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To: All Livery Level Transportation Providers  
From: MAS  
Subject: Preferred Provider Opportunity;  
Columbia Presbyterian Allen Location, 5141 Broadway, NY, NY 10034  
Date: 5/30/2018

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The Department of Health (DOH) has analyzed data collected by Medical Answering Services (MAS) and identified non-emergency Medicaid transportation trips from Columbia Presbyterian Allen Location, 5141 Broadway, NY, NY 10034, which consist of one-way trips at the Livery Mode of Service.

Please note it is anticipated that the service identified and described below will be done by one transportation provider. In addition, when considering pricing, please base your pricing on all rides from 5141 Broadway, NY, NY 10034 at the Livery Mode of Service. The flat rate pricing submitted will be paid for each person transported.

#### **Identified Trips**

The referenced non-emergency Medicaid trips from 5141 Broadway, NY, NY 10034 are one-way trips at the Livery Mode of Service.

A listing of trips **authorized by MAS originating at 5141 Broadway, NY, NY 10034 going to the enrollee's residence from November 1, 2017 to January 31, 2018** follows (attached document). The trip list of sample trips is sorted by date, time and mode of service to show the individual trip assignments that fit these criteria.

The trip listing is based on actual trips for a three-month period and is to be used as an estimate for potential bidders. The trip list does not guarantee actual future trip volume.

#### **Type of Service**

The services provided will be for individuals with one-way discharge trips from 5141 Broadway, NY, NY 10034 to the enrollees residence. The transportation provider selected will agree to provide Livery discharge services to all enrollees needing transportation as described. All requests for Livery Mode of Service discharges to enrollees residence from 5141 Broadway, NY, NY 10034 must be honored with enrollee pickup at 5141 Broadway, NY, NY 10034 no more than 90 minutes from when the request is made by Medical Answering Services. Please note, if requests for this described service are not honored or if pickup times exceed 90 minutes from when the request was made by MAS, the transportation vendors preferred provider status could be reevaluated.



**Applicant Information**

**5141 Broadway, NY, NY 10034 Columbia Presbyterian Allen Location, Livery discharge trips to Enrollees residence.**

If you are interested in providing transportation for Medicaid enrollees pursuant to the information above (**Columbia Presbyterian Allen Location**), based upon the trip list attached, please complete the information below and return this form by email to [preferredprovideropportunity@medanswering.com](mailto:preferredprovideropportunity@medanswering.com) no later than 4pm Friday, June 13, 2018 . Email questions to [preferredprovideropportunity@medanswering.com](mailto:preferredprovideropportunity@medanswering.com) attention Columbia Presbyterian Allen Location PPO **before** 6/13/2018.

Name of Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Provider ID: \_\_\_\_\_

**Section 1: Proposed charge per person per trip leg**

Please provide an all-inclusive flat rate/per trip leg \_\_\_\_\_ .

**Section 2: Required Information**

1. Do you have a Compliance Plan that meets the requirements of NYS Mandatory Provider Compliance Program (SSL) Certification New York State Social Services Law Section 363-d and 18 NYCRR Part 521 Certification? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are all vehicles used by your business for transporting Medicaid enrollees properly owned/leased, registered and insured as taxi/livery vehicles (no passenger registration) and according to NYSDOH Policy as outlined in the NYSDOH Medicaid Update, December 2015 Volume 31 Number 13?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
3. How many vehicles properly owned/leased, registered and insured as Livery vehicles in your fleet are available for transporting Medicaid enrollees?
4. Does your company currently provide transportation services within the New York City borough(s) for which this group ride is being requested? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. All trips will require GPS Geo-locator information to be submitted to MAS through an API Connection. Does your company have GPS Technology @ this time? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. This Preferred Provider Opportunity requires 24/7/365 coverage with on time performance and a response time for immediate trip requests of 90 minutes or less. Can your company meet this expectation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No



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**Section 3: Transportation Provider Quality, Reliability & Customer Service**

1. Please submit your MAS Scorecard. Please comment on grades of C, D or F.
2. Please submit your MAS call concern log for the months of 1/18, 2/18, 3/18. Please comment on how your MAS call concern log reflects your performance.
3. Please submit your most recent "MAS Transportation Provider Training Manual Checklist" Signed by Transportation Provider Owner/Manager and MAS Field Liaison. Don't have this? Please contact MAS @ [field\\_liaisons@medanswering.com](mailto:field_liaisons@medanswering.com) and a MAS Field Liaison will contact you to arrange a Transportation Provider Training Session and complete & sign a "MAS Transportation Provider Training Manual Checklist" .

Date: \_\_\_\_\_

Signature

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Print Name