MEDICAID TRANSPORTATION MANAGEMENT



P.O. Box 12000 SYRACUSE, NEW YORK 13218

To: All Ambulette Transportation Providers

From: MAS

Subject: Preferred Provider Opportunity;

Maimonides Medical Center, 4802 10th Ave, Brooklyn, NY 11219

Date: June 13, 2018

The Department of Health (DOH) has analyzed data collected by Medical Answering Services (MAS) and identified non-emergency Medicaid transportation trips from Maimonides Medical Center, 4802 10th Ave, Brooklyn, NY 11219 hereinafter "4802 10th Ave" which consist of one-way discharge trips at the Ambulette (Ambulatory & Wheelchair) 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 4802 10th Ave at the Ambulette (Ambulatory & Wheelchair) Mode of Service. The flat rate pricing submitted will be paid for each person transported even when multiple enrollees are transported in the same vehicle.

Identified Trips

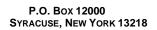
The referenced non-emergency Medicaid trips from 4802 10th Ave are one-way discharge trips at the Ambulette (Ambulatory & Wheelchair) Mode of Service.

A listing of trips authorized by MAS originating at 4802 10th Ave 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 4802 10th Ave to the enrollees' residence. The transportation provider selected will agree to provide Ambulette (Ambulatory & Wheelchair) discharge services to all enrollees needing transportation as described. All requests for discharges at the Ambulette (Ambulatory & Wheelchair) Mode of Service to enrollees' residence from 4802 10th Ave, <u>must</u> be honored with enrollee no more than 90 minutes from when the request is made by Medical Answering Services. <u>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.</u>





Applicant Information

Maimonides Medical Center, 4802 10th Ave Ambulatory and Wheelchair discharge trips to Enrollee's residence.

If you are interested in providing transportation for Medicaid enrollees pursuant to the information above (Maimonides Medical Center) based upon the trip list attached, please complete the information below and return this form by email to preferredprovideropportunity@medanswering.com no later than 4 pm Thursday June 28, 2018. Any questions please email them to preferredprovideropportunity@medanswering.com Attention: Maimonides Medical Center Ambulette PPO before-6/28/2018.

Name of Company: Email:			Contact:	
		Email:	Provider ID:	
Sec	ction 1: Proposed charge	per person per trip leg		
Plea	ase provide an all-inclusive fl	at rate/per trip leg		
Sec	ction 2: Required Informa	<u>ition</u>		
1.	•	New York State Social Serv	irements of NYS Mandatory Provider Compliar vices Law Section 363-d and 18 NYCRR Part 52	
2.	and insured as Ambulette v	ehicles (no passenger regis	Medicaid enrollees properly owned/leased, registration) and according to NYSDOH Policy as oulume 31 Number 13?Yes No	
3.	How many vehicles properl available for transporting M		and insured as Ambulette vehicles in your fleet	are
4.	Does your company curren which this group ride is beir	• •	ervices within the New York City borough(s) for No	
5.	All trips will require GPS Ge Does your company have C		submitted to MAS through an API Connection. e? Yes No	
6.	This Preferred Provider Opportunity requires 24/7/365 coverage with on time performance and a responsitime for immediate trip requests of 90 minutes or less. Can your company meet this expectation?			
	YesNo			
			Signature:	-
	Date:		Print Name:	_