transportation Area, meaning there are no more than 25 miles from any stop on the route to any stop at a Northwell Health location where health care items or services are provided.
    b. Shuttle Services shall have a set route and a set schedule.
    c. While Shuttle Services are not required to satisfy the Established Patient requirement for CLTPs, they are required to satisfy the other elements of this policy.
    d. A patient's family members and caregiver can be transported by a shuttle service to accompany a patient to a medically necessary appointment at a Northwell Health facility or to visit a patient who is an inpatient at a Northwell Health facility.

7. **No Shifting of Costs**: Costs associated with CLTPs shall not be shifted to Federal health care programs, other payers, or individuals.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and any other Affected Individual.

DEFINITIONS

Affected Individuals: "Affected Individuals" is defined as all persons who are affected by Northwell Health's risk areas including, but not limited to, Northwell Health's employees, the chief executive and other senior administrators, managers, medical staff members, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Established Patient: in order to qualify as an "Established Patient" under this policy, a patient must have performed at least one of the following:

(1) selected and initiated contact to schedule an appointment with a Northwell Health provider or supplier;
(2) provided consent for a family member, case manager, or other responsible individual to select and initiate contact to schedule an appointment with a Northwell Health provider or supplier;
(3) while attending an appointment with a Northwell Health provider or supplier, asked that provider or supplier to select and initiate contact to schedule an appointment with another Northwell Health provider or supplier for whom complimentary or discounted transportation is subsequently sought; or

(4) previously attended an appointment with the Northwell Health provider or supplier for whom complimentary or discounted transportation is sought.
   - **Note**: a person who is an Established Patient of a particular Northwell Health practice is not deemed to be an Established Patient of the entire Health System. That patient is only an Established Patient of the Northwell Health practice(s) for which the patient satisfies one or more of the above requirements.

Local Transportation Area: an area within twenty-five (25) miles of the Northwell Health facility or practice for which the patient is receiving complimentary or discounted transportation.

Shuttle Service: a vehicle that runs on a set route with a set schedule within the Local Transportation Area. A Shuttle Service vehicle shall not be an air, luxury, or ambulance-level vehicle.

Supplier: a person or organization that provides healthcare products or services.

PROCEDURE

1. **Written Procedures:** Northwell Health facilities or practices seeking to enact a CLTP program shall draft procedures that contain details regarding the following elements:
   a. **Patient Eligibility:**
      i. Example: Northwell Health Facility X is enacting a CLTP for all Established Patients who live in a Local Transportation Area and who inform the facility or practice, on Northwell Health's Transportation Program Form (HS060), that they do not have the financial or physical means to get from their homes to their appointments, or a planned admission, through either public or private transportation.
      ii. Patients must be Established Patients who are seeking transportation within a Local Transportation Area for medically necessary items or services.
         1. The Established Patient requirement does not apply to Shuttle Services.
         2. The Local Transportation Area requirement does not apply to a patient who is discharged from a Northwell Health inpatient facility or hospital following inpatient admission or released from the Northwell Health hospital after being placed in observation status for at least 24 hours and transported to the patient's residence, or another residence of the patient's choice.
      iii. Patient eligibility must be determined in a uniform and consistent manner.
      iv. Patient eligibility cannot be determined in a manner:
         1. Related to the past or anticipated volume or value of Federal Health Care Program business; or
         2. In a discriminatory matter (eligibility must be available on equal terms to all eligible patients); or
         3. In a way that targets certain conditions that require specific types of medical care or covered by a particular insurance program or plan.

b. **Type of Transportation That Will Be Used**
   i. Permissible complimentary or discounted transportation furnished under this policy is limited to ground transportation furnished in a car, van, taxi, or similar Northwell Health owned or contracted vehicles. It cannot be provided in air, luxury or ambulance-level vehicles.
   ii. Northwell Health vehicles that are used to transport disabled persons must be appropriately adapted to accommodate physical disabilities.
   iii. Under no circumstances shall complimentary or discounted transportation be provided by a Northwell Health employee or contractor in their personal vehicle.
   iv. Northwell Health facilities or practices offering CLTPs must comply with the terms of Northwell Health policies governing the use of vehicles owned and operated by Northwell Health, as well as with pertinent local, state and federal law (*e.g.*, state fraud and abuse compliance requirements, licensure requirements, insurance requirements, safety requirements).

c. **Payment/Costs**
   i. Confirmation that costs associated with CLTPs will not be billed by Northwell Health to any Federal health care programs, other payers, or individuals.
   ii. Confirmation that drivers or others arranging for the transportation shall not:
      1. be paid on a per-beneficiary-transported basis.
      2. accept tips or gratuities of any kind when furnishing CLTPs pursuant to this policy.
   iii. Confirmation that if a CLTP requires an Established Patient to pay a driver, such payment shall be provided to the patient by the Northwell Health facility or practice in the form of a voucher or reimbursement upon presentation of written receipt, and not in the form of cash.

d. **Routes**
   i. Shuttle services:
      1. shall run on a set route with a set schedule within a Local Transportation Area.
   ii. For CLTPs other than Shuttle Services:
      1. complimentary or discounted transportation services shall take place within a Local Transportation Area (except that, if the patient is discharged from a Northwell Health inpatient facility or hospital following inpatient admission or released from the Northwell Health hospital after being placed in observation status for at least 24 hours and transported to the patient's residence, or another residence of the patient's choice, the patient can be transported outside of the Local Transportation Area).
      2. can only be provided to and from a Northwell Health facility or practice for the specific purpose of an Established Patient receiving medically necessary items and services from that facility.

3. the point of origin or drop-off can be:
    a. a patient's residence (including custodial care facilities (provided that the patient established such facility as a residence prior to receiving treatment) homeless shelters, and a residence of the patient's choice (such as the home of a friend or relative who is caring for the patient post-discharge); or
    b. another Northwell Health facility or practice.

e. **Informing Established Patients of the Availability of CLTPs:**
    i. Confirmation that the CLTP shall not be marketed or advertised to the public or to potential referral sources in any way.
        1. The route and schedule of Shuttle Services may be made available to the public, but no additional marketing material may accompany that information.
    ii. Confirmation that healthcare items and services shall not be marketed during the course of transportation or at any time by drivers who provide the transportation. Any revisions to any materials should be reviewed by the Office of Legal Affairs.
    iii. Northwell Health facilities and practice may ask Eligible Patients if transportation is needed after an appointment is scheduled with that facility or practice.

2. **Document Retention:** Any Northwell Health facility or practice that institutes a CLTP shall retain the following documentation in accordance with Northwell Health's document retention policy (*see Northwell Health Records Retention and Destruction Policy #100.97*).
    a. Documentation relating to payment of costs associated with its program.
    b. For Shuttle Services, documentation regarding route and schedule materials.
    c. For non-Shuttle Services, a list of patients who received complimentary or discounted transportation, as well as any documentation that is created regarding their eligibility for such transportation.

3. **Compliance Review:** Any Northwell Health facility or practice seeking to institute a CLTP shall submit its written program procedures for review by Northwell Health's Office of Corporate Compliance and the Office of Legal Affairs prior to commencing its program.

REPORTING AND ENFORCEMENT

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy shall be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

- All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter.

The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible to all Affected Individuals and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone. All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, U.S. Department of Health and Human Services (HHS) Office for Civil Rights, HHS Office of Inspector General, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under Northwell Health's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Northwell Health Administrative Policy #100.97 Records Retention and Destruction
  Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees
- Northwell Health Human Resources Policy and Procedure Manual, Part 5-3 – Workforce Conduct – Progressive Discipline
- Anti-Kickback Law, 42 U.S.C. § 1320a-7b(b)
- Safe Harbor Regulation 42 CFR 1001.962(bb)
- Beneficiary Inducement Law, 42 U.S.C. § 1320a-7a(A)(5)
- Stark Law, 42 U.S.C. § 1395nn, and implementing regulations
- OIG Advisory Opinion 09-01 (March 6, 2009)
- OIG Advisory Opinion 15-13 (October 14, 2015)
- OMIG Compliance Program Guidance, Title 18 NYCRR § 521 – Fraud, Waste and Abuse Prevention (March 28, 2023)
- 18 NYCRR §§ 505.10(a), 505.10(e)(8), 505.10(e)(6)(ii)
- NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2019-1, Section I, Section II, Section III

- NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2012-1 through 2014-1, Section II
- NYS Medicaid Program Transportation Manual, Policy Guidelines, Versions 2016-1 through 2019-1, Section II
- New York State Billing Guidelines - Transportation, Versions 2011-1 through 2016-1, Section II
- NYS DOH Medicaid Update, August 2010, Vol. 26, No. 10
- NYS DOH Medicaid Update, December 2015, Vol. 31, No. 13
- NYS DOH Medicaid Update, January 2016, Vol. 32, No. 1
- NYS DOH Medicaid Update, November 2005, Vol. 20, No. 12
- NYS DOH Medicaid Update, April 2018, Vol. 34, No. 4
- NYS DOH Medicaid Update, November 2009, Vol. 25, No. 14
- NYS DOH Medicaid Update, March 2016, Vol. 32, No. 3
- New York State Billing Guidelines - Transportation, Versions 2011-1 through 2016-1, Section II
- NYS DMV Article 19-A Guide for Motor Carriers, Version CDL-15, January 2015
- NY Consolidated Laws, Vehicle and Traffic Law - VAT § 509-d(4)
- Rules of City of New York Taxi and Limousine Commission (35 RCNY), Section 59A-11(e)(2), Section 59A-11(b)(1), Section 59B-11(c)(1)

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES
N/A

ATTACHMENTS
N/A

FORMS
https://secure.vitaldocs.cexpforms.com/
HS060 - Transportation Program Form – follow the link above to obtain form

CURRENT REVIEW/APPROVALS:	
Service Line/Department Review	07/03/2025
Northwell Health Policy Committee	07/22/2025❖
System PICG/Clinical Operations Committee	07/22/2025❖

Standardized Versioning History:
Review/Approvals: / = Service Line/Department; * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ⊠ = Provisional; ❖ = Expedited

*11/30/17 **12/07/17
⊠09/26/19
*10/24/19 **11/15/19
❖12/20/21
❖ 03/28/23
*02/27/24 **03/21/24
*02/25/25 **03/20/25

Northwell Health®

TRANSPORTATION PROGRAM FORM

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Telephone: (_____) _____

1. Does the patient have a reliable mode of transportation between the patient's home and the entity (this can include a friend or family member who can drive the patient, a car and the ability to drive it give the patient's diagnosis and condition(s), or public transportation and the ability to use it given the patient's diagnosis and condition(s) ☐ Yes ☐ No

   If yes, please identify: _____

2. Does the patient have insurance that covers transportation between the patient's residence and the entity? ☐ Yes ☐ No

   If yes, please identify: _____

3. Does the patient have a serious medical condition in which transportation assistance would address risks associated with failure to comply with a treatment regimen? ☐ Yes ☐ No

   If yes, please identify: _____

4. Does the patient reside within 25 miles of the entity? ☐ Yes ☐ No

5. If the patient resides outside of 25 miles of the entity and needs complimentary transportation, has the patient been informed of other programs within the patient's county? ☐ Yes ☐ No

6. Does the patient have the financial ability to obtain alternate transportation between the patient's residence and the entity, and if so, does the patient's diagnosis and condition(s) allow for such alternative travel? ☐ Yes ☐ No

7. Additional Comments: _____

   _____

8. Please check the applicable box: ☐ Patient requires complimentary transportation
   ☐ Patient does not require complimentary transportation

Assessment Completed by: _____ Date: _____