

**New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965**

**AMENDMENT #2
June 28, 2019**

The following are official modifications, which are hereby incorporated into the New York State Department of Health, Office of Health Insurance Programs, Medicaid Transportation Management, Long Island Region and Western NY Region Request for Proposals (RFP) #17965, issued May 23, 2019. The information contained in this amendment prevails over the original RFP language. For all amendments below, deleted language appears in strikethrough (“~~xxx~~”) and added language appears in underline (“xxx”).

1. Section 4.1.4 Processing Requests for Medical Transportation

Determining Appropriateness of Mode of Transport

The contractor will determine the appropriate mode of transportation according to the enrollee's needs, level of mobility, and location of their medical service provider. Based on that determination, the contractor will arrange the most appropriate transportation provider capable of meeting those needs at the lowest cost and highest quality.

The contractor will ensure the enrollee uses the most cost-effective mode of transportation available that is medically appropriate based on the enrollee's level of mobility and the location of the enrollee's medical service provider. If the most cost effective and medically appropriate level of transportation is not available, the requested trip will be scheduled at the next higher mode of transportation.

The contractor will utilize the services of enrolled providers whenever possible. In circumstances where an enrolled provider is unavailable, and an unenrolled provider must be used, the Department requires the contractor to obtain three (3) quotes on the service needed. If the contractor is unable to obtain three (3) quotes, the contractor must document the attempts made. In all instances, the contractor must arrange transportation at the lowest cost, most medically appropriate level of service.

An appropriate vendor may be a friend or neighbor, common carrier (public transit), livery service, ambulette, stretcher van, or non-emergency ambulance. Transportation will be assigned giving appropriate and reasonable consideration to the transportation needs of the enrollee. The contractor shall first require enrollees to use public transit when accessible and appropriate for the enrollee.

**New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965**

**AMENDMENT #2
June 28, 2019**

2. Section 4.1.4 Processing Requests for Medical Transportation

Medical Justification Review Verification of Medicaid Transportation Abilities (Form-2015)

Non-emergency medical transportation must be utilized at the lowest cost, most medically appropriate mode available. The utilization of non-emergency ambulance, ambulette, or livery service (where public transit is an available option) is a medical decision and requires the justification and recommendation of a medical practitioner. The contractor must obtain documentation from a medical practitioner to support and justify prior authorization before these modes of transportation can be utilized. The process of obtaining the medical justification will include the use of a medical justification form (Form-2015) created and approved by the DOH (Attachment K).

The Form-2015 is available upon request from the contractor or can be downloaded from the contractor's website. The contractor will be required to comply with the most up to date policy and procedure regarding verification of Medicaid transportation abilities as directed by the DOH. The signature of a certified medical practitioner eligible to request transportation services must be included on the Form-2015 or a Multi Factor Authentication must be used for online submissions. Upon receipt of the completed Form-2015 the information shall be reviewed by the utilization review team. A final review of the Form-2015 must be completed by the utilization review manager who shall be a Registered Nurse (RN) or Medical Doctor (MD) on the contractor's staff. This final review will determine the appropriateness of the medical justification supporting the request for a higher mode of transportation. The review of the Form-2015 may include, but not be limited to, contacting the medical practitioner for any clarification needed prior to approving the request for prior authorizing the non-emergency transportation request. Based on the Medicaid program criteria, the request will either be approved or denied by the contractor. When the verification of Medicaid transportation abilities documentation is denied, the transportation manager will be responsible for notifying both the medical practitioner of the denial as well as the enrollee in a method determined by the Department.

The verification of Medicaid transportation abilities documentation shall be uploaded, as applicable, to the contractor's repository system in its entirety, making it easily retrievable by the contractor upon request in a format determined by the DOH which may be subject to change throughout the term of the contract. The contractor shall seek new verification of Medicaid transportation abilities documentation for an enrollee any time there is a change in an enrollee's health status that necessitates a change to their mode of transport or, at a minimum, will be reviewed on a timeframe determined by the DOH.

Historic volumes of medical justifications received in the Long Island Region and Western NY Region are outlined in Attachment H, Table 9a and 9b.

Letter of Medical Necessity

The process for authorizing an enrollee representative requires an enrollee's physician to submit a Letter of Medical Necessity indicating why an enrollee will require a medical escort prior to authorizing a trip request.

**New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965**

**AMENDMENT #2
June 28, 2019**

3. ATTACHMENT H, Tables 4a, 4b, 5a, and 5b have been amended to the following figures:

Table 4 a: Trip Counts by Transport Type per Month during 2016 and 2017 in the Long Island Region

Long Island Region: Trip Counts by Transport Type per Month during 2016									
Month	Air Ambulance	Advanced Life Support	Basic Life Support	Ambulette/ Ambulatory	Ambulette/ Wheelchair	Public Transit	Mileage Reimbursement	Livery	Stretcher Van
January	0	161	762	7,793	13,572	2,673	1,477	92,102	0
February	0	159	737	7,707	13,759	3,413	1,636	95,903	0
March	4	162	719	8,833	15,085	3,690	1,878	110,500	2
April	0	130	676	8,577	14,374	3,317	2,012	100,340	2
May	0	149	669	8,609	14,101	3,812	1,871	91,123	0
June	0	156	656	8,782	14,086	4,597	1,939	91,663	0
July	0	123	620	8,555	12,938	3,744	1,887	80,391	0
August	0	139	767	9,435	14,101	4,678	2,543	87,914	0
September	0	114	677	9,271	13,430	5,132	2,486	79,915	0
October	0	107	670	9,158	13,217	5,344	2,504	81,060	0
November	0	122	631	9,095	12,955	5,647	2,446	79,642	0
December	0	120	665	9,661	13,024	6,173	2,430	78,766	0
Totals	<u>4</u>	<u>1,642</u>	<u>8,249</u>	<u>105,476</u>	<u>164,642</u>	<u>52,220</u>	<u>25,109</u>	<u>1,069,319</u>	<u>4</u>

**New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965**

**AMENDMENT #2
June 28, 2019**

Table 4 a: Trip Counts by Transport Type per Month during 2016 and 2017 in the Long Island Region – CONT'D

Long Island Region: Trip Counts by Transport Type per Month during 2017									
Month	Air Ambulance	Advanced Life Support	Basic Life Support	Ambulette/ Ambulatory	Ambulette/ Wheelchair	Public Transit	Mileage Reimbursement	Livery	Stretcher Van
January	0	142	642	9,351	12,773	6,296	2,363	79,558	2
February	0	158	591	8,461	11,162	6,833	2,462	71,693	0
March	0	140	727	10,099	13,110	7,468	3,128	86,739	0
April	2	116	669	9,353	12,170	6,784	2,780	80,614	0
May	0	178	711	10,471	13,241	7,817	3,127	92,455	0
June	3	158	672	10,461	12,938	7,562	3,115	99,930	28
July	5	165	693	9,864	11,670	6,662	2,890	91,663	2
August	5	150	732	10,956	13,209	7,286	3,315	103,200	13
September	8	128	617	10,144	11,924	6,393	2,894	88,944	2
October	5	146	696	10,672	12,490	6,894	2,958	94,026	6
November	4	139	649	10,206	11,541	6,402	2,678	88,665	9
December	4	121	607	9,939	11,344	6,453	2,644	82,622	0
Totals	36	1,741	8,006	119,977	147,572	82,850	34,354	1,060,109	62

**New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965**

**AMENDMENT #2
June 28, 2019**

Table 4 b: Trip Counts by Transport Type per Month during 2016 and 2017 in the Western Region

Western Region: Trip Counts by Transport Type per Month during 2016									
Month	Air Ambulance	Advanced Life Support	Basic Life Support	Ambulette/ Ambulatory	Ambulette/ Wheelchair	Public Transit	Mileage Reimbursement	Livery	Stretcher Van
January	3	28	259	497	71	64,836	6,040	79,880	9,057
February	2	38	207	410	76	79,965	5,202	80,546	8,687
March	0	45	209	391	77	86,370	5,959	86,778	9,277
April	0	48	141	361	52	83,658	5,553	79,857	8,755
May	2	65	175	311	25	91,015	5,722	85,113	8,896
June	2	54	162	313	33	97,703	5,974	82,164	8,582
July	1	53	136	330	22	81,032	5,335	75,025	7,735
August	1	32	156	624	31	94,130	5,530	86,397	8,628
September	0	39	185	617	36	93,339	4,962	84,638	7,850
October	1	46	164	578	99	96,575	5,185	87,898	8,120
November	3	54	169	525	112	100,725	5,138	89,747	8,160
December	2	52	193	552	103	103,968	5,049	90,703	7,986
Totals	17	554	2,156	5,509	737	1,073,316	65,649	1,008,746	101,733

**New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965**

**AMENDMENT #2
June 28, 2019**

Table 4 b: Trip Counts by Transport Type per Month during 2016 and 2017 in the Western Region – CONT'D

Western Region: Trip Counts by Transport Type per Month during 2017									
Month	Air Ambulance	Advanced Life Support	Basic Life Support	Ambulette/ Ambulatory	Ambulette/ Wheelchair	Public Transit	Mileage Reimbursement	Livery	Stretcher Van
January	4	60	136	602	83	88,388	4,930	94,726	8,255
February	1	52	171	545	72	91,759	4,393	96,460	7,653
March	1	38	183	553	74	106,928	5,385	108,738	8,361
April	2	60	195	519	18	99,103	4,839	98,310	7,569
May	0	54	163	637	30	117,212	5,453	108,699	8,318
June	1	56	201	637	10	118,478	5,711	107,477	8,455
July	5	59	182	533	10	86,668	4,420	102,323	7,715
August	8	76	173	582	14	105,982	4,839	123,900	8,488
September	3	51	162	642	11	101,711	4,816	119,010	7,486
October	6	52 51	139	648	12	112,297	5,276	131,636	7,978
November	7	45 44	172	594	12	115,583	5,787	128,173	7,571
December	1	49	167	588	19	116,650	4,874	128,509	6,807
Totals	39	650	2,044	7,080	365	1,260,759	60,723	1,347,961	94,656

New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965

AMENDMENT #2
June 28, 2019

Table 5 a: One Way Trips by Level of Service in the Long Island Region During 2016 and 2017

Long Island Region		
One Way Only Trips by Level of Service during 2016 and 2017		
Level of Service	2016	2017
Advanced Life Support	414 <u>1,642</u>	465 <u>1,741</u>
Livery	16109 <u>1,069,319</u>	17,818 <u>1,060,109</u>
Mileage Reimbursement	347 <u>25,109</u>	228 <u>34,354</u>
Ambulette/Ambulatory	952 <u>105,476</u>	1,546 <u>119,977</u>
Basic Life Support	3,303 <u>8,249</u>	3,502 <u>8,006</u>
Air Ambulance	6 <u>4</u>	40 <u>36</u>
Public Transit	123 <u>52,220</u>	83 <u>82,850</u>
Stretcher Van	4	7 <u>62</u>
Ambulette/Wheelchair	5,324 <u>164,642</u>	5,635 <u>147,572</u>
Total Trips	26,582 <u>1,426,665</u>	29,342 <u>1,454,707</u>

New York State Department of Health
Office of Health Insurance Programs
Medicaid Transportation Management
Long Island Region and Western NY Region
RFP #17965

AMENDMENT #2
June 28, 2019

Table 5 b: One Way Trips by Level of Service in the Western Region During 2016 and 2017

Western Region		
One Way Only Trips by Level of Service during 2016 and 2017		
Level of Service	2016	2017
Advanced Life Support	444 554	552 650
Basic Life Support	4,538 2,156	4,297 2,044
Livery	65,315 1,008,746	71,043 1,347,961
Mileage Reimbursement	795 65,649	694 60,723
Ambulette/Ambulatory	274 5,509	529 7,080
Air Ambulance	17	21 39
Public Transit (Bus)	8,177 1,073,316	9,100 1,260,759
Stretcher Van	6,347 101,733	6,530 94,656
Ambulette/Wheelchair	21 737	17 365
Total Trips	82,928 2,258,417	89,783 2,774,277

All other terms and conditions remain the same.