NEW YORK
state department of
HEALTH

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

Sue Kelly
Executive Deputy Commissioner

October 1, 2013

Dear Medicaid Transportation Vendor:

In 2011 and 2012, the Department implemented the Hudson Valley Transportation Management Initiative through a contract with Medical Answering Services (MAS), LLC. MAS' contractual obligations include:

- utilizing a 24/7 call center to provide access for urgent medical care and hospital discharges;
- verifying Medicaid eligibility (at the time of the request);
- assessing medical necessity of transportation modality;
- dispatching trips to transportation vendors;
- generating service prior authorizations via eMedNY;
- conducting quality assurance reviews of transportation vendors and call center activity; and
- designating field staff to garner specific knowledge of each county.

The Department has created a transportation vendor survey that will help improve the Transportation Management program. I request that you complete the enclosed survey, which is specific to your company's interaction with MAS. Please submit your completed survey to this office no later than October 18, 2013 to the attention of Heidi Seney, Project Manager, via email to MedTrans@health.ny.gov or fax to (518) 486-2495.

Thank you for your ongoing cooperation with the Medicaid program and for your helpful feedback.

Sincerely,

Heidi Seney, Project Manager
Medicaid Transportation Policy Unit
Office of Health Insurance Programs

New York State Department of Health
Non-Emergency Transportation Vendor Survey
Hudson Valley Transportation Management Initiative

Directions: **By October 18, 2013**, please complete this form by answering the questions below. This form is specific to your company. Once complete, please submit to Heidi Seney, Project Manager, via email to MedTrans@health.ny.gov or fax to (518) 486-2495.

Vendor Name	
Medicaid Identification Number	
Contact Name	
Contact Telephone	
Contact Email Address	

1. Are you satisfied with the work of the Department's Transportation Manager, Medical Answering Services? In the space below, please provide any feedback you deem necessary.

If you have any questions regarding completion of this survey, please contact Heidi Seney, Project Manager, at (518) 473-2160 or via email to MedTrans@health.ny.gov.

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2. Which county or counties do you primarily serve? (Check all that apply.)

- ☐ Albany
- ☐ Broome
- ☐ Cayuga
- ☐ Columbia
- ☐ Delaware
- ☐ Dutchess
- ☐ Essex
- ☐ Fulton
- ☐ Greene
- ☐ Montgomery
- ☐ NYS Office of Mental Health
- ☐ NYS Office for Persons w/ Dev. Disabilities
- ☐ Oneida
- ☐ Onondaga
- ☐ Orange
- ☐ Putnam
- ☐ Rensselaer
- ☐ Rockland
- ☐ Saratoga
- ☐ Schenectady
- ☐ Schoharie
- ☐ Sullivan
- ☐ Ulster
- ☐ Warren
- ☐ Washington
- ☐ Westchester

3. Who is your primary contact at Medical Answering Services? (Please indicate in the space below.)

4. Is this contact person responsive to your inquiries? (Please indicate in the space below.)

If you have any questions regarding completion of this survey, please contact Heidi Seney, Project Manager, at (518) 473-2160 or via email to MedTrans@health.ny.gov.

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5. **Generally, what is the purpose of your contact with Medical Answering Services? (For example: policy questions, system questions, complaint resolution, etc.)**

6. **How can the Medical Answering Services web-based system be improved to better meet your needs?**

7. **In the space below, please provide any additional feedback you deem necessary concerning the work of Medical Answering Services.**

If you have any questions regarding completion of this survey, please contact Heidi Seney, Project Manager, at (518) 473-2160 or via email to MedTrans@health.ny.gov.