

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
GENERAL TARIFF COVER

For Commission Use Only

RECEIVED

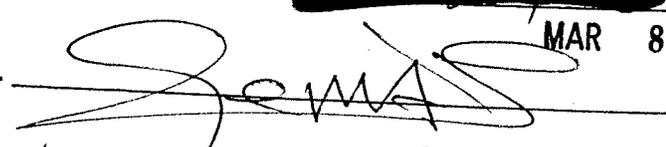
FEB 17 2004

WASHINGTON METROPOLITAN
AREA TRANSIT COMMISSION

Filing Fee Paid \$ _____

Date Filed plus 60 days _____

General Tariff No. GT- 1
Cancels General Tariff No. GT-
Date Filed at WMATC 02-17-04
Date Effective
MAR 8 2004

1. WMATC Certificate of Authority No. 876
2. Carrier Name on Certificate of Authority: MED-TRANS-INC.
Address 57 Q SE-NE.
WASHINGTON DC 20002
Telephone Number (202) 714-0080
3. Person authorized to file tariff on behalf of Carrier
Name LEMA ATAKELETE
Title PRESIDENT
Telephone Number (202) 714-0080
4. Date this tariff actually filed with WMATC 02-17-04
5. Date seven (7) calendar days after date on Line 5. 02-24-04
6. Effective Date of this tariff (not earlier than date on line 6).
MAR 8 2004
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: *WRT* 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

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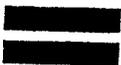
A0126	Ambulatory van, one way outside Capital Beltway with extra assistant.	\$ 33.00 + .75 per loaded mile
A0127	Ambulatory van, roundtrip outside Capital Beltway with extra assistant.	\$ 49.50 + .75 per loaded mile
A0128	Trip cancellation, if the provider goes to the destination and trip is cancelled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

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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.

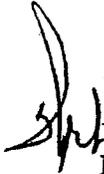
If you have any questions or need additional information, please contact Andre Taylor, Office of Program Operations, MAA, on (202) 698-2026.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



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

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A0130-Z7

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.

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