

**Medicaid Transportation Management Initiative – Hudson Valley  
Funding Availability Solicitation (FAS)**

**Response to Written Questions**

**FAU #1011051156**

**GENERAL QUESTIONS:**

- 1. What time are the proposals due on January 7<sup>th</sup>?**

No later than 3:00 PM Eastern Time.

- 2. Is the amount of funding for this solicitation available?**

The funding amount for the solicitation is not available. Cost proposals should reflect the ability of the bidder to implement the transportation management initiative.

- 3. On page 22, Section D.4 states that the Technical Proposal should meet the following requirements, “Clearly number pages of the proposal, with each section of the proposal separately numbered and identified in the Table of Contents.” Does this mean the entire proposal should be consecutively numbered or each section should start back at page 1?**

The intent of this instruction is to help the Department identify pertinent and important parts of the proposal. A bidder can choose to number the entire proposal consecutively, renumber at the beginning of each section, or some other numbering system which meets the reasonable intent of this instruction.

- 4. FAS, Section D: Proposal Requirements, D.4.4 Performance Criteria and D.4.6. Organizational Support and Experience. May the Respondent's proposal within the requested page limits be double-sided?**

The proposal can be single-sided or double-sided, as long as each side containing text is numbered.

- 5. Please indicate the approximate date of award announcement of FAS New York State Medicaid Transportation Management Initiative - Hudson Valley? Can you provide a minimum/maximum number of days you will give the successful bidder between the announcement of the award and the contract start-up date?**

While the Department expects to expeditiously review submissions and make an award, the Department has no approximate date at this time to announce an award, nor does the Department have any number of days between announcement and contract start-up.

- 6. FAS, Section E: Submission of Proposals, E.7. page 36: Will New York State Department of Health consider a start date of sixty (60) days from date of contract's signing as opposed to anticipated date of April 1, 2010?**

No. The FAS reference in the question refers to the anticipated start date of March 1, 2011. After award, the Department will work with the winning vendor to establish a start date for the contract.

- 7. Can we place materials and plans referenced in the solicitation response in an appendix section or as an attachment? Can the bidder include attachments in the proposal and if so are they outside of the page count limitations? For example, a Microsoft Project Work Plan?**

Yes. The bidder can include clearly referenced attachments or appendices to the proposal, which will be outside the page count limitations.

- 8. Can the letters of commitment from the transportation providers be included in an appendix as they will take up all the available page count for the section?**

The solicitation requires no letters of commitment from any transportation provider.

- 9. For the references, do you want actual letters of reference or just the names and contact information? If you want the actual references letters, can they be placed in an appendix so as not to count against the page count?**

For references, the Department seeks only the name, title, postal and email address, and telephone number of the reference contact person. Letters of reference should not be submitted.

- 10. We are asked to list all of our current governmental contracts with associated contact information. This list is extensive. Can we list them in an appendix so that listing doesn't go against our page count?**

The list of current government contracts, with the name, title, postal and email address, and telephone number of the government contact person can be placed in an appendix, and will not be charged against the page number limit.

- 11. As part of a publicly traded company we will be providing audited and unaudited financial statements for three years and a narrative crosswalk to explain to fulfill this requirement. All of this can be provided in a binder or electronically on a CD. Is it acceptable to provide this information on the "Company's Financial Capacity and Stability" on a CD as it will fill a binder all by itself?**

Unaudited financial statements are only required when audited statements are not available. Information on the "Company's Financial Capacity and Stability" should be submitted with the required number of copies as outlined in the FAS.

**12. Please clarify if additional questions are allowed after the written question deadline on December 3rd?**

No further questions regarding this solicitation will be answered after the December 3<sup>rd</sup> deadline prescribed by the FAS.

**13. Page 27, Section D.4.6.a: Is the annual financial report excluded from the page count?**

Section D.4.6.a states, "Provide the following information for the respondent's organization: A brief history and description of your organization. Provide an organization chart. Provide a copy of your organization's most recent annual financial report." The bidder's annual financial report is excluded from the page count.

**14. Where in the proposal should the bidder address the requirement of Section C – which contains 10 pages of detailed requirements? With a 30 page limit to the technical response (Section D.4.4.), thorough coverage of these requirements is not possible. Would the Department consider increasing the page limits of this section to 50? Items a – x are asking for descriptions of process and this will be difficult to describe in a 30 page limit.**

No. The Department believes the information required in the Technical Proposal (Section D.4.4.) can be conveyed in a 30 page limit.

**15. Clarify the statement on page 5 of the above solicitation documentation, where the statement is made that "one or more" contractors will be selected as a result of the solicitation. Specifically, is the Department of Health willing to entertain a proposal for less than the thirteen possible participating counties? If awarded to more than one bidder, how will the regions be split?**

Yes, we are willing to entertain a proposal for a contractor to manage less than all the participating counties. The FAS was written to allow the State to contract with multiple contractors so that the Department could optimize the managerial strengths of respondent contractors regarding specific regional transportation considerations. Further, the FAS language reflects the new statutory authority given the Commissioner of Health in the 2010-11 State Budget to "contract with a transportation manager or managers to manage transportation in any social services district."

At this time, the Department has not decided to split this region of participating counties among more than one contractor, and has not determined how such a split will be made.

**16. Attachment L: Is this form required to be submitted with the bid, or after the award of the contract, as stated on page 36?**

Attachment L, State Consulting Form A, will be submitted after award by the winning vendor, as stated on page 36.

**17. Page 103, M/WBE Staffing Plan: Is this required to be submitted with the bid, or after contract award?**

The M/WBE Staffing Plan would be submitted after contract award.

**18. With bidders not knowing the outcome of the award, can the M/WBE staffing plan be filled in as “To be determined” with the acknowledgement we understand and will comply with the requirement? Bidders will not know the counties they will be serving nor will they know the exact need for staff until an award is made,**

The M/WBE Staffing Plan would be submitted after contract award.

**19. Where in the proposal should the bidder place the MBE/WBE forms?**

As stated on page 29 of the FAS, the M/WBE forms should be included in the Cost Proposal.

**20. On Page 95. How would the Transportation Manager meet the M/WBE requirements as required in this RFP when we do not directly pay or contract with transportation providers?**

The Utilization Plan submitted by the bidders should represent a good-faith effort by the bidder to propose to use M/WBE firms, at the goal of 5% and 5% for this bid. The use of M/WBE firms would include any subcontracting done by the bidder for this program, including those firms used for office supplies, equipment, etc.

**21. Attachment J: Is there a web page where M/WBE’s are listed or an office we can contact?**

The New York State Empire State Development Office maintains a directory of New York State certified MBE’s and WBE’s. To search the directory, use the following website: <http://www.nylovesmwbe.ny.gov/cf/search.cfm>.

**22. There is a section on page 122 which asks us to describe our “millennium” transition plan and how we will handle changes from 1999 to 2000. Is this a requirement for this 2010 FAS submission?**

The millennium transition plan is not required to be submitted as part of this solicitation.

**TECHNICAL QUESTIONS:**

**23. The possible participating counties listed in the FAS are not contiguous. How were the thirteen possible participating counties selected?**

In December 2009 the commissioners of six county local social services districts in the Hudson Valley (Orange, Albany, Green, Columbia, Rockland, and Ulster counties) proposed a “Regional Managed Medicaid Transportation Services Initiative” to demonstrate that cost savings and improved service quality could be achieved by selecting a transportation manager to deliver services across the region. When the 2010-11 State Budget provided the Commissioner of Health with the authority to contract for county transportation management services, the county social services commissioners agreed that the success of their proposal would be enhanced if the Department of Health procured the management contract. The Department agreed to begin by offering procurement for a transportation management contractor that was built on the six-county initiative. The Department then surveyed counties in the general Hudson Valley area regarding their interest in participating in a State-procured regional transportation management system. The thirteen possible participating counties have indicated an interest in participating, and are within generally shared common medical marketing areas. The Department is also actively considering offering future transportation management solicitations in New York City, Long Island, Western, Central and Northern regions based on common medical marketing areas.

**24. The following questions pertain to the chart on page 29 of the Funding Availability Solicitation detailing the number of Medicaid enrollees eligible for fee-for-service transportation in each of the expected participating counties- and related information:**

**a. Is the count of “Unduplicated Medicaid Enrollees Eligible for Fee-for-Service Transportation” and “Non-emergency One Way Trips” the same for both Orange and Montgomery Counties? Second, the count for Ulster County is high. Also, the number of one-way trips for Greene and Columbia counties as compared to unduplicated enrollees is higher than the norm. Can you confirm that the number of trips for each of these counties is correctly stated?**

The count of “Unduplicated Medicaid Enrollees Eligible for Fee-for-Service Transportation” for Montgomery and Ulster counties is incorrect.

The count for “Non-Emergency One-Way Trips” for Columbia, Greene, and Montgomery counties is incorrect.

See the chart below for the correct figures. Revised figures are italicized.

**b. For the counties of Greene, Montgomery, Sullivan, Ulster and Washington, the number of “Medicaid Enrollees Eligible for Fee-for-Service Transportation” is the same as the number of “Medicaid Enrollees.” For these counties are all Medicaid enrollees eligible for transportation?**

The count of “Medicaid Enrollees” and the count of “Medicaid Enrollees Eligible for Fee-for-Service Transportation” is accurate. For those counties where the count differs, one or more managed care organizations (MCO) in that county are responsible for the transportation authorization and costs of the plan’s Medicaid members. For those counties where the count is the same, the MCO in that county are not responsible for the transportation authorization and costs of the plans’ Medicaid members, and will be the responsibility of the transportation manager.

County	Medicaid Enrollees (4/2010)	Medicaid Enrollees Eligible for Fee-for-Service Transportation (4/2010)	Unduplicated Medicaid Enrollees Using Fee-for-Service Transportation (2009)	Non-Emergency One-Way Trips (2009)
ALBANY	47,452	40,049	6,167	160,425
COLUMBIA	9,027	7,614	1,392	<b>20,813</b>
FULTON	14,525	9,061	1,423	22,508
GREENE	8,873	8,873	1,212	<b>20,332</b>
MONTGOMERY	14,129	14,129	<b>1,724</b>	<b>17,621</b>
ORANGE	79,216	65,868	9,262	222,579
PUTNAM	5,144	3,127	1,145	41,931
ROCKLAND	81,745	53,775	2,285	114,890
SULLIVAN	17,469	17,469	4,548	85,209
ULSTER	27,615	27,615	<b>2,619</b>	13,004
WARREN	9,746	8,166	924	1,952
WASHINGTON	10,787	10,787	1,080	5,563
WESTCHESTER	131,852	66,588	11,682	389,607
<b>TOTAL</b>	<b>457,580</b>	<b>333,121</b>	<b>N / A</b>	<b>1,116,434</b>

**25. The utilization percentages (one-way trips divided by member months) appear to vary materially from county to county. Is this correct? If so, could you please explain why there might be these large differences.**

There may be several reasons as to why a calculation of the percentage of one-way trips divided by member months may differ. For example,

- Not all transportation is reimbursed through eMedNY; therefore some utilization may not be reflected in this table;

- The Medicaid enrollees in a certain county who are not covered under a managed care organization (which authorizes and reimburses the transportation costs of its members) may have higher transportation utilization needs than those covered by the managed care organization; and,
- A rural county may make greater use of personal vehicle transportation than an urban county; personal vehicle utilization is not reflected in this table.

**26. On page 71, Attachment E. – Medicaid Users and Trip Data.**

**a. The total of the one-way trips column is low. Is this data correct?**

The tables in Attachment E have been revised based upon the response to Question #4. The corrected tables are included as Exhibit #1, with revisions italicized.

**b. Do the one-way trips reported on this chart include trips by transportation providers who are not enrolled in the Medicaid Program and are reimbursed by the counties directly?**

The one-way trips reflect a count of only those trips reimbursed through eMedNY. The Department does not have data on the number of one way trips reimbursed to transportation providers by the county.

**c. FAS, Attachment E, Medicaid Users and Trips Data table on page 71, please provide data on how many additional trips are provided by Public Transportation and mileage reimbursement for each identified County.**

The Department does not have any data on the number of trips provided by public transportation or personal vehicle.

**d. Please verify the data provided in table "Unduplicated Users of Fee-for-Service Transportation" on page 71, specifically data for Ulster County for the years 2007 and 2008.**

Prior to Calendar Year 2009, taxi providers in Ulster County were reimbursed by the county. Beginning Calendar Year 2009, the method of payment switched to eMedNY. As stated on page 71 of the solicitation, "Source: eMedNY data. Does not include "offline" reimbursed trips, for example, in certain instances where Medicaid enrollees are reimbursed for the use of personal vehicles or public transit."

Therefore, the data for all counties is accurate, with this reservation. The most accurate data will be Calendar Year 2009, because the Department has migrated more of the counties' off-line payments to eMedNY.

**27. On page 12, C.3.d. "Upon Department prior approval, the contractor will provide the individual or medical practitioner with a standard form to be completed."**

**a. Will the Department provide a form, such as the MAP 2015, for this purpose, or should the proposer include the cost of supplying its own forms in its proposal?**

The Department will not supply the form. The cost of the trip justification form and the cost of the supplying and reproducing the form should be included in respondent's bid. Further, the proposal expects that electronic means of submitting justification information should be pursued.

**b. Are medical necessity forms, signed by a medical practitioner, required for each request from a recipient for transportation regardless of the mode?**

Medical necessity forms are not required for each request, or for every mode of transportation. It is expected that the transportation manager will process requests for personal vehicle, and public and taxi transportation, with no involvement of a medical practitioner. Rather, the transportation manager will use its expertise in transportation management, and its knowledge of the geography, public transit routes, and information received from the recipient to determine when to authorize personal vehicle, and public and taxi transportation.

However, the medical practitioner will need to be involved when the ambulette or ambulance mode of transportation is required, and there is no previous justification for the ambulette or ambulance mode on file with the transportation manager for the recipient.

**c. Can the medical necessity form extend for a period of time, such as six months, twelve months, etc.?**

The medical necessity form will be adequate for any period of time which is reasonable. For example, a person with paraplegia who is a wheelchair user should be medically justified once, with no need for follow up; a person who had recent surgery and needs ambulette transportation and is expected to fully recover in 60 days, should have a new medical justification submitted when a request for ambulette transportation 90 days later is made.

**28. On page 14, C.3. n. "The contractor must make an oral interpreter services available as necessary to ensure that all enrollees are able to communicate..." How many enrollees will require interpreters to be provided by the contractor, and what languages most frequently require an interpreter.**

The Department does not have this information. It is expected that the contractor's transportation management experience will serve as a guide for their proposals.

**29. On page 16, C.9.b. "The contractor must submit a Transportation Management Implementation Plan..." , and on page 24, D.4.4 Performance Criteria, a. "The narrative must include a 'roll-out' plan that itemizes the phases, including locations, by which the transportation management functions would be implemented."**

**a. What is/are the difference(s) between the Transportation Management Plan and the roll out plan, or are they one in the same?**

The Transportation Management Implementation Plan includes the “roll-out” plan indicating the schedule of counties for implementation. However, the Management Implementation Plan could include overall descriptions and other information not directly describing the roll-out.

**b. In the roll out plan it appears that the contractor could phase in counties over a period of time after the implementation date. Is that what is meant in the FAS description of the roll out plan? If so, are there contractual end dates that the contractor needs to consider for each county, such as the contracts some of the counties, such as Albany, Orange, Greene, and Rockland, may have with their transportation managers?**

The Department does not expect that every county can be assumed by the transportation manager on the same date. Therefore, the Department seeks a plan which the proposer believes is reasonable and achievable, and will lead to successful implementation of every county. However, the plan of the winning bidder may be revised after selection, based upon discussions between the Department and the winning vendor. For purposes of responding to this FAS, you do not have to consider any end dates of counties currently under contract with a transportation manager.

**30. On page 17, C.7. Correspondence: “As required, the contractor will generate and mail correspondence to recipients and vendors regarding program requirements ...” Will the Department pay additional costs for all mailings, or should the contractor estimate these mailing costs? If the contractor must estimate the costs, what are the anticipated number of mailings that will be required, and the Department’s estimate of cost?**

The Department will not pay the additional costs of transportation manager mailings required under this proposal; the bidder should estimate these costs and include them in the bid price. The Department will not require under this contract a mailing to every eligible person in a participating county. However, during the daily operation of the initiative, mailings to Medicaid individuals or practitioners may be required. The Department expects that electronic mailing to Medicaid individuals and practitioners will be used first; only when electronic is not feasible should postal mailing be used. The Department does not have an estimate of the anticipated number of mailings.

**31. On page 17, C.10. Some Transportation providers are not reimbursed through the eMedNY. These providers are paid by the local department of social services...” Are there any arrangements in any of the 13 counties with public transit to be paid by the county or by the current broker, who is reimbursed by the county, if the county has such?**

Where public transportation is used, the Department expects that the first payment for the transport of the Medicaid individual will be made by the transportation manager, who will subsequently be reimbursed by the county for the dispensed funds.

- 32. On page 17, C.11. “The contractor will authorize and make payment directly to enrollees, or their representatives such as volunteer drivers, and make payment to these individuals.” How many of these type trips are anticipated by the Department? What are the costs of such trips? Also, is there a set mileage allowance established by the Department?**

The Department does not have data on the number of trips or payments to individuals, nor can we estimate the number. Costs vary by trip. Mileage costs are reimbursed at the Internal Revenue Service (IRS) established fees, updated annually. For Medicaid individuals or their family who use their own vehicle, the 2011 reimbursement will be at the medical mileage fee of \$0.19 per mile; for volunteer drivers, the reimbursement will be at the business mileage fee of \$0.51 per mile.

- 33. On page 8 “..., mass transit options are limited and can be very difficult to schedule due to complexities required to manage the routing.” “Additionally, many local bus companies are not willing to become Medicaid providers and require either direct payment or cash payments to book trips.” If prior approved, can recipients be reimbursed by the contractor for use of public transit? Or, if the contractor purchases bus passes and dispenses them to recipients, who qualify for transportation, will the Department reimburse the contractor for these costs?**

The Department expects the transportation manager to authorize public transportation when available, and requires the transportation manager to get bus passes to the recipient. The transportation manager will be reimbursed monthly for all such outlay of funds by the county department of social services.

- 34. On page 19, C.15. “A penalty will be assessed when any one of these four standards is not met during a given month.” Since these penalties could greatly affect the pricing of the proposal, is there any grace period, such as the first six months of operation, before the penalties are applied?**

The Department believes the standards are reasonable, and should be achievable upon the start of the contractor’s operation. There is no grace period in meeting these standards.

- 35. On page 21, D.3. Conflict of Interest: a) “The bidders’ disclosure must include any relationship or interest, financial, beneficial or otherwise, which is in conflict with the proper discharge of their responsibilities under this RFP, including but not limited to any relationship or interest with entities which provide transportation services under this FAS.” If a bidder is also a transportation provider under the Medicaid program, and currently provides**

**services in all or part of the 13 county service area, would that bidder be disqualified from being awarded the Transportation Management contract?**

If a bidder is also a Medicaid transportation provider in one or more of the counties under consideration, the Department will only consider a contract with that bidder if the proposal covers only those counties where they, as a transportation provider, do not operate. If the bidder proposes to manage any county in which that bidder is a Medicaid transportation provider, the bid will be disqualified.

**36. On page 26, D.4.4.t. “Describe your approach to implementing program integrity of quality assurance systems...” Will the contractor have any authority to suspend or discontinue the use of a transportation vendor that provides poor quality service?**

The transportation manager will not have the authority to suspend or discontinue the use of a transportation vendor that provides poor quality service; this authority is with the Department, and may be used in consultation with the transportation manager.

**37. On page 9, C.1 Location of Core Management Team. Since many aspects of the call center operation include hardware/software, and operators and supervisors who will have firsthand knowledge of issues as they arise, our assumption is that the Core Management Team would be a number of individuals located within 10 miles of the capital in Albany, New York. This team will be directly responsible for liaison with Department of Health’s Office of Health Insurance Programs as well as participating County governments, transportation vendors, medical providers, and other interested parties. We are also assuming the vast amount of system technical and operating oversight would need to remain with the call center. What is DOH’s vision of the functions of the Core Management Team?**

The Department envisions the Core Management Team as the individuals who will be able to respond quickly to issues that arise with the Department, county government officials, transportation and medical providers, and Medicaid recipients.

This group will have the authority to make changes and improvements, and resolve issues. This group does not need to include a call center, though issues that arise with call center operations will be able to be resolved by a member(s) of the team. Further, high ranking management personnel of the contractor need to be part of the team.

The Core Management Team will be the “face” of the contractor with each of the groups indicated above, and will be meeting with these parties in person as necessary. This team should be tasked with decision making authority, allowing for proper oversight from top contractor management.

**38. On page 11, C.2.5.B – subsection 2 and 3 and 4. In subsection 2 the standard reads “the average queue time after the initial automatic voice response is three (3) minutes or less.” However in subsection 3 it reads “incoming calls**

are answered within three (3) minutes, with 95 percent compliance each month.” These seem to be two different standards. Should subsection 3 read “incoming calls are answered within an average of three (3) minutes, with 95% compliance in each month? The same question for subsection 4.

The use of the word “average” is wrong, and should be deleted. The Department expects all telephone calls to be answered within three minutes, with 95% compliance in each month. Thus, **Section C.2.b.** (page 11) is revised to read:

- b. The contractor must effectively manage transportation requests from a multi-county region for a large number of Medicaid enrollees who qualify for fee-for-service Medicaid transportation in a timely and professional manner. Sufficient staffing and telephone lines must be available to allow all calls to be answered in a reasonable time (e.g., 3 rings). Call center operations must meet the following standards on a monthly basis:
  1. The automated voice response system is programmed to answer all calls within three rings;
  2. The ~~average~~ queue time after the initial automatic voice response is three (3) minutes or less;
  3. Incoming calls are answered within three (3) minutes, with 95 percent compliance in each month; and,
  4. The ~~average~~ queue time for a system to assist deaf/hearing impaired clients shall not exceed three (3) minutes, with 95 percent compliance in each month.

**39. On page 13, C.3.I. Subsection 1 and 2. Based on the information contained in the FAS the requirement for 10% pre-trip and 10% post-trip verifications of appointments would amount to somewhere up to 250,000 outgoing calls per year. Is this an accurate interpretation of the work scope intended by this requirement?**

The 10% verification requirement is accurate. However, the solicitation does not prescribe telephone verification as the only method of pre- and post- trip verification.

**40. On page 12, Section E instructs us to locate the most appropriate provider at the lowest cost after determining the appropriate mode of transportation needed. Does this mean we will be negotiating rates or just choosing between ambulette, sedan, or public transit?**

The transportation manager will choose from participating transportation providers at the proper mode of transportation, at the Department-established fee schedule (see Exhibit 2). Where there are variable fees established among providers within the same mode of transportation, and the recipient has no particular choice of transportation provider, the transportation manager will be expected to assign the trip to the provider at the lowest fee.

- 41. On page 59, Section F states that the department will either set rates or allow the local DSS to set the rate. Are we going to be negotiating rates to find the lowest cost providers? If not, can we expect some uniformity in the rates or will we see different rates in each county similar to what happens now?**

The transportation provider will only negotiate fees in extraordinary circumstances, where the existing fee is not applicable, such as a one-time long distance trip of a child with a parent to a major urban medical center. Current fees are approved by the Department (see Exhibit 2); fees for the same mode of transportation may be different by county.

- 42. On page 60, Section 5.3 indicates that bridge and road toll reimbursement may be established by the department of the local DSS. At this time only Orange County authorizes this reimbursement. Is this expected to be uniform across the region with all or none of the counties authorizing the reimbursements?**

The Department expects that, when a transportation provider incurs the cost of a bridge or road toll while transporting a recipient to medical care, and the cost of that toll is not included in the base and/or mileage fee authorized to the provider, the toll should be reimbursed to the provider at the amount of the actual toll. This toll reimbursement applies to all 13 counties. No county will authorize individual toll reimbursement; this will be the function of the transportation manager.

- 43. The FAS doesn't seem to mention subcontracting. Are we to assume that the Contract Manager will not have to contract with the transportation company as is the practice now? Will we have some sort of attestation that includes HIPAA agreement?**

Yes. The transportation manager will not contract with any transportation provider, nor enter into confidentiality or other HIPAA-related attestation with each transportation provider. However, the transportation manager will be required to enroll as a service bureau provider in eMedNY which, as for all Medicaid providers, requires HIPAA compliance.

- 44. On page 27, D.4.5. Work Plan. "For the three year contract term, provide a brief work plan for program start-up and implementation that supports the contract start date. Include each goal/objective, the timeframe for completion, and person(s) responsible for implementation." Can one assume that the requested work plan should cover the start-up and implementation period only?**

Yes. The Department does not expect a work plan to reflect activity after the full transportation management implementation of the participating counties.

- 45. Can you clarify if the program is expected to be fully operational by the contract start date or if the expectation is that the implementation period will continue after the contract start date?**

Upon the start date of the contract, it is expected that some of the 13 counties will be managed by the transportation manager. During the next months, the remaining counties will be implemented. This schedule of implementation should be included in the bidder's work plan.

The transportation manager is expected to fulfill all the functions included in this solicitation. When certain functions will be phased in after initial implementation of a county, these functions should be clarified in the work plan. It is expected that a bidder will develop a work plan that is viable and achievable consistent with the FAS requirements, and will lead to success.

**46. Please provide utilization data for each of the thirteen (13) participating counties (Albany, Columbia, Fulton, Greene, Orange, Montgomery, Putnam, Rockland, Sullivan, Ulster, Warren, Washington, and Westchester) separately for the first six (6) months of 2010, by month, for the following:**

- **Average monthly call volume during normal business hours**
- **Average monthly call volume after normal business hours**
- **Total number of calls answered**
- **Total talk time**
- **Total reservations made**
- **Total reservations not completed**

The Department does not have any data on the monthly call volume for any county.

**47. Please provide historical trip data, by mode of transport, if available.**

The following trip data is for Calendar Year 2009, only for trips reimbursed through eMedNY. Additional off-line trips may have been provided and reimbursed by the county. The Department does not have any data on public transit and personal vehicle trips.

	<b>Non - Emergency Ambulance Trips</b>		<b>Ambulette Trips</b>		<b>Taxi Trips</b>
ALBANY	3,077		36,904		120,444
COLUMBIA	898		5,577		14,338
GREENE	793		2,320		17,219
FULTON	1,715		7,444		13,349
MONTGOMERY	574		8,400		8,647
ORANGE	1,958		29,307		191,314
ROCKLAND	3,484		44,817		66,589
ULSTER	1,660		9,429		1,915
PUTNAM	440		5,958		35,533
SULLIVAN	1,549		13,288		70,372
WARREN	521		844		587
WASHINGTON	424		345		4,794
WESTCHESTER	7,073		190,966		163,207
<b>TOTAL----&gt;</b>	<b>24,166</b>		<b>355,599</b>		<b>708,308</b>

**48. With what frequency will the (13) Counties update the eligibility status of Recipients i.e. daily, weekly, monthly, beginning of month?**

Recipient eligibility is updated daily.

However, while it is expected that a recipient's initial eligibility for Medicaid transportation will be determined by the transportation manager, the Department does not expect the transportation manager to guarantee a recipient's eligibility on the actual date of transportation. Rather, it is the transportation provider's responsibility to check the recipient's Medicaid eligibility on the date of service. Even when an authorization has been issued by the transportation manager, the issuance of a prior authorization does not guarantee Medicaid eligibility on the date of service, nor payment to the transportation provider.

**49. FAS, Section C: Project Specifications, C.9. page 16: "The contractor must submit management and utilization reports to the Department of Health with content and schedule determined by the Department." Is a required report to be provided for each county or aggregate for all multi-counties?**

It is anticipated that the required report will be by each county, and then aggregated into a total. The department may change the content and schedule of the reports as it deems necessary.

**50. FAS, Section D: Performance Criteria, D.4.4.h. page 25: "Describe how your organization will determine the county of origin responsible for the assigned**

**trip.” How will the recipient’s county of origin be defined. Is there a standard county code that will be used in ePACES or eligibility file to be provided? Will the vendor receive an eligibility file that identifies Departments of Social Services or will the Contractor be required to use ePACES?**

Each county is designated a 2 number code, which will be part of the eligibility determination process. Below is a table of these codes. The transportation manager can use ePACES to determine recipient eligibility, or secure an eligibility file upon request through an electronic submission to eMedNY.

### County Code Designation

<b>01-ALBANY</b>	<b>16-FRANKLIN</b>	<b>31-ONONDAGA</b>	<b>46-STEUBEN</b>
<b>02-ALLEGANY</b>	<b>17-FULTON</b>	<b>32-ONTARIO</b>	<b>47-SUFFOLK</b>
<b>03-BROOME</b>	<b>18-GENESEE</b>	<b>33-ORANGE</b>	<b>48-SULLIVAN</b>
<b>04-CATTARAUGUS</b>	<b>19-GREENE</b>	<b>34-ORLEANS</b>	<b>49-TIOGA</b>
<b>05-CAYUGA</b>	<b>20-HAMILTON</b>	<b>35-OSWEGO</b>	<b>50-TOMPKINS</b>
<b>06-CHAUTAUQUA</b>	<b>21-HERKIMER</b>	<b>36-OTSEGO</b>	<b>51-ULSTER</b>
<b>07-CHEMUNG</b>	<b>22-JEFFERSON</b>	<b>37-PUTNAM</b>	<b>52-WARREN</b>
<b>08-CHENANGO</b>	<b>23-LEWIS</b>	<b>38-RENSSELR</b>	<b>53-WASHINGTON</b>
<b>09-CLINTON</b>	<b>24-LIVINGSTON</b>	<b>39-ROCKLAND</b>	<b>54-WAYNE</b>
<b>10-COLUMBIA</b>	<b>25-MADISON</b>	<b>40-ST LAWRENCE</b>	<b>55-WESTCHESTER</b>
<b>11-CORTLAND</b>	<b>26-MONROE</b>	<b>41-SARATOGA</b>	<b>56-WYOMING</b>
<b>12-DELAWARE</b>	<b>27-MONTGOMERY</b>	<b>42-SCHENECTADY</b>	<b>57-YATES</b>
<b>13-DUTCHESS</b>	<b>28-NASSAU</b>	<b>43-SCHOHARIE</b>	<b>66-NY CITY</b>
<b>14-ERIE</b>	<b>29-NIAGARA</b>	<b>44-SCHUYLER</b>	<b>97-NYS OFFICE OF MENTAL HEALTH</b>
<b>15-ESSEX</b>	<b>30-ONEIDA</b>	<b>45-SENECA</b>	<b>98-NYS OFFICE OF PERSONS WITH DEVELOPMENTAL DISABILITIES</b>
			<b>99-NYS BREAST AND CERVICAL CANCER TREATMENT PROGRAM</b>

**51. FAS, Section C: Project Specifications, C.2.e. page 11. “The contractor must implement a system that will require all Medicaid eligible individuals in need of transportation for non-emergency or non-urgent medical care to request such services a minimum of 72 hours in advance.” Please identify whether 72 hours is business hours or calendar hours.**

Requests for non-urgent transportation must be made within 72 business hours in advance. For example, a request for a Tuesday, 10 AM transport should be made by the previous Thursday, 10 AM, when Thursday, Friday or Monday is not a holiday. However, it is expected that requests that are made less than 72 hours in advance be accommodated when such accommodation does not create an undue hardship on the transportation manager’s work processes and scheduling of the trip with a transportation provider.

**52. FAS, Section C: Project Specifications, C.3. page 13: “The contractor must establish a process for denial of a request for transportation.” Please identify how many denials by each (13) County has been issued by month for the last six (6) months.**

The Department has no data on the number of denials of a request for transportation in each of the 13 counties.

**53. FAS, Section C: Project Specifications, C.15. page 19.”Penalties will be assessed after review and analysis of all prior authorization activity submitted to eMedNY via the 278 process.” Is a resubmission of a corrected prior authorization considered a correction or still counted as a deficiency? Please provide the number of deficient prior authorization transactions by each (13) County and/or County Call Centers for the last six (6) months. Will New York State Department of Health consider incentive payments for achievement above and beyond required performance standards?**

A resubmission of a corrected prior authorization will be counted as a separate prior authorization transaction, and will be judged using the same criteria for all submissions during the month.

The Department has not reviewed the prior authorization transactions attributed to the 13 counties over the past 6 months.

The Department will not award any incentive payments. It is expected that the transportation manager will meet or exceed the performance standards listed in this solicitation.

**54. How much notice will New York State Department of Health provide to the contractor if and/or the number of participating counties is increased or decreased for the New York State Medicaid Transportation Management Initiative - Hudson Valley?**

The Department has not established a minimum number of days for notification. However, the Department intends to notify the contractor of any increase or decrease in the number of participating counties as soon as possible.

**55. Will New York State Department of Health pay the contractor directly for mileage reimbursement and public transportation or will payment be included in monthly per member per month capitated rate?**

In order to be compensated for the funds reimbursed to individual Medicaid recipients for the use of personal vehicles or public transportation, the transportation manager will submit an electronic file of all personal vehicle and public transportation payments made during any given month, at the end of the month, to the local department of social services. In turn, the total amount disbursed will be paid back to the transportation manager by the local department.

This payment to recipients will not be included as part of the transportation manager's monthly per member per month capitated rate.

**56. Section C: Project Specifications, C. 3.h. page 13. "The contractor must implement a system by which access to ongoing use of advanced modes of transportation are reviewed on a quarterly basis to ensure the consumer continues to be in need of a higher standard of transportation care." Please identify how many non-emergency wing air ambulance trips by each county have been provided in the last six (6) months.**

**FAS, Section C: Project Specifications, C.10. page 17. "Some Transportation Providers are not reimbursed through eMedNY." Please provide an estimate of how many Transportation Providers are not reimbursed through eMedNY by each participating county.**

Below is a chart listing the number of nonemergency air ambulance transports during the last six months (June 1 to December 6, 2010), and a count of transportation providers reimbursed by the county.

County	Nonemergency Air Ambulance One Way Trips	Count of Transportation Providers Reimbursed by County
ALBANY	0	0
COLUMBIA	0	2
FULTON	0	10
GREENE	0	0
ORANGE	0	2
MONTGOMERY	0	3
PUTNAM	0	1
ROCKLAND	0	0
SULLIVAN	0	1
ULSTER	0	4
WARREN	0	0
WASHINGTON	0	0
WESTCHESTER	1	0
<b>TOTAL</b>	<b>1</b>	<b>23</b>

**57. FAS, Section C: Project Specifications, C.3.f: page 13. “The contractor must establish a system for assigning rides that is fair and equitable to the vendors and efficient for the enrollees.” Please clarify the parameters of "rider's choice" within the confines of the least expensive mode of transportation that is appropriate. Has New York State submitted a waiver request to CMS to modify or eliminate the "Freedom of Choice" requirement?**

The Department has not requested nor received a federal waiver of a recipient’s choice to choose from participating transportation providers (within the approved mode of transport). Therefore, the transportation manager should first assign rides to the transportation provider of choice. When no choice is made, assignment is rotated among participating transportation providers.

**58. Who will be setting the provider rates?**

The New York State Department of Health will set transportation provider reimbursement fees (see Exhibit 2 for current rates).

**59. Are there any trip distance limits?**

There are no distance limits to trips. Trips are to be authorized following the rules established in Attachment B: Title 18 of the New York Code of Rules and Regulation 505.10.

**60. Can you confirm that the pricing is to be for administrative services only?**

The bidder's cost proposal, as requested on page 28 of the solicitation, should reflect the costs of managing the transportation services described through Section D.4. Technical Proposal. The cost of the delivery of transportation incurred by a transportation provider or a Medicaid recipient is not to be included in this cost proposal, as these transportation costs are reimbursed through other mechanisms described in this solicitation.

**61. Are there any limits on the number of one-way trips that eligible members can take?**

There are no limits on the number of one-way trips a Medicaid recipient can be authorized to take.

**62. Can you please provide monthly and/or annual membership for the past three years for all Medicaid enrollees and Medicaid enrollees eligible for transportation?**

There are approximately 4.5 million Medicaid enrollees in the State. The number eligible for fee-for-service transportation can vary by the level of managed care participation; this information is not currently available.

**63. Is out-of-state transportation covered?**

Out-of-state transportation for medical services is covered by the New York State Medicaid program when determined necessary.

**64. Will the Managed Care Organization scope of services be shared to determine coverage needs?**

If needed by the transportation manager, individual managed care organization scope of benefits will be supplied. The scope of benefits may vary by contract.

**65. Will the State please provide a list of covered services?**

Below is a comprehensive, though not exclusive, list of covered medical services to which a Medicaid recipient can travel to:

- Inpatient and outpatient hospital services;
- Physician services;
- Medical and surgical dental services;
- Nursing facility services;
- Family planning services;
- Rural health clinic services;
- Laboratory and X-ray services;

- Nurse practitioner services;
- Federally qualified health center services;
- Midwife services;
- Free-standing clinic services;
- Intermediate care facility services for the developmentally disabled;
- Optometrist services and eyeglasses;
- Drugs;
- Physical, speech and occupational therapies;
- Prosthetic devices and orthotic appliances;
- Dental services;
- Audiology and hearing aids;
- Clinical psychologist services;
- Diagnosis, screening, preventive and rehabilitative services;
- Hospice;
- Inpatient psychiatric facility services for individuals under age 21 or over age 65.

**66. Is it necessary to include the transportation provider’s phone numbers and addresses on the website? This will lead some recipients and facilities to contact the transportation providers directly.**

The inclusion of a transportation provider’s address and telephone number on the website may not be necessary but is suggested by the Department.

**67. The FAS states that penalties will be assessed after review and analysis of all prior authorization activity submitted to eMedNY via the 278 process. The Department will use a complete file of one month’s transactions, based upon the Submission Date on the eMedNY prior authorization transaction, a date that is automatically assigned to every transaction by eMedNY (the beginning submission date will be the first of the month, and the last submission date will be the last day of the month). This file will then be reviewed to determine if any of the following performance standards have been violated. Can we please get more clarity on the State’s understanding of “prior authorization?”**

The prior authorization process begins at time a request for transportation is made, justification for the mode of transportation is sought and reviewed, and the request is approved and assigned to a particular transportation provider.

In this context, prior authorization is the actual submission by the transportation manager via a 278-HIPAA compliant transaction to eMedNY for the issuance of a prior authorization. As a result of this submission, certain trip information (transportation provider and ordering provider identification numbers, procedure code, dates of service, units) will be maintained on eMedNY, allowing the transportation provider to submit a claim and be paid. This submission of information is the final step of the prior authorization process.

**68. How can the trip be delivered and verified prior to issuing a prior authorization to a transportation provider?**

As stated in Section C.3.i.1.and 2. of the FAS, "The contractor must perform and document a pre-trip verification review by verifying the medical appointment for a covered service with the service provider on a minimum of 10 percent (10%) of scheduled trips prior to transportation services being provided. The contractor must perform and document a post-trip verification review on a minimum of ten percent (10%) of trips and include problem areas such as after-hours transportation, and verify that "routine trips" are for legitimate medical services. The Department reserves the right to increase the percentage of trip verifications during the term of the contract."

As described above, the prior authorization process is a series of activities, culminating in the submission to eMedNY by the transportation manager of the prior authorization information, resulting in the prior authorization located on eMedNY. It is possible to verify a transport occurred, and then complete the prior authorization process by submitting the information to eMedNY. Further, while a post-trip verification prior to issuance of information to eMedNY is desired, there is no prohibition for this post-trip review to occur after the prior authorization process has been completed.

**69. Can the transportation provider be required to collect the signature and the transportation manager verify a sampling of the verification forms?**

The transportation manager may require signature verification from the transportation provider. However, due to the large volume of paperwork ("trip tickets") for review involved, this verification method may not be the most efficient.

**70. Are electronic signatures (signatures captured on electronic pads) for trip verification purposes acceptable?**

Electronic signatures are acceptable. However, the cost of any device used to collect electronic signatures cannot be imposed upon the transportation provider or the ordering practitioner.

**71. Does "subcontractor" include transportation providers?**

No. A transportation provider must not be a subcontractor of the transportation manager.

**72. Can you please clarify trip volume as shown in the FAS? Is this volume all trips paid through eMedNY and outside of eMedNY? If the trip volume is for transports paid from eMedNY only can you please provide the volume paid outside of eMedNY?**

The number of trips contained in this solicitation is for those trips reimbursed through eMedNY. This count does not include trips paid to vendors who were reimbursed directly by the county, nor does the count include the number of personal vehicle or public transit trips. The Department does not currently have this information.

**73. This section states that payment will be based on the number of Medicaid enrollees on the 15th of each month. Will you provide an eligibility file detailing the number of enrollees that the payment is based? If so, how often?**

The Department will provide the transportation manager information which confirms the number of enrollees used to determine the payment under this contract, for each monthly payment.

**74. Can you provide the current fee schedules by county that are being administered and paid to the transportation providers?**

The current fee schedule is included as Exhibit 2.

**75. Will the broker need to know if the enrollee has a vehicle?**

The transportation manager will need to know if the Medicaid recipient has access to a personal vehicle.

**76. Section D.5.1. Bid Form on page 30 states that our monthly payment will be based on enrollees eligible to receive transportation. Can you please confirm this?**

As stated in the solicitation, the payment will be based upon the number of Medicaid enrollees eligible to receive fee-for-service (FFS) transportation. It is understood that many enrollees eligible to receive transportation will receive no transportation.

**77. It will be very difficult not to front load the full cost of this program for all the possible 333,121 members and will be a detriment to the contractor if only a number of counties come on board or if there are delays for implementing. Is there a deadline established to have ALL counties under this program? Is it anticipated that the counties will be brought onto the Hudson Valley program over a several month time period or will all the counties be starting on March 1, 2011, the anticipated start date?**

Upon the start date of the contract, it is expected that some (not all) of the 13 counties will be managed by the transportation manager. During the next months, the remaining counties will be implemented. This schedule of implementation should be included in the bidder's work plan.

**78. Will the contractor be responsible for approving trips for an enrollee who is determined to be retroactively eligible for Medicaid?**

There are situations in which the Medicaid eligibility is established retroactively to a prior date. The transportation manager will be required to process authorizations for trips that occurred during this period of time, per the instructions of the Department after award of the bid.

**79. Have all the counties given notice to any current transportation managers that their contracts with the county will be terminated as of February 28, 2011? If not on February 28, 2011, then on what date?**

No county has given notice to their current transportation manager that the contract between the county and the transportation manager will be terminated. However, the thirteen counties listed in the FAS have indicated their willingness to participate.

**80. Have all the counties been given a mandate that they will have to participate in the Hudson Valley program or will they be allowed to continue to run their Medicaid NEMT program alone? Has a date been set when they must be participating? Under what circumstances can a county be allowed to opt out of the program? What mandate or instructions are being given to the counties about joining the program? If a contractor invests in an operations office and call center and the counties do not agree to participate will there be any compensation back to the contractor for the costs incurred?**

County participation in this initiative is voluntary – at present, there is no mandated participation. The thirteen counties listed have chosen to participate in this initiative, and expect to have a transportation manager operational as soon as possible. However, the counties may terminate their participation after implementation if they are not satisfied with the contractor’s performance.

There will be no compensation back to the contractor, other than the all-inclusive monthly fee described in Section D.5. Cost Proposal.

**81. What Counties are currently being managed by a transportation manager? Please provide the names of the transportation managers for those counties, and the current annual contract prices?**

The name and Calendar Year 2009 annual contract cost of the transportation managers for the 6 counties who currently use a transportation manager are:

**Calendar Year 2009 Medicaid Transportation Manager Costs**

<b>County</b>	<b>Name of Current Manager</b>	<b>Manager Annual Fee</b>
ALBANY	Medical Transportation Management	\$993,113
FULTON	Gloversville Transit	\$180,000
GREENE	Medical Transportation Management	\$96,252
ORANGE	Medical Transportation Management	\$910,162
SULLIVAN	Medical Answering Services	\$60,520
ULSTER	Medical Answering Services	\$255,509

**82. What were the 2009 Transportation Expenditures for the Counties included in this FAS?**

The transportation expenditures for Calendar Year 2009 for these 13 counties are:

## Calendar Year 2009 Medicaid Transportation Costs

County	Total Offline Payments	eMedNY	Total Transportation Costs
ALBANY	\$1,292,791	\$4,919,443	\$6,212,234
COLUMBIA	\$32,060	\$1,357,004	\$1,389,064
FULTON	\$252,374	\$990,154	\$1,242,528
GREENE	\$16,929	\$1,250,937	\$1,267,866
MONTGOMERY	\$48,470	\$1,109,032	\$1,157,502
ORANGE	\$1,846,945	\$8,745,055	\$10,592,000
PUTNAM	\$177,859	\$1,455,744	\$1,633,603
ROCKLAND	\$20,857	\$2,548,369	\$2,569,226
SULLIVAN	\$165,993	\$3,895,143	\$4,061,136
ULSTER	\$1,712,747	\$1,177,706	\$2,890,453
WARREN	\$352,755	\$249,723	\$602,478
WASHINGTON	\$140,316	\$406,195	\$546,511
WESTCHESTER	\$153,766	\$15,079,154	\$15,232,920

**83. What would the impact/involvement of the county be? Would the contractor directly report to the State or the county?**

The contractor will report directly to the New York State Department of Health. However, the contractor will work cooperatively with, and seek information from, the county throughout operation of the contract.

**84. Will the transportation management contractor be paid directly by the State?**

Yes.

**85. Please provide additional clarification on how the Bid Form provided on pg. 30 and attachment H works. Is the form to be used for all 13 counties, groups of counties or each individual county? How is this affected if only some counties are awarded?**

The Bid Form represents a per member per month amount for an eligible Medicaid enrollee; it is not county specific. As counties are implemented, the total count of Medicaid enrollees eligible to receive fee-for-service transportation will increase. When the count in any given month moves from one tier to the next tier, due to new counties being implemented, the per member per month cost bid for that tier will be used to calculate that monthly payment to the contractor.

**86. Is DOH interested in coordination with any other State or local human service transportation programs? How will the review team treat/evaluate this?**

Where coordination with other government entities transportation programs is desirable, the Department will discuss this activity with the contractor. This is not an item evaluated by the FAS review team.

**87. Page 6, Section A: Introduction- The third full paragraph on page 6 discusses that the vendor must be authorized under Section 365-h of Social Services Law “on the date services are rendered”. Is it expected that transportation vendors be authorized upon submittal date, or will after contract award (but before services are rendered) suffice?**

This section of the solicitation is a general introduction to potential bidders of the Department’s requirement that transportation providers must be properly licensed to deliver Medicaid transportation services. Bidders are not required to ensure that current Medicaid transportation providers are properly licensed as part of your proposal submission.

**88. Page 11, Section C.2 c.: Regarding the transportation request system, a web-based and fax reservation system is an effective tool for transportation programs where the individual rarely changes their eligibility status (such as American’s with Disabilities Act [ADA] services); however, Medicaid Programs require that eligibility is checked at least monthly (and sometimes more frequently), further, it’s more efficient to screen the client each time they call, to ensure the most cost effective transportation is used every time. By allowing a “request” to be made via a web page or fax, it causes the broker to spend time trying to reach the Medicaid caller via phone to verify information, which may be time-consuming. Please re-consider this requirement.**

Bidders are expected to propose effective and efficient methods of requesting transportation services. The Department is not dictating that one or multiple methods of request be used.

**89. Page 12, Section C.2.h.: Please clarify the intent of this section. In general, nonemergency transportation should always be booked through the manager, who has staff available 24/7, this is to ensure that eligibility is verified and that the trip is Medicaid compensable, etc.**

Section C.2.h. states “The contractor must establish a system that shall allow for post-transportation approval of transportation services. Post-transportation approval is allowed in instances when a prior approval was not obtainable, such as services requested when the contractor’s call center was closed and a client was unable to obtain approval to receive services to a verified urgent care service....” The intent of this section is to ensure that, when reasonable and when a request for authorization prior to a trip was impossible to obtain, that authorization for reimbursement of a trip *after the trip has occurred* will be made, when all eligibility and other determinations for an eligible transport are considered.

**90. Page 14, Section C.4: Regarding the second bullet where transportation providers and phone numbers must be listed on the website. The most effective transportation management program is one where the manager assigns the trips to the least costly, most appropriate transportation provider and the client does not access the providers directly. Will DOH consider deleting this as a requirement from the website and possibly requiring this information be reported to DOH directly?**

No. Section C.4. states “A list of transportation providers, including the current address and telephone number of each provider, the geographic area covered by each provider, and the mode of transportation provided. Updates to this list within the previous thirty (30) days shall be indicated as a change to previous information.” The intent of this requirement is to give recipients and orderers of transportation information on those transportation providers participating in the Medicaid Program. While recipients and orderers of transportation can always contact a transportation provider, recipients and orderers of transportation will not be allowed to arrange for transportation with the transportation provider. The assignment of a trip to a transportation provider will be the responsibility of the transportation manager, based upon a recipient’s choice and the availability of transportation providers.

**91. Page 17, Section C.10: Will the transportation providers who are not reimbursed through eMedNY be required to have a contract with the manager?**

The transportation manager will have no contract with any transportation provider, regardless of the method in which the provider is paid for the delivery of authorized trips.

**92. Page 17, Section C.10: Will these requests for service be approved in advance and scheduled by the contractor?**

Section C.10. references the processing of payments to be made to transportation providers not enrolled in the Medicaid Program. These trips will be authorized in advance, and scheduled by the contractor, in the same manner as transportation providers who will be paid through eMedNY. Only the method of payment differs.

**93. Page 17, Section C.10: Is the manager going to be held responsible if a prior authorization of the client is not completed and the client turns out to not be eligible?**

The transportation manager will not be financially responsible for the costs of any trip, whether that trip was authorized or not authorized by the transportation manager.

It is the transportation provider who risks no payment for a trip that is not authorized prior to the trip, or for the transport of a person not eligible for Medicaid on the date of service.

**94. Page 17, Section C.11: Will these requests for service be approved in advance by the contractor?**

Section C.11. references the processing of payments to be made to enrollees for incurred transportation expenses. These requests for authorization of expenses to be incurred by enrollees (recipients) must be made and approved in advance of the trip.

**95. Page 17, Section C.11: Will the transportation manager be allowed to set a maximum allowance for meals, mileage charge, and lodging to help control costs?**

The allowance for meals and mileage will be established by the Department of Health. However, the cost allowed for lodging will be made by the transportation manager when approving the trip, based upon the cost of hotels proximate to the medical site destination.

**96. Page 17, Section C.11: Will these trips be subject to the pre-trip and post trip audit requirements?**

Yes. Personal vehicle and public transit trips are subject to the pre-trip and post trip audit requirements.

**97. Page 23, Section D.4.1., Transmittal Form Attestations, #4: Is this information required for transportation providers, or is it only intended for a vendor who is going to subcontract a portion of their broker duties? Generally, in transportation management bids, this information is supplied after contract award.**

The Transmittal Form Attestations are required of the bidder only. There is no attestation required of transportation providers, or of subcontractors.

For purposes of this solicitation, this information is required at the time of the proposal submission.

**98. Page 25, Section D.4.4. i.: Are there sample forms that can be provided for prior authorization and medical justification?**

Section D.4.4.i. states, “Describe the process by which your organization will collect and review prior authorization and medical justification forms.” The Department will not provide any sample prior authorization or medical justification form.

**99. Page 27, Section D.4.6.d.1: Generally, dispatching is best handled by the transportation providers directly; however, managers must be able to immediately communicate with the provider when an issue arises. Would DOH consider either deleting or re-phrasing the word “dispatching”?**

No. Section D.4.6.d.1. states “Describe your organization’s experience with the administration, provision and coordination of non-emergency medical transportation services which includes the following: Experience in professional transportation coordination and delivery activities, including the scheduling, dispatching and provision of passenger transportation.” The intent of this requirement is for the bidder to describe the bidder’s experience in transmitting assigned trips in the role of broker/manager/coordinator to participating transportation providers. The use of the word “dispatching” should be interpreted using this intent.

**100. Page 28, Section D.4.6.h: Does this to apply to transportation providers or to only those vendors who utilize a subcontractor to handle the broker duties?**

**Section D.4.6.h.** states “Identify all subcontractors that your organization intends to use in fulfilling the requirements of this FAS and relevant experience of each. The bidder should submit a letter from each planned major subcontractor stating their commitment to participate in the project described in this FAS, and their understanding of what their responsibilities will be.” This requirement applies only to those bidders who will utilize a subcontractor to handle their transportation management functions.

**101. Page 28, Section D.4.6.j: May the contractor also list private sector contracts, as well, as long as they are clearly identified?**

No. Section D.4.6.j states “List all of your organization’s current government contracts including the name, title, and telephone number of the principal contact person.” A bidder should list only government contracts, not private sector contracts.

**102. Page 30, Section D.5.1.: Given that not all counties are required to participate in this program, can DOH give some level of expected participation?**

All 13 counties have voluntarily requested to be part of this initiative. The Department expects all 13 to participate.

**103. Please clarify if the selected vendor will pay the transportation providers or if the transportation providers will bill through the eMedNY system?**

The transportation manager will make no payments to any transportation provider.

Most payments to transportation providers will be made by the Department through eMedNY. For a few transportation providers who are not enrolled in eMedNY, the transportation manager will assign trips in the same manner as all other providers and, at the end of each month, submit an electronic report to the county listing all trips assigned to the provider. In turn, the county will reimburse the provider for the trips.

**104. How will the selected vendor communicate information to the eMedNY system to verify payment for the providers? Please clarify the intended process so all vendors have a better understanding of how this program will operate regarding transportation provider payments and claims.**

The contractor will need to enroll in the New York State Medicaid Program as a Service Bureau. If the bidder is not currently enrolled as a Service Bureau, the bidder should immediately submit an application to the Medicaid Program to enroll as a Service Bureau. (Application is found at: <http://www.emedny.org/info/ProviderEnrollment/FFS%20Enrollment%20Packets/4140-Service%20Bureau%20Enrollment%20Packet/4140-Service%20Bureau.pdf> )

Once enrolled, the contractor will be able to submit an electronic file, per the specifications for the electronic submission of a prior authorization request. These specifications, if needed, can be sought from Computer Sciences Corporation (the Department's fiscal agent) at 518-257-4792.

This submission, when correct, will result in authorization information placed on the eMedNY system. This authorization information is then returned to the contractor, and the transportation provider to whom the authorization has been made. At this point, the transportation provider will be able to submit a claim, and receive payment.

**105. Please provide appropriate contact information (organization name, contact name, phone, email, etc.) for all current transportation providers operating today, by county.**

This information is not currently available.

**106. Will the manager be able to negotiate rates with the transportation providers?**

The manager will not be allowed to negotiate fees with transportation providers, except in instances where the Department of Health approved county fees are not applicable to the transportation request. For example, the transportation manager may have to negotiate a fee for the transport of a child to a distant major urban medical center.

**107. Please provide the major trip generators or major population centers for the claims for State Fiscal Year 2010.**

This information is not currently available.

**108. How many vehicles and of what type and capacities are currently needed for the trip demand levels, by county?**

This information is not currently available.

**109. What is the current method of storing client and trip information and will this historical information be available to the contractor for the last few months upon contract award? What file format is it in?**

The Department has client and trip information, which can be shared with the contractor upon award if needed to assist the contractor with successful implementation. However, data on individual Medicaid enrollees will require the contractor to enter into data exchange agreement with the Department. Aggregate data requires no such agreement. The data is contained in an Oracle database and can be provided in EXCEL or text format.

**110. Please provide or estimate the number of positions that are currently operating the administrative portion of the services outlined in the FAS today.**

Some of the functions described in the solicitation are new, while some functions are performed by either government or private contractor staff. Therefore, the Department is unable to estimate the number of positions that are currently operating the administrative portion of the services in the participating counties.

**111. Many proposers do not fully disclose negative information which would impact their qualifications and/or the evaluation of their qualifications. Based on this, we would like to request that the solicitation be amended to require proposers to fully disclose certain serious negative contract problems, for themselves as well as their principles and affiliates, at least for contracts or potential contracts in the last seven years, which we feel should include at a minimum:**

- a. Any investigative or audit or similar findings or charges of proposer or proposal principle's fraud, malfeasance, anti-trust violation, civil violation, violation of transportation regulations, criminal activity or fine including those agreed to by settlement;
- b. Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies;
- c. Contracts concluded prior to expiration by termination, negotiation or settlement;
- d. Contracts terminated for convenience either by the contractor or at the contractor's request;
- e. Contracts where the contractor requested that option periods not be exercised, excepting options periods that required mutual agreement;

- f. Contracts where costs were renegotiated during the contract term at contractor's bequest.**
- g. Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under the prime contract agreement or under agreements to transportation subcontractors.**

The Department will not amend the FAS per the above request. Please note that bidders must comply with the Vendor Responsibility Questionnaire requirements prescribed in Section E.9.

**112. Please provide the current number and type of complaints for each county for the latest 6 months.**

This information is not currently available.

**113. Will the successful bidder be expected to mail an introductory letter prior to transportation services beginning? If yes, will the mailing to Medicaid eligibles be sent to all Medicaid eligibles or only the current users of transportation services, and how often will these mailing be expected to occur?**

No. The contractor will not be expected to mail an "introductory letter" to Medicaid recipients, transportation providers, or medical practitioners.

Letters of instructions and information pertinent to the efficient operation of the call center and prior authorization process may be mailed by the contractor to transportation providers or medical practitioners as part of the contractor's work plan, which is approved by the Department before the contractor can begin work. Ongoing mail may be required to be sent to Medicaid eligible individuals, transportation providers or medical practitioners as part of the prior authorization process as directed by the Department. In all communications, the Department encourages maximum use of electronic mail.

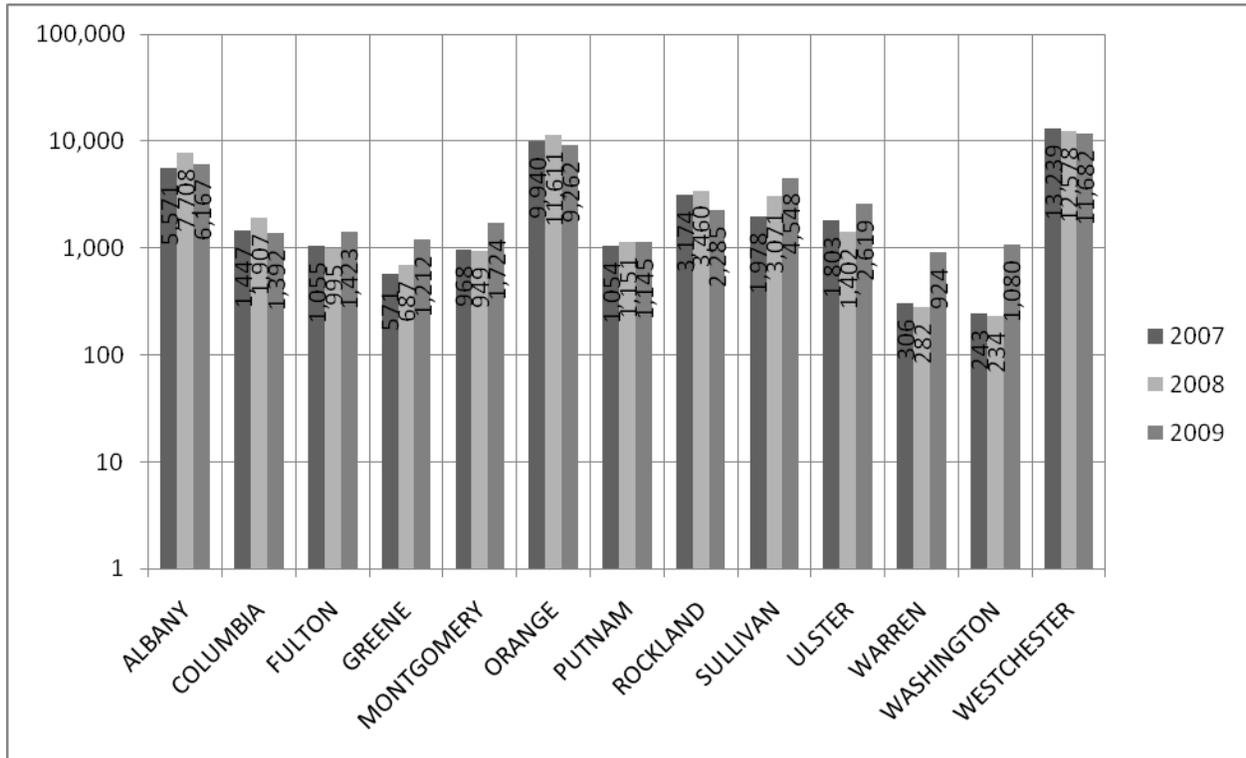
## EXHIBIT 1

### Attachment E - Revised Medicaid Users and Trips Data

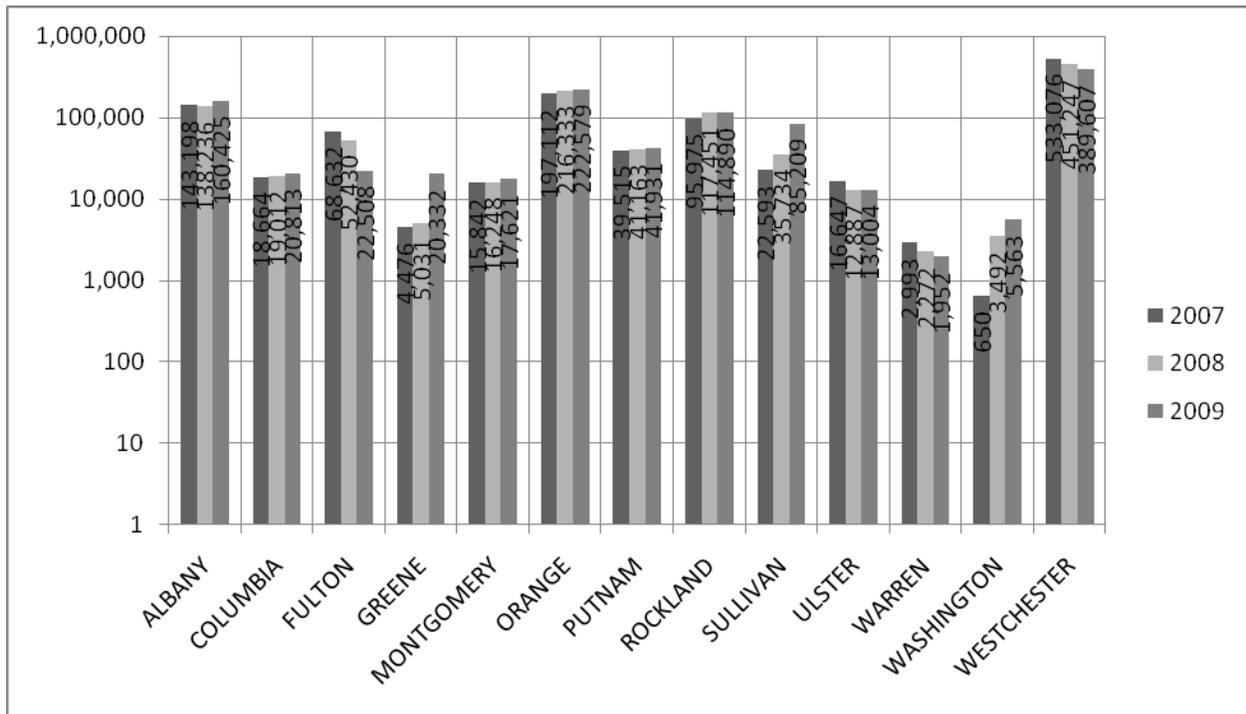
<b>County</b>	<b>Unduplicated Users of fee-for-service Transportation  (Calendar Year 2009)</b>	<b>Total Non- Emergency One- Way Trips  (Calendar Year 2009)</b>
ALBANY	6,167	160,425
COLUMBIA	1,392	<b>20,813</b>
FULTON	1,423	22,508
GREENE	1,212	<b>20,332</b>
ORANGE	<b>9,262</b>	<b>222,579</b>
MONTGOMERY	<b>1,724</b>	<b>17,621</b>
PUTNAM	1,145	41,931
ROCKLAND	2,285	114,890
SULLIVAN	4,548	85,209
ULSTER	<b>2,619</b>	13,004
WARREN	924	1,952
WASHINGTON	1,080	5,563
WESTCHESTER	11,682	389,607
<b>TOTAL</b>	<b>45,463</b>	<b>1,116,434</b>

Source: eMedNY data. Does not include "offline" reimbursed trips, for example, in certain instances where Medicaid enrollees are reimbursed for the use of personal vehicles or public transit.

Unduplicated Users of Fee-for-Service Transportation				
County Name	2007	2008	2009	Grand Total
ALBANY	5,571	7,708	6,167	19,446
COLUMBIA	1,447	1,907	1,392	4,746
FULTON	1,055	995	1,423	3,473
GREENE	571	687	1,212	2,470
MONTGOMERY	968	949	1,724	3,641
ORANGE	9,940	11,611	9,262	30,813
PUTNAM	1,054	1,151	1,145	3,350
ROCKLAND	3,174	3,460	2,285	8,919
SULLIVAN	1,978	3,071	4,548	9,597
ULSTER	1,803	1,402	<b>2,619</b>	<b>5,824</b>
WARREN	306	282	924	1,512
WASHINGTON	243	234	1,080	1,557
WESTCHESTER	13,239	12,578	11,682	37,499
<b>Grand Total</b>	<b>41,349</b>	<b>46,035</b>	<b>45,463</b>	<b>132,847</b>



Total Non-Emergency One-Way Trips				
County Name	2007	2008	2009	Grand Total
ALBANY	143,198	138,236	160,425	441,859
COLUMBIA	<b>18,664</b>	<b>19,012</b>	<b>20,813</b>	<b>58,489</b>
FULTON	68,632	52,430	22,508	143,570
GREENE	4,476	<b>5,031</b>	<b>20,332</b>	<b>29,839</b>
MONTGOMERY	<b>15,842</b>	<b>16,248</b>	17,621	<b>49,621</b>
ORANGE	197,112	216,333	222,579	636,024
PUTNAM	39,515	41,163	41,931	122,609
ROCKLAND	95,975	117,451	114,890	328,316
SULLIVAN	22,593	35,734	85,209	143,536
ULSTER	16,647	12,887	13,004	42,538
WARREN	2,993	2,272	1,952	7,217
WASHINGTON	650	3,492	5,563	9,705
WESTCHESTER	533,076	451,247	389,607	1,373,930
<b>Grand Total</b>	<b>1,159,373</b>	<b>1,111,536</b>	<b>1,116,434</b>	<b>3,387,253</b>



**EXHIBIT 2**

**NYS MEDICAID TRANSPORTATION FEE SCHEDULE**

SOURCE: OHIP DATA WAREHOUSE RUN DATE: 11/5/2010

<b>County</b>	<b>Procedure Code</b>	<b>General Description</b>	<b>Fee</b>
ALBANY	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.50
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$186.45
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$186.45
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$123.45
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$123.45
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$60.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$186.45
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$186.45
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$30.12
	NY103	AMBULETTE: MILEAGE	\$1.51
	NY111	AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$86.50
	NY124	AMBULETTE GROUP RIDE: ONE WAY PER PERSON AMBULATORY	\$22.95
	NY125	AMBULETTE GROUP RIDE: ONE WAY PER PERSON WHEELCHAIR	\$27.71
	NY131	AMBULETTE GROUP RIDE: MILEAGE	\$1.39
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$24.82
	NY133	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$35.00
	NY134	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$20.60
	NY135	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$2.75
	NY136	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$1.41
	NY150	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY151	NYS BRIDGE AUTHORITY TOLLS	ACTUAL TOLL
	NY153	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00

	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$8.46
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$1.51
	NY212	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$7.78
	NY221	TAXI/LIVERY/VAN: GROUP RIDE MILEAGE	\$1.39
	NY250	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY251	NYS BRIDGE AUTHORITY TOLL	ACTUAL TOLL
	NY253	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
COLUMBIA	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$12.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$135.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$135.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$80.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$80.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$0.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$135.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$135.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$30.00
	NY103	AMBULETTE: MILEAGE	\$2.00
	NY108	AMBULETTE: ADD ON FOR EXCEPTIONAL TRAVEL SITUATIONS REQUIRING INCREASED REIMBURSEMENT, I.E., CARRYDOWN	\$15.00
	NY111	AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$65.00
	NY121	AMBULETTE USED AS TAXI/LIVERY: MILEAGE	\$2.00
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$35.00
	NY135	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$2.75
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$1.00

	NY217	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY AMBULATORY PER PERSON	\$16.50
	NY228	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY ZONE 1 OR COUNTY SPECIFIC	\$30.00
	NY234	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$2.60
	NY235	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$2.00
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
FULTON	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$20.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.50
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$200.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$200.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$125.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$125.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$75.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$180.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$200.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$40.00
	NY103	AMBULETTE: MILEAGE	\$2.50
	NY120	AMBULETTE: MULTI-PURPOSE VEHICLE USED AS AMBULETTE/TAXI/LIVERY	\$24.00
	NY121	AMBULETTE USED AS TAXI/LIVERY: MILEAGE	\$1.20
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$0.00
	NY201	TAXI/LIVERY/VAN: ONE WAY EVENING, WEEKEND, HOLIDAY	\$10.00
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.00
	NY212	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$5.58
	NY214	TAXI/LIVERY/VAN: GROUP RIDE ROUND TRIP	\$14.90
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00

GREENE	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$0.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.10
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$90.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$90.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$80.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$80.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$60.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$90.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$90.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$25.00
	NY102	AMBULETTE: ONE WAY OUTSIDE COMMON MEDICAL MARKETING AREA	\$24.82
	NY103	AMBULETTE: MILEAGE	\$1.75
	NY109	THREE OR MORE EMPLOYEES NEEDED TO CARRYDOWN PERSON WEIGHING MORE THAN 250#	\$20.00
	NY111	AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$86.50
	NY115	AMBULETTE STRETCHER: MILEAGE	\$1.51
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$35.00
	NY133	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$45.00
	NY134	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$50.00
	NY135	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$2.75
	NY137	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$35.00
	NY138	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$3.00
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$7.82
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.45
	NY234	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$8.46
	NY237	PROVIDER SPECIFIC REIMBURSEMENT	\$1.51
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00

MONTGOMERY	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$15.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$150.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$150.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$105.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$105.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$0.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$150.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$150.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$40.00
	NY103	AMBULETTE: MILEAGE	\$2.50
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$5.00
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.00
	NY207	TAXI/LIVERY/VAN: ADDITIONAL RECIPIENTS IN VEHICLE AT SAME TIME	\$1.00
	NY212	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$3.90
	NY215	TAXI/LIVERY/VAN: GROUP RIDE INSIDE COUNTY	\$1.00
	NY217	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY AMBULATORY PER PERSON	\$8.55
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
ORANGE	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$30.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$3.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$230.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$230.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$125.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$125.00

	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$80.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$230.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$230.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$33.36
	NY103	AMBULETTE: MILEAGE	\$1.82
	NY106	AMBULETTE: ONE WAY TO RECURRING APPOINTMENTS, I.E., DIALYSIS	\$0.00
	NY107	AMBULETTE: ADD-ON FOR LONG DISTANCE TRIP	\$20.00
	NY111	AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$60.00
	NY115	AMBULETTE STRETCHER: MILEAGE	\$1.50
	NY141	AMBULETTE: SPECIFIC PROVIDER REIMBURSEMENT, GROUP RIDE	\$93.50
	NY150	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY151	NYS BRIDGE AUTHORITY TOLLS	ACTUAL TOLL
	NY153	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$3.89
	NY201	TAXI/LIVERY/VAN: ONE WAY EVENING, WEEKEND, HOLIDAY	\$4.00
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$1.77
	NY210	TAXI/LIVERY/VAN: ADD ON FOR LONG DISTANCE TRIP	\$20.00
	NY212	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$14.14
	NY235	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$3.00
	NY237	PROVIDER SPECIFIC REIMBURSEMENT	\$1.50
	NY250	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY251	NYS BRIDGE AUTHORITY TOLL	ACTUAL TOLL
	NY253	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
PUTNAM	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$25.00

	A0424	EXTRA AMBULANCE ATTENDANT, ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT (REQUIRES MEDICAL REVIEW)	\$25.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$3.25
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$162.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$162.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$112.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$112.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$80.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$162.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$162.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$30.00
	NY101	AMBULETTE: ONE WAY EVENING, WEEKEND, HOLIDAY	\$40.00
	NY103	AMBULETTE: MILEAGE	\$2.00
	NY109	THREE OR MORE EMPLOYEES NEEDED TO CARRYDOWN PERSON WEIGHING MORE THAN 250#	\$50.00
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$22.20
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$0.00
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.00
	NY212	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$2.50
	NY217	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY AMBULATORY PER PERSON	\$15.00
	NY218	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY WHEELCHAIR PER PERSON	\$30.00
	NY228	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY ZONE 1 OR COUNTY SPECIFIC	\$12.75
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
ROCKLAND	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$20.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$3.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$170.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$170.00

	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$120.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$120.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$0.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$170.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$170.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$20.00
	NY103	AMBULETTE: MILEAGE	\$2.00
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$25.00
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$22.20
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$0.00
	NY212	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$11.00
	NY215	TAXI/LIVERY/VAN: GROUP RIDE INSIDE COUNTY	\$8.50
	NY235	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$15.50
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
SULLIVAN	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$28.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$3.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$200.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$200.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$105.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$105.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$80.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$200.00

	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$200.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$30.00
	NY103	AMBULETTE: MILEAGE	\$1.85
		AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	
	NY111		\$100.00
	NY115	AMBULETTE STRETCHER: MILEAGE	\$1.85
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$30.00
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
		AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	
	NY199		\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$2.80
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.80
		TAXI/LIVERY/VAN: GROUP RIDE ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	
	NY212		\$18.90
	NY215	TAXI/LIVERY/VAN: GROUP RIDE INSIDE COUNTY	\$28.06
	NY221	TAXI/LIVERY/VAN: GROUP RIDE MILEAGE	\$2.65
	NY222	TAXI/LIVERY/VAN: GROUP RIDE AMBULATORY MILEAGE	\$0.43
	NY228	TAXI/LIVERY/VAN: GROUP RIDE ONE WAY ZONE 1 OR COUNTY SPECIFIC	\$2.65
		TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	
	NY298		\$0.00
		TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	
	NY299		\$0.00
		AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	
ULSTER	A0422		\$20.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.75
		AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	
	A0426		\$170.00
		AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	
	A0427		\$170.00
		AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	
	A0428		\$95.00
		AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	
	A0429		\$95.00
		AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	
	A0430		\$1,900.00
		AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	
	A0431		\$513.00
		PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	
	A0432		\$95.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$170.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$170.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00

	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$26.00
	NY101	AMBULETTE: ONE WAY EVENING, WEEKEND, HOLIDAY	\$35.00
	NY103	AMBULETTE: MILEAGE	\$1.75
	NY111	AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$56.00
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$104.75
	NY150	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY151	NYS BRIDGE AUTHORITY TOLLS	ACTUAL TOLL
	NY153	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$21.56
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$2.25
	NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.25
	NY250	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY251	NYS BRIDGE AUTHORITY TOLL	ACTUAL TOLL
	NY253	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
WARREN	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$12.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$120.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$120.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$70.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$70.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$60.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$120.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$120.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$35.00

	NY103	AMBULETTE: MILEAGE	\$1.50
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$27.50
	NY133	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$35.00
	NY135	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$1.35
	NY136	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$1.00
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$21.56
	NY199		\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$0.00
	NY208	TAXI/LIVERY/VAN: REGULARLY RECURRING TRIP, I.E., DIALYSIS TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$20.00
	NY298		\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
WASHINGTON	A0422	AMBULANCE (ADVANCED LIFE SUPPORT OR BASIC LIFE SUPPORT) OXYGEN AND OXYGEN SUPPLIES LIFE SUSTAINING SITUATION	\$15.00
	A0425	GROUND MILEAGE PER STATUTE MILE	\$2.00
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$130.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$130.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$70.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS- EMERGENCY)	\$70.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$60.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$130.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$130.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY103	AMBULETTE: MILEAGE	\$0.00
	NY132	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$20.00
	NY133	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$25.00
	NY134	AMBULETTE TRIP: SPECIFIC PROVIDER REIMBURSEMENT	\$27.40
	NY136	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$1.45
	NY137	AMBULETTE MILEAGE: SPECIFIC PROVIDER REIMBURSEMENT	\$1.35
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$21.56
	NY199		\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$8.00

	NY206	TAXI/LIVERY/VAN: MILEAGE	\$1.45
	NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
WESTCHESTER	A0425	GROUND MILEAGE PER STATUTE MILE	\$3.15
	A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	\$189.00
	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	\$189.00
	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	\$123.00
	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$123.00
	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (FIXED WING)	\$1,900.00
	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY, (ROTARY WING)	\$513.00
	A0432	PARAMEDICA INTERCEPT (P1), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER. AMBULANCE COMPANY WHICH IS PROHIBITED BY STATE LAW FROM BILLING THIRD PARTY PAYERS	\$0.00
	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$189.00
	A0434	SPECIALTY CARE TRANSPORT (SCT)	\$189.00
	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$6.50
	A0436	ROTARY WING MILEAGE, PER STATUTE MILE	\$38.00
	A0999	UNLISTED AMBULANCE SERVICE	\$0.00
	NY100	AMBULETTE: ONE WAY TRIP INSIDE COMMON MEDICAL MARKETING AREA	\$31.50
	NY101	AMBULETTE: ONE WAY EVENING, WEEKEND, HOLIDAY	\$11.00
	NY103	AMBULETTE: MILEAGE	\$2.30
	NY109	THREE OR MORE EMPLOYEES NEEDED TO CARRYDOWN PERSON WEIGHING MORE THAN 250#	\$11.00
	NY111	AMBULETTE STRETCHER: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$76.00
	NY113	AMBULETTE STRETCHER: ADD ON FOR EXCEPTIONAL TRAVEL SITUATIONS REQUIRING INCREASED REIMBURSEMENT,	\$22.00
	NY114	AMBULETTE STRETCHER: ROUND TRIP	\$2.00
	NY115	AMBULETTE STRETCHER: MILEAGE	\$2.30
	NY117	AMBULETTE TOLLS (NYC BRIDGE/TUNNEL)	ACTUAL TOLL
	NY120	AMBULETTE: MULTI-PURPOSE VEHICLE USED AS AMBULETTE/TAXI/LIVERY	\$43.50
	NY150	NYS THRUWAY TOLLS	ACTUAL TOLL
	NY151	NYS BRIDGE AUTHORITY TOLLS	ACTUAL TOLL
	NY153	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
	NY165	AMBULETTE TRANSPORTATION TO AND/OR FROM AN ADHC PROGRAM	\$22.20
	NY199	AMBULETTE: UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
	NY200	TAXI/LIVERY/VAN: ONE WAY INSIDE COMMON MEDICAL MARKETING AREA	\$7.20

NY202	TAXI/LIVERY/VAN: ONE WAY OUTSIDE COMMON MEDICAL MARKETING AREA	\$7.20
NY206	TAXI/LIVERY/VAN: MILEAGE	\$2.30
NY207	TAXI/LIVERY/VAN: ADDITIONAL RECIPIENTS IN VEHICLE AT SAME TIME	\$4.00
NY208	TAXI/LIVERY/VAN: REGULARLY RECURRING TRIP, I.E., DIALYSIS	\$12.00
NY209	TAXI/LIVERY/VAN: ATTENDANT	\$6.00
NY210	TAXI/LIVERY/VAN: ADD ON FOR LONG DISTANCE TRIP	\$9.00
NY211	TAXI/LIVERY/VAN: ADD ON FOR EXCEPTIONAL TRAVEL SITUATIONS REQUIRING INCREASED REIMBURSEMENT	\$9.00
NY221	TAXI/LIVERY/VAN: GROUP RIDE MILEAGE	\$1.80
NY227	TAXI/LIVERY/VAN: NYC MTA BRIDGE & TUNNEL TOLLS	ACTUAL TOLL
NY234	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$25.00
NY235	TAXI/LIVERY/VAN: SPECIFIC PROVIDER REIMBURSEMENT	\$20.00
NY250	NYS THRUWAY TOLLS	ACTUAL TOLL
NY251	NYS BRIDGE AUTHORITY TOLL	ACTUAL TOLL
NY253	TOLLS NOT FURTHER DEFINED	ACTUAL TOLL
NY298	TAXI/LIVERY/VAN: GROUP RIDE UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00
NY299	TAXI/LIVERY/VAN: TAXI/LIVERY UNASSIGNED PROCEDURE AVAILABLE FOR EXTRAORDINARY TRANSPORTS	\$0.00