

STATE OF NEW YORK

9398

IN SENATE

March 9, 2026

Introduced by Sen. BORRELLO -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend the social services law, in relation to establishing a non-emergency medical transportation administrative modernization pilot program to strengthen program integrity and reduce improper payments, and requiring program integrity review by the office of the Medicaid inspector general

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. The social services law is amended by adding a new section
2 365-q to read as follows:

3 § 365-q. Non-emergency medical transportation administrative modern-
4 ization pilot program. 1. Establishment. The commissioner of health
5 shall establish a pilot program to implement a unified administrative
6 platform for the authorization, coordination, monitoring, and payment of
7 non-emergency medical transportation services provided pursuant to this
8 title.

9 2. Purpose. The purpose of the pilot program shall be to evaluate
10 whether improved administrative coordination, data integration, and trip
11 verification processes can reduce improper payments and support fraud
12 detection and recovery efforts, enhance accountability in the adminis-
13 tration of non-emergency medical transportation services, and maintain
14 beneficiary access to transportation services.

15 3. Scope and duration. (a) The pilot program shall operate in not
16 fewer than two and not more than five counties selected by the commis-
17 sioner.

18 (b) The pilot program shall operate for a period of two to three years
19 from the date of implementation of the unified administrative platform.

20 (c) Prior to such implementation, the commissioner of health shall
21 establish baseline improper payment indicators, audit findings, and
22 related program integrity metrics in pilot counties for comparison
23 during and after the pilot period.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (d) The commissioner of health may modify or discontinue the pilot
2 program based upon demonstrated outcomes and shall provide written
3 notice of any such action to the governor and the legislature.

4 4. Platform requirements. The administrative platform shall, at a
5 minimum:

6 (a) provide verification of Medicaid eligibility and enrollment
7 status;

8 (b) incorporate electronically documented level-of-service determi-
9 nations consistent with criteria established by the department of
10 health;

11 (c) permit communication among the department of health, its transpor-
12 tation manager or contractor, transportation providers, health care
13 providers, and eligible recipients;

14 (d) allow recipients or their authorized representatives to schedule
15 rides and obtain trip status information;

16 (e) include objective validation of trip initiation and completion,
17 including location-based or comparable verification methods where prac-
18 ticable;

19 (f) support claims processing and improve payment timeliness for clean
20 claims; and

21 (g) generate reporting regarding utilization, expenditures, denials,
22 complaint trends, and provider performance sufficient to support program
23 integrity review.

24 5. Integration with program integrity functions. (a) The commissioner
25 shall ensure that data generated through the pilot platform is made
26 available to the office of the Medicaid inspector general in a format
27 sufficient to support audit, investigation, and recovery efforts.

28 (b) The platform shall support identification of utilization patterns
29 and billing trends for review by the office of the Medicaid inspector
30 general.

31 (c) Nothing in this section shall limit the statutory authority of the
32 office of the Medicaid inspector general under section thirty-two of
33 this chapter.

34 6. Reporting. (a) No later than February first of each year in which
35 the pilot is in operation, and within ninety days following its conclu-
36 sion, the commissioner shall submit a report detailing operational
37 outcomes of the pilot.

38 (b) Such report shall be submitted to the governor, the temporary
39 president of the senate, the speaker of the assembly, the minority lead-
40 er of the senate, and the minority leader of the assembly.

41 (c) The report shall include: (i) a comparison of pilot and non-pilot
42 counties on access and program integrity measures, including but not
43 limited to improper payment trends; (ii) changes in improper payment
44 indicators and audit findings during the pilot period; and (iii) an
45 analysis prepared in coordination with the office of the Medicaid
46 inspector general regarding the pilot's impact on fraud detection,
47 referrals, and recoveries.

48 (d) The report shall include recommendations regarding continuation,
49 modification, or statewide expansion of the pilot program.

50 7. Federal compliance. The commissioner shall seek any federal
51 approvals necessary to implement the pilot program. Nothing in this
52 section shall be construed to alter Medicaid eligibility standards or
53 beneficiary rights under federal law.

54 § 2. This act shall take effect immediately.