

**NEW YORK**  
*state department of*  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

February 24, 2012

Dear Medicaid Transportation Vendor:

As you know, on March 1, the processes regarding Medicaid transportation in Broome County will change and you will receive trip assignments and prior authorizations from Medical Answering Services (MAS). MAS has contracted with the New York State Department of Health for the provision of transportation management in several counties.

We are aware of your current processes wherein you provide the trip based on an assignment by Broome County Department of Social Services (DSS), then submit verification to DSS after the trip occurs. Once received, DSS generates a prior authorization necessary for you to submit a claim to the Medicaid program.

Throughout February 2012, DSS will have continued to assign trips to you. However, as of March 1, DSS will no longer be able to generate a prior authorization. The purpose of this letter is to provide instructions to you on outstanding trips for which you have not received a prior authorization as of March 1.

**Trips with Dates of Service in February 2012 Assigned by DSS**

Throughout February 2012, DSS will schedule enrollee's trips pursuant to their current methodology and responsibility. We will honor these trips and expect them to be performed. **By March 15, 2012, the transportation vendor must send documentation to MAS regarding any trip assigned to them by DSS.**

In Microsoft Excel format or hard copy, please submit the trip information you received from DSS confirming trip assignment to Wayne Freeman of MAS via either of the methods listed below:

Email: [Wfreeman@medanswering.com](mailto:Wfreeman@medanswering.com)

Fax: (315) 299-2786.

Minimally, MAS will require the following information:

- Patient's Name, Medicaid identification number (CIN), and pickup address;
- Destination address and name of facility where applicable;
- Ordering medical provider name and identification number if known;
- Date/s of service; and
- Procedure code/s and units.

MAS will add the received trip information to their system subjecting the trip to the requirements of the MAS system as approved by DOH.

***MAS will not accept such information after March 15, 2012.*** If you cannot meet the prescribed deadline, please contact Heidi Seney, of my staff, via email to [HLS03@health.state.ny.us](mailto:HLS03@health.state.ny.us) and explain the reasons the deadline is not acceptable for your company.

**Trips with Dates of Service in from Prior to February 2012 Assigned by DSS**

There may be some trips for which you have not yet submitted your documentation to DSS as required for them to generate a prior authorization. **By March 15, 2012, the transportation vendor must send documentation to DOH regarding any trip assigned to them by DSS.**

In Microsoft Excel format or hard copy, please submit the trip information you received from DSS confirming trip assignment to Heidi Seney, of my staff, via either of the methods listed below:

Email: [HLS03@health.state.ny.us](mailto:HLS03@health.state.ny.us)

Fax: (518) 486-2495.

Minimally, DOH will require the following information:

- Patient's Name, Medicaid identification number (CIN), and pickup address;
- Destination address and name of facility where applicable;
- Ordering medical provider name and identification number if known;
- Date/s of service; and
- Procedure code/s and units.

DOH will review the information and if approved, will instruct MAS to add the received trip information to their system subjecting the trip to the requirements of the MAS system as approved by DOH.

***DOH will not accept such information after March 15, 2012.*** If you cannot meet the prescribed deadline, please contact Ms. Seney via email to the address above explaining the reasons the deadline is not acceptable for your company.

**Follow-up Questions**

If you have any follow-up questions about this transition, please contact Ms. Seney via email to the address above or telephone at (518) 473-2160. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy Perry-Coon".

Timothy Perry-Coon, Director  
Medicaid Transportation Policy Unit  
Office of Health Insurance Programs