
CHAPTER 10: MEDICAL TRANSPORTATION

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AMBULANCE MEMBERSHIPS

Ambulance companies that are enrolled in Medicaid may not **solicit** Medicaid beneficiaries for membership fees for a subscription plan. Solicitation of such fees is a violation of Section 1916 of the Social Security Act and regulations at 42 C.F.R. §§ 447.15 and §447.56. If such membership fees are collected, the Medicaid beneficiary must be refunded in full, or the ambulance provider will be terminated from the program.

It is **NOT** a violation of the regulations when a Medicaid-enrolled ambulance company accepts membership fees if the Medicaid beneficiary voluntarily subscribes to the plan.

If a Medicaid-enrolled ambulance company's subscription plan operates as an insurance policy, and the Medicaid beneficiary pays the fee, the fee is treated as an insurance premium and is not in violation of Medicaid regulations.