



To: All Ambulance Transportation Providers
From: MAS
Subject: Preferred Provider Opportunity;
St. John's Episcopal Hospital, 327 Beach 19th St, Far Rockaway, NY 11691
Date: June 12, 2018

The Department of Health (DOH) has analyzed data collected by Medical Answering Services (MAS) and identified non-emergency Medicaid transportation trips from St. John's Episcopal Hospital, 327 Beach 19th St, Far Rockaway, NY 11691 hereinafter "327 Beach 19th St" which consist of one-way discharge trips at the Ambulance (BLS and ALS) 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 discharges from 327 Beach 19th St at the Ambulance (BLS and ALS) Mode of Service. The flat rate pricing submitted will be paid for each person transported.

Identified Trips

The referenced non-emergency Medicaid trips from 327 Beach 19th St are one-way discharge trips at the Ambulance (BLS and ALS) Mode of Service.

A listing of trips **authorized by MAS originating at 327 Beach 19th St going to the enrollee's residence for the months of December 2017 through February 2018** follows (attached document). The 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 single trips from 327 Beach 19th St to the enrollees' residence. The transportation provider selected will agree to provide Ambulance (BLS and ALS) discharge services to all enrollees needing transportation as described. All requests for discharges at the Ambulance (BLS and ALS) Mode of Service to enrollees' residence from 327 Beach 19th St must be honored with enrollee pickup 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 provider's preferred status could be reevaluated.



Applicant Information

**St. John’s Episcopal Hospital, 327 Beach 19th St
Ambulance discharge trips to Enrollee’s residence**

If you are interested in providing transportation for Medicaid enrollees pursuant to the information above (**St. John’s Episcopal Hospital**), based upon the trip list attached, please complete the information below and return this form by email to preferredprovideropportunity@medanswering.com no later than 4pm Wednesday, June 27, 2018. Email any questions to preferredprovideropportunity@medanswering.com Attention: St. John’s Episcopal Hospital Ambulance PPO before 6/27/18.

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 Ambulance 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 Ambulance 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-locater 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

Signature: _____

Date: _____

Print Name: _____