



June 29, 2021

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

The New York State Department of Health (DOH) is pleased to offer a Stretcher Preferred Provider Opportunity (PPO) for trips being arranged for eligible NYS Medicaid enrollees to/from Erie County.

There will be one transportation provider (TP) selected to fulfill the responsibilities associated with this PPO. The selected TP will adhere to the current NYSDOH Transportation Guidance and 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, comply with New York State's rules and regulations, and be prepared to implement within 2 weeks of being selected.

Current multi-loading guidance should be adhered to and is available here: www.medanswering.com
Navigate under "COVID-19 Transportation Info" from the top banner.

TPs are expected to follow all routine cleaning and sanitizing protocols listed on the DOH website 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.

If your proposal qualifies for consideration but is not ultimately selected, you will be contacted to review your options of becoming an eligible opt out provider.

**STRETCHER PREFERRED PROVIDER OPPORTUNITY
ERIE STRETCHER IN-COUNTY TRANSPORTS-ZONE 1**

PROPOSAL

All proposals must be completed, signed, scanned to: ppo@medanswering.com by 4 PM on 7/6/2021.

Transportation Provider Company: _____

Provider ID: _____

Owner/General Manager: _____

Email: _____

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 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. Does your company have GPS tracking capabilities for all drivers? Yes _____ No _____
5. Does your company currently have an API connection with MAS? Yes _____ No _____

PRINT NAME (Owner/General Manager)

SIGNATURE (Owner/General Manager)

DATE

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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.
4. TP must have all vehicles servicing the facility clearly identified with company name.
5. TP must accept all trips assignments electronically via the MAS System Online. There will be no calls or faxes from MAS.
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 **Medical Facility Leadership Team. (MFLT)**
9. To meet the high-quality expectations of the DOH and **MFLT**, 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 to address real-time problem solving and long-term planning.
10. As necessary, each **MFLT** will designate specific patient discharge locations and vehicle parking areas if and when applicable.
11. Each **MFLT** will guarantee 30 minutes or less turnaround time for TPs transporting patients out of facility.
12. As necessary, each **MFLT** 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 **MFLT** and the TP.

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PROPOSAL

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 **MFLT** feedback on providers, to NYSDOH within 3 business days of closing date.
3. NYSDOH to provide recommendations within 5 business days of receiving summaries from MAS.
4. **MFLT** / DOH will make final selections within 3 business days of receiving NYSDOH recommendations (if multiple recommendations provided by NYSDOH).
5. Once final selections are made, PPO will be Implemented within 10 business days or less.
6. As necessary, MAS will facilitate introductory meetings between **MFLT** and selected TP via conference call. Meetings can 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).
7. **Where necessary, MFLT** 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.
8. PPO will be fully Implemented within 7 business days of introductory meeting: or, 4 business days of facility tour (when applicable).
9. **As necessary, MFLT**, TP, and MAS will meet post implementation to ensure success of program.