



PO Box 12000 | Syracuse, NY 13218
medanswering.com

To: All Livery Transportation Providers
From: MAS on behalf of NYSDOH Bureau of Medicaid Transportation
Subject: Livery Preferred Provider Opportunity
Date: May 23, 2019

The New York State Department of Health (DOH) is pleased to offer a Livery Preferred Provider Opportunity (PPO) for clinic trips being arranged for eligible NYS Medicaid enrollees to/from three Montefiore Medical Center facilities located at 600 E 233rd St, Bronx, NY 10466, 3444 Kossuth Ave, Bronx, NY 10467, and 1250 Waters Pl, Bronx, NY 10461.

The PPO includes providing non-emergency Livery transportation for Medicaid enrollees' clinic trips.

There will be one transportation provider (TP) selected to fulfill the responsibilities associated with this PPO. The selected TP 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 in accordance with DOH Policy.

The selected TP must be an approved NYS Medicaid Transportation Provider and comply at all times with New York State's rules and regulations.

Interested TPs must complete and submit the attached proposal by the required due date.

Please note MAS reserves the right to contact the TP for clarification on questions regarding their PPO application.

A three-month trip sample is provided for your review, however, please understand this data does not guarantee future trip volume.



PO Box 12000 | Syracuse, NY 13218
medanswering.com

LIVERY PREFERRED PROVIDER OPPORTUNITY
for
MONTEFIORE MEDICAL CENTER GROUP 2
600 E 233RD ST, BRONX, NY 10466
3444 KOSSUTH AVE, BRONX, NY 10467
1250 WATERS PL, BRONX, NY 10461

PROPOSAL

All proposals must be completed, signed, scanned and emailed to: ppo@medanswering.com by 4 PM on 06/06/2019.

Transportation Company Name: _____

Owner/General Manager: _____

Email: _____ **Provider ID:** _____

SECTION 1: Proposed Flat Rate Charge Per Person/Per Trip Leg

Flat rate: _____

SECTION 2: Required Information

1. Do you have a Medicaid Compliance Program as required by NYS Office of Medicaid Inspector General?

Yes _____ No _____

2. Are all vehicles used by your company for transporting Medicaid enrollees properly owned/leased, registered and insured as Livery vehicles according to NYSDOH Policy?

Yes _____ No _____

3. How many properly owned/leased, registered and insured Medicaid Livery vehicles are in your fleet?

Number of Vehicles: _____

4. If your company is not currently providing service 24 hours/day, 7 days/week, 365 days/year, is your company able to provide 24/7/365 service for this PPO?

Yes _____ No _____



PO Box 12000 | Syracuse, NY 13218
medanswering.com

LIVERY PREFERRED PROVIDER OPPORTUNITY
for
MONTEFIORE MEDICAL CENTER
600 E 233RD ST, BRONX, NY 10466
3444 KOSSUTH AVE, BRONX, NY 10467
1250 WATERS PL, BRONX, NY 10461
PROPOSAL

SECTION 3: PPO Requirements

1. Assigned trips may not be refused.
2. Assigned trips may not be reassigned.
3. The Transportation Provider (TP) will be available 24 hours/day, 7 days/week, 365 days/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 and drop offs (within 15 minutes of the scheduled time).
6. All immediate trip requests must be picked up within 60-90 minutes of the MAS trip assignment.
7. TP leadership must attend all pre and post meetings and/or conference calls with DOH, MAS and Montefiore Medical Center.
8. In order to meet the high-quality expectations of the DOH and Montefiore Medical Center, the TP will commit to honoring agreements between these two entities to ensure exceptional results. Such agreements may include, but not be limited to, on-time performance, proper dress code, company identification, employee ID, pick up and drop off locations, adhering to protocols, quick and easy mutual access to organizational leadership in order to address real-time problem solving and long-term planning.
9. Additional guidelines as agreed to by Montefiore Medical Center and the transportation provider.

PRINT NAME (Owner/General Manager)

SIGNATURE (Owner/General Manager)

DATE