



February 8, 2021

To: All Ambulette Transportation Providers
From: MAS on behalf of NYSDOH Bureau of Medicaid Transportation
Subject: Ambulette Preferred Provider Opportunity

The New York State Department of Health (DOH) is pleased to offer an Ambulette Preferred Provider Opportunity (PPO) for trips being arranged for eligible NYS Medicaid enrollees to/from Health + Hospitals/Gotham Health & Post-Acute Care Ambulette Micro-Network 3. (For listing of facilities, please reference the Ambulette Micro-Network 3 PPO Trip Summary)

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.

**AMBULETTE PREFERRED PROVIDER OPPORTUNITY
HEALTH + HOSPITALS/GOTHAM HEALTH & POST ACUTE CARE
AMBULETTE MICRO-NETWORK 3
PROPOSAL**

All proposals must be completed, signed, scanned to: ppo@medanswering.com by 4 PM on 2/12/2021.

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 Ambulette vehicles according to NYSDOH Policy?

Yes _____ No _____

3. How many properly owned/leased, registered and insured Medicaid Ambulette 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 Health + Hospitals 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 & drop offs (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 Health + Hospitals
9. In order to meet the high-quality expectations of the DOH and Health + Hospitals, 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. Health + Hospitals will designate specific patient discharge locations and vehicle parking areas if and when applicable.
11. Health + Hospitals will guarantee 30 minutes or less turnaround time for TPs transporting patients out of facility.

12. Health + Hospitals 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 Health + Hospitals 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 Health + Hospitals feedback on providers, to NYSDOH within 3 business days of closing date.
3. NYSDOH to provide recommendations to Health + Hospitals within 5 business days of receiving summaries from MAS.
4. Health + Hospitals 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 Health + Hospitals 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. Health + Hospitals 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. Health + Hospitals, 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 5: Additional Information

In the box below, please include any additional comments relative to the services you provide that should be considered by Health + Hospitals and NYSDOH during the selection process.

PRINT NAME (Owner/General Manager)

SIGNATURE (Owner/General Manager)

DATE