

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER

For Commission Use Only

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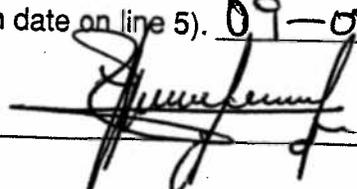
WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION

Filing Fee Paid \$ 25

NOV 01 2004

Date Filed plus 60 days

General Tariff No. GT- 3
Cancels General Tariff No. GT- 2
Date Filed at WMATC 08-23-04
Date Effective 9-02-04

1. WMATC Certificate of Authority No. 535
2. Carrier Name on Certificate of Authority: MEARIDE, INC
7600 FOUNTAIN BLEAU DR #201 NEW CRESTATION MD 20785
Address 7600 Georgia Ave N.W #201
Washington DC 20012
Telephone Number 202 258 5571
3. Person authorized to file tariff on behalf of Carrier
Name WAKE DENNIS
Title President
Telephone Number 202 258 5571
4. Date this tariff actually filed with WMATC 08-23-04
5. Date seven (7) calendar days after date on Line 4. 08-30-04
6. Effective Date of this tariff (not earlier than date on line 5). 09-02-04
7. Signature of Person named on Line 3. 

NOTE: SEE COMMISSION REGULATION NOS. 55 AND 56. IF YOU HAVE A QUESTION ABOUT HOW TO COMPLETE THIS FORM, CALL THE COMMISSION AT (202) 331-1671.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Senior Deputy Director
for Health Care Finance

Medical Assistance Program
Transmittal No: 03-24

TO: D.C. Medicaid Transportation Providers

FROM:  Wanda R. Tucker
Interim Senior Deputy Director
Medical Assistance Administration

DATE: JUL - 3 2003

SUBJECT: Ambulatory Transportation Fee Scale of a Single (1) Individual

Effective July 1, 2003, the reimbursement rates for ambulatory transportation of a single (1) individual are as follows:

| <u>Code</u> | <u>Service Description</u> | <u>Payment</u> |
|-------------|---|----------------------------------|
| A0120 | Ambulatory van, one-way inside Capital Beltway. | \$ 16.50 |
| A0121 | Ambulatory van, roundtrip inside Capital Beltway. | \$ 27.50 |
| A0122 | Ambulatory van, one way inside Capital Beltway with extra assistance. | \$ 22.00 |
| A0123 | Ambulatory van, roundtrip inside Capital Beltway with extra assistant. | \$ 33.00 |
| A0124 | Ambulatory van, one way outside Capital Beltway. | \$ 27.50 +.75 per loaded mile |
| A0125 | Ambulatory van, roundtrip outside Capital Beltway. | \$44.00 + .75 per loaded mile |

Transmittal #03-24

Page 2

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|-------|--|-----------------------------------|
| A0126 | Ambulatory van, one way outside Capital Beltway with extra assistant. | \$ 33.00 + .75 per loaded mile |
| A0127 | Ambulatory van, roundtrip outside Capital Beltway with extra assistant. | \$ 49.50 + .75 per loaded mile |
| A0128 | Trip cancellation, if the provider goes to the destination and trip is cancelled upon arrival. | \$ 8.25 |

Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Program Analyst, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Senior Deputy Director
for Health Care Finance

Medical Assistance Program
Transmittal No: 03-25

TO: D.C. Medicaid Transportation Providers
FROM:  Wanda R. Tucker
Interim Senior Deputy Director
Medical Assistance Administration
DATE: JUL - 3 2003
SUBJECT: Group Ambulatory Transportation Fee Scale

Effective July 1, 2003, the reimbursement rates for group ambulatory transportation are as follows:

Note: A group is defined as 2 or more individuals requiring medically necessary transportation services. Reimbursement rates will apply for pick-up at same location and drop-off at same location.

| <u>Code</u> | <u>Service Description</u> | <u>Payment</u> |
|-------------|--|----------------|
| A0120G | Group ambulatory van, one way inside Capital Beltway. | \$ 38.50 |
| A0121G | Group ambulatory van, roundtrip inside Capital Beltway. | \$ 71.50 |
| A0122G | Group ambulatory van, one way inside Capital Beltway with extra assistant. | \$ 41.25 |
| A0123G | Group ambulatory van, roundtrip inside Capital Beltway. | \$ 77.00 |

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| A0124G | Group ambulatory van, one way outside Capital Beltway. | \$ 49.50 + .75 per loaded mile |
| A0125G | Group ambulatory van, roundtrip outside Capital Beltway. | \$ 82.50 + .75 per loaded mile |
| A0126G | Group ambulatory van, one way inside Capital Beltway with extra assistant. | \$ 52.25 + .75 per loaded mile |
| A0127G | Group ambulatory van, roundtrip outside Capital Beltway with extra assistant. | \$ 88.00 + .75 per loaded mile |
| A0128G | Trip cancellation, if the provider goes to the destination and the trip is cancelled upon arrival. | \$ 8.25 |

Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

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Senior Deputy Director
for Health Care Finance

Medical Assistance Program
Transmittal No: 03-27

TO: D.C. Medicaid Transportation Providers
FROM:  Wanda R. Tucker
Interim Senior Deputy Director
Medical Assistance Administration
DATE: JUL - 3 2003
SUBJECT: Wheelchair Van Transportation Fee Scale

Effective July 1, 2003, the reimbursement rates for wheelchair van transportation are as follows:

| <u>Code</u> | <u>Service Description</u> | <u>Payment</u> |
|-------------|--|-----------------------------------|
| A0130 | Wheelchair van, one way inside Capital Beltway. | \$ 24.75 |
| A0130-Z1 | Wheelchair van, roundtrip inside Capital Beltway. | \$ 35.75 |
| A0130-Z3 | Wheelchair van, one way inside Capital Beltway with extra assistant. | \$ 30.25 |
| A0130-Z5 | Wheelchair van, roundtrip inside Capital Beltway with extra assistant. | \$ 41.25 |
| A0130-Z0 | Wheelchair van, one way outside Capital Beltway. | \$ 33.00 + .75 per loaded mile |
| A0130-Z2 | Wheelchair van, roundtrip outside Capital Beltway. | \$ 49.50 + .75 per loaded mile |
| A0130-Z4 | Wheelchair van, one way outside Capital Beltway with extra assistant. | \$ 38.50 + .75 per loaded mile |
| A0130-Z6 | Wheelchair van, roundtrip outside Capital Beltway with extra assistant. | \$ 55.00 + .75 per loaded mile |

Transmittal #03-27
Page 2

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| A0130-Z7 | Trip cancellation, if the provider goes to the destination and the trip is cancelled upon arrival. | \$ 8.25 |
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Note: The mileage calculation for trips outside the Capital Beltway begins once the recipient is picked up to transport.

If you have any questions or need additional information, please contact Andre Taylor, Program Analyst, Office of Program Operations, MAA, on (202) 698-2026.