



To: All Ambulette Level Transportation Providers
From: Michael Collins
Subject: Transportation Opportunity; Cohen Children's Medical Center
269-01 76th Ave, New Hyde Park, NY 11040
(The NYSDOH considers this location to be located in Queens, NY)

Date: December 7, 2017

The Department of Health (DOH) has analyzed data collected by Medical Answering Services (MAS) and identified non-emergency Medicaid transportation trips from Cohen Children's Medical Center, which consists of one-way trips from Cohen Children's Medical Center at the Ambulette (Ambulatory & Wheelchair) Mode of Service.

Please note it is anticipated that the service identified and described below will be done by one transportation provider. In addition, when considering pricing, please base your pricing on all rides from Cohen Children's Medical Center at the Ambulette (Ambulance & Wheelchair) Mode of Service. The flat rate pricing submitted will be paid for each person transported even when multiple enrollees are transported in the same vehicle.

Identified Trips

A listing of trips **authorized by MAS originating at Cohen Children's Medical Center going to the enrollee's residence for the months of August 2017 through November 2017** follows. The trip list of sample trips is sorted by date, time and mode of service to show the individual trip assignments that fit these criteria.

*The trip listing is based on actual trips for a four-month period and is to be used as an estimate for potential bidders. The trip list does not guarantee actual future trip volume.

Type of Service

The services provided will be for individuals with single trips from Cohen Children's Medical Center to the enrollees' residence. The transportation provider selected will agree to provide Ambulette (Ambulatory & Wheelchair) discharge services to all enrollees needing transportation as described. All requests for Ambulette (Ambulatory & Wheelchair) Mode of Service discharges to enrollees' residence from Cohen Children's Medical Center must be honored with enrollee pickup at Cohen Children's Medical Center no more than 90 minutes from when the request is made by Medical Answering Services. Please note, if requests for this described service are not honored or if pickup times exceed 90 minutes from when the request was made by MAS, the transportation provider's preferred status could be reevaluated. Employees of transportation providers will present themselves in a company uniform as well as have identification readily visible.



Applicant Information

**Cohen Children's Medical Center
Discharge trips to Enrollee's residence**

If you are interested in providing transportation for Medicaid enrollees pursuant to the information above (**Cohen Children's Medical Center**), based upon the trip list attached, please complete the information below and return this form to Michael Collins via fax to (315) 558-6759 or by email to mcollins@medanswering.com by 5:00 p.m. on Friday, December 15, 2017. If you have any questions please call Michael Collins, 315-299-2732.

Name of Company: _____ Contact: _____

Telephone Number: _____ Email: _____ Provider ID: _____

Proposed charge per person per trip leg

Please provide an **all-inclusive flat rate**. Please note, transportation vendors will be paid the full charge for each enrollee trip leg regardless of multiple passengers. _____

Do you have a Compliance Plan that meets the requirements of NYS Mandatory Provider Compliance Program (SSL) Certification New York State Social Services Law Section 363-d and 18 NYCRR Part 521 Certification? _____ Yes
_____ No

Are all vehicles used by your business for transporting Medicaid enrollees properly owned/leased, registered and insured as taxi/livery vehicles (no passenger registration) and according to NYSDOH Policy as outlined in the NYSDOH Medicaid Update, December 2015 Volume 31 Number 13? _____ Yes _____ No

How many vehicles properly owned/leased, registered and insured as Ambulette vehicles in your fleet are available for transporting Medicaid enrollees? _____

Does your company currently provide transportation services within the New York City borough(s) for which this group ride is being requested? _____ Yes _____ No

Availability Hours**						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Date: _____

Signature

Print Name

** Please note, this proposal requires 24/7/365 coverage.



Transportation Vendor Statement of Quality & Reliability

Please describe how you will deliver exceptional quality transportation service to Medicaid enrollees. If you are aware of current trip concerns voluntarily filed with Medical Answering Services against your company, please explain how you intend to improve customer service.

Service Date	Pickup Time	Appt Time	Pickup Street	Destination	Total Trips Legs	Total Trip Mileage
8/1/2017	2000	2100	26901 76th Ave Queens 11040	Dwight St Brooklyn 11231	1	20.7
8/9/2017	1445	1545	26901 76th Ave Queens 11040	99th St Queens Village 11429	1	2.6
8/9/2017	1445	Call	26901 76th Ave Queens 11040	99th Ave Queens Village 11429	1	4.3
8/28/2017	1400	Call	26901 76th Ave Queens 11040	Stanley Ave Brooklyn 11207	1	15
10/18/2017	1830	1830	26901 76th Ave Queens 11040	Halsey St Brooklyn 11233	1	13.6
11/16/2017	2120	2220	26901 76th Ave Queens 11040	Drew St Brooklyn 11208	1	13.8
11/25/2017	1400	1500	26901 76th Ave Queens 11040	Tilden Ave Brooklyn 11226	1	20.8