



December 10, 2020

To: All Taxi/Livery Transportation Providers
From: MAS on behalf of NYSDOH Bureau of Medicaid Transportation
Subject: Taxi/Livery Discharge Preferred Provider Opportunity

The New York State Department of Health (DOH) is pleased to offer a Taxi/Livery Preferred Provider Opportunity (PPO) for trips being arranged for eligible NYS Medicaid enrollees from Jamaica & Flushing Hospital located at 8900 Van Wyck Expy, Richmond Hills, NY 11418 & 4500 Parsons Blvd, Flushing, NY 11355.

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 with New York State's rules and regulations. Due to the current pandemic multi-loading and/or grouped rides are currently prohibited by NYS Department of Health. In addition, TP's are expected to follow all routine cleaning and sanitizing protocols listed on the DOH website. This is to ensure safe and healthful transport conditions for all NYS Medicaid enrollees.

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 the PPO application.

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

**TAXI/LIVEY DISCHARGE PREFERRED PROVIDER OPPORTUNITY
JAMAICA & FLUSHING HOSPITAL
8900 VAN WYCK EXPY, RICHMOND HILLS, NY 11418 &
4500 PARSONS BLVD, FLUSHING, NY 11355
PROPOSAL**

All proposals must be completed, signed, scanned to: ppo@medanswering.com by 4 PM on 12/24/2020

Transportation Provider Company: _____

Provider ID: _____

Owner/General Manager: _____

Email: _____

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

Flat rate (Single Load): _____

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 Taxi/Livery vehicles according to NYSDOH Policy?

Yes _____ No _____

3. How many properly owned/leased, registered and insured Medicaid Taxi/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 _____

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SECTION 3: PPO Requirements

1. Assigned trips may not be refused.
2. Assigned trips may not be reassigned.
3. TP will be available 24 hours/day, 7 days/week, 365 days/year. If Jamaica & Flushing Hospital does not operate on a 24 hour basis, TP must be available (at minimum) the length of time required to transport all enrollees to scheduled appointments ON-TIME with no exceptions.
4. TP must accept all trips assignments electronically via the MAS System Online. There will be no calls or faxes from MAS.
5. TP must have GPS tracking capabilities of drivers.
6. For all scheduled trips, the TP must be on time for pick-ups (within 15 minutes of the scheduled time).
7. All immediate trip requests must be picked up within 60 minutes of the MAS trip assignment.
8. TP leadership must attend all pre and post meetings and/or conference calls with DOH, MAS and Jamaica & Flushing Hospital.
9. In order to meet the high-quality expectations of the DOH and Jamaica & Flushing Hospital, 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, adhering to protocols, quick and easy mutual access to organizational leadership in order to address real-time problem solving and long-term planning.
10. Jamaica & Flushing Hospital will designate specific patient discharge locations and vehicle parking areas if and when applicable.
11. Jamaica & Flushing Hospital will guarantee 30 minutes or less turnaround time for TPs transporting patients out of facility.

12. Jamaica & Flushing Hospital will provide key personnel contact information by day of week and time to ensure TP knows who to report to when locating a patient or if there is a challenge or concern with transportation.
13. Additional guidelines as agreed to by Jamaica & Flushing Hospital and the TP.

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SECTION 4: PPO Implementation Timeline

1. Once posted, interested TPs have 5 business days to submit response to MAS.
2. MAS provides summary of responses, including Jamaica & Flushing Hospital feedback on providers, to NYSDOH within 3 business days of closing date.
3. NYSDOH to provide recommendations to Jamaica & Flushing Hospital within 5 business days of receiving summaries from MAS.
4. Jamaica & Flushing Hospital will make final selections within 3 business days of receiving NYSDOH recommendations (if multiple recommendations provided by NYSDOH).

Once final selections are made, PPO will be Implemented within 10 business days or less.

5. MAS will facilitate introductory meeting between Jamaica & Flushing Hospital and selected TP via conference call within 3 business days of final selections. This Initial meeting will cover introductions of all parties, review of PPO Requirements, sharing of key personnel contact information from all parties, and scheduling of facility tour (if/when applicable).
6. Jamaica & Flushing Hospital provides tour of facility (if/when applicable), highlighting key areas of pick-up, drop-off, and waiting areas for TPs. Tour to occur within 3 business days of introductory meeting.
7. PPO will be fully Implemented within 7 business days of introductory meeting; or, 4 business days of facility tour (when applicable)
8. Jamaica & Flushing Hospital, TP, and MAS will meet 7, 14, 30, 60, and 90 days post implementation, at minimum, to ensure success of program.

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SECTION 4: Additional Information

In the box below, please include any additional comments relative to the services you provide that should be considered by Jamaica & Flushing Hospital and NYSDOH during the selection process.

PRINT NAME (Owner/General Manager)

SIGNATURE (Owner/General Manager)

DATE