



July 22, 2021

**To: All Ambulette Transportation Providers**

**From: MAS on behalf of NYSDOH Bureau of Medicaid Transportation**

**Subject: Ambulette Preferred Provider Opportunity**

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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 Micro-Network 1 consisting of the following facilities; NYC Health + Hospitals/Gotham Health- Morrisania, NYC Health + Hospitals/Gotham Health- Belvis, NYC Health + Hospitals/Gotham Health- Gunhill, NYC Health + Hospitals/Gouverneur, NYC Health + Hospitals/Carter, NYC Health + Hospitals/Gotham Health-Sydenham located at 1225 Gerard Ave, Bronx, NY 10452; 545 East 142nd St, Bronx, NY 10454; 1012 East Gunhill Rd, Bronx, NY 10469, 227 Madison St, New York, NY, 10002; 1752 Park Ave, New York, NY 10035; and 264 W 118th St, New York, NY 10026.

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](http://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.

**AMBULETTE PREFERRED PROVIDER OPPORTUNITY**

**MICRO-NETWORK 1**

**1225 GERARD AVE, BRONX, NY 10452; 545 EAST 142ND ST, BRONX, NY 10454; AND  
1012 EAST GUNHILL RD, BRONX, NY 10469; 227 MADISON ST, NEW YORK, NY, 10002; 1752 PARK AVE, NEW  
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**PROPOSAL**

*All proposals must be completed, signed, scanned to: [ppo@medanswering.com](mailto:ppo@medanswering.com) by 4 PM on  
**07/30/2021***

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. This arrangement requires daily availability between the hours of 4am to midnight. If your company is **not** currently providing service 365 days/year, **will** your company able to provide 4am to midnight for 365 days a year service for this PPO? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Does your company have GPS tracking capabilities for all drivers? Yes \_\_\_\_\_ No \_\_\_\_\_
6. 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 between 4am- midnight, 365 day a year. TP must be available (at minimum) the length of time required to transport all enrollees to scheduled appointments ON-TIME no exceptions.
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 Micro-Network 1.
9. To meet the high-quality expectations of the DOH and the facilities within Micro-Network 1, 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. The facilities within Micro-Network 1 will designate specific patient discharge locations and vehicle parking areas if and when applicable.
11. The facilities within Micro-Network 1 will guarantee 30 minutes or less turnaround time for TPs transporting patients out of facility.
12. The facilities within Micro-Network 1 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 the facilities within Micro-Network 1 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 the facilities within Micro-Network 1 feedback on providers, to NYSDOH within 3 business days of closing date.
3. NYSDOH to provide recommendations to the facilities within Micro-Network 1 within 5 business days of receiving summaries from MAS.
4. The facilities within Micro-Network 1 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. MAS will facilitate introductory meeting between the facilities within Micro-Network 1 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).
7. The facilities within Micro-Network 1 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. The facilities within Micro-Network 1, TP, and MAS will meet 7, 14, 30, 60, and 90 days post implementation, at minimum, to ensure success of program.