



3/12/2019

To: All Taxi Transportation Providers

From: MAS on behalf of NYSDOH Bureau of Medicaid Transportation

Subject: Taxi Preferred Provider Opportunity for Crouse Hospital; 736 Irving Ave, Syracuse, NY

13210

The New York State Department of Health has analyzed data collected by MAS and is offering a Taxi Preferred Provider Opportunity (PPO) for Crouse Hospital; 736 Irving Ave, Syracuse, NY 13210.

The PPO includes non-emergency Taxi transportation for Medicaid enrollees for inbound trips, round trips and discharge trips.

One transportation provider will be selected to fulfill the responsibilities of the PPO. The transportation provider will receive a flat rate per enrollee for each trip leg the enrollee is transported. The PPO rate is inclusive of all services associated with the defined modality, according to NYS DOH Policy.

In order to be eligible for a NYS DOH Preferred Provider Opportunity, the transportation provider must have a fully operational API connection providing MAS all pertinent information fields (including but not limited to GPS information). For more information on API connections please contact your county Field Liaison.

The transportation provider must at all times comply with New York State rules & regulations. Please note the following additional operating guidelines for this Preferred Provider Opportunity;

Please complete and email the attached proposal document by the required return date.

Attached is a three-month trip sample. The data does not guarantee future trip volume.



PROPOSAL TO THE

NEW YORK STATE DEPARTMENT OF HEALTH

BUREAU OF MEDICAID TRANSPORTATION

TAXI PREFERRED PROVIDER OPPORTUNITY

CROUSE HOSPITAL; 736 Irving Ave, Syracuse, NY 13210

Please complete, sign	and return via email to: ppo@med	danswering.com.	All proposals are due by 4 PM on 4/1/2019.
Transportation Comp	oany Name	Owner/C	General Manager
Email		Provider ID _	
SECTION 1: Propose	d Charge Per Person Per Trip L	eg	
Flat rate			
SECTION 2: Required	d Information		
Do you have a Medic Yes No _	•	uired by NYS Of	fice of Medicaid Inspector General?
Does your company information fields?	have a fully operational API o	onnection that	provides information to MAS on all
Yes No _			
	by your company for transport rehicles according to NYSDOH	_	ollees properly owned/leased, registered
Yes No _			
How many vehicles p for transporting Medi		ed and Insured a	s Taxi vehicles in your fleet are available
Number of Vehicles?			



SECTION 3: Required Performance Standards.

- 1. Assigned trips may not be refused.
- 2. Assigned trips may not be reassigned
- 3. The Transportation Provider (TP) will be available 24 hours a day 7 days a week, 365 days a year.
- 4. TP must accept all trips assignments electronically via the MAS Medicaid Transportation Management System (MAS System). There will be no calls or faxes from MAS.
- 5. For all scheduled trips the TP must be on time for pick-ups & drop offs (within 15 minutes of the scheduled time).
- 6. All immediate trip requests must be picked up within 60 minutes of the MAS trip assignment.
- 7. TP leadership must attend all pre and post meetings/conference calls with DOH, MAS and Crouse Hospital.
- 8. In order to meet the high-quality expectations of the NYSDOH and Crouse Hospital., the TP will commit to honoring agreements between the two that ensure high quality results. Such agreements may Include on-time performance, dress code/company Identification, employee ID, pick up & drop off locations & protocols, quick and easy mutual access to organizational leadership to address both real-time problem solving & long-term planning.
- 9. Background, DMV and exclusion checks are required on all drivers. The documentation regarding these checks will be made available to Crouse Hospital representatives upon request.
- 10. Additional guidelines as agreed to by Crouse Hospital and the TP.

PRINT NAME	 	 	
SIGNATURE AND DATE			