

**Medicaid Transportation Management Initiative
Long Island NY Region
Funding Availability Solicitation (FAS) #15599
Responses to Written Questions
August 21, 2014**

A. General

1. Is preference given to New York based companies?

No preference is given to New York based companies. The Funding Availability Solicitation (FAS) is a nationwide solicitation.

2. Is the coordination of transportation services for Managed Long Term Care (MLTC) subscribers included in the FAS?

Coordination of Medicaid transportation services for MLTC members is not required at this time. However, the Department may pursue carve out of MLTC members in the future and therefore constitute a reimbursable population for the awarded transportation manager.

3. Is it the expectation of the Department to have unique community based liaisons to interact with providers and transportation vendors?

The Department does not expect nor support the use of community based “unique” community liaisons for this purpose. Rather, the contractor is expected to establish relationships directly with medical providers, transportation providers, and county officials to ensure that Medicaid transportation services are rendered in an effective, efficient manner.

4. What languages in addition to English and Spanish does the Department consider regionally predominant?

Contractors are expected to be able to respond to any language that Call Service Representatives cannot understand.

5. Since the contractor will be contracting directly with NYSDOH, do the living wage laws in these two counties still apply?

Bidders should discuss this with their attorney; contractors must comply with all local, state and federal laws.

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- 6. How will the transportation carve out from the managed care benefit package be implemented, all at once or gradually? What is the expected timeline?**

The Department will work with the contractor to determine the best schedule for carving out non-emergency medical transportation from the managed care benefit package. Typically, the carve-out occurs a few months after the contract is executed.

- 7. Please clarify the location of the primary call center and the location of the core management team, and whether the core management team and/or the call center may be located outside of the Long Island base location.**

The primary call center must be located in the Continental USA. The core management team should be located and maintain a business office on Long Island. Please see FAS Amendment #1 on <http://www.health.ny.gov/funding/rfp/15599/index.htm>.

- 8. The FAS specifies that the contractor use technology that can calculate exact mileage – does mileage have to be specified to within 1/10th of a mile, or can the numbers be rounded off to the next whole number?**

While technology can calculate mileage to 1/10th of a mile, mileage will be rounded up to the next whole number. For example, if total mileage of a round trip is 18.2 miles, the contractor should approve 19 miles for this trip.

B. Administrative

- 1. Please define the Vendor ID number. Is it the same as the Federal ID number?**

No, a Vendor ID number is unique to New York State and is required for any vendor doing business with New York State. To register and obtain a Vendor ID number, please go to: <http://www.osc.state.ny.us/vendrep/login.htm>.

- 2. Is the M/WBE utilization plan a requirement or a goal? And what is the timeline for the utilization plan, is it for the entire contract?**

The MWBE Utilization Plan represents the bidder's plans to meet the established goals for the procurement. The Department, per Section 16, Contractor Requirements and Procedures for Business Participation Opportunities for New York State Certified Minority and Women Owned Business Enterprises and Equal Employment Opportunities for Minority Group Members and Women, Part D, may disqualify a Bidder as being nonresponsive under the following circumstances:

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- a) If a Bidder fails to submit a M/WBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver; or
- d) If New York State Department of Health determines that the Bidder has failed to document good faith efforts.

Yes, the utilization plan is a plan for the entire contract period.

C. Call Center

- 1. Section C.2.a.1. states that the contractor shall maintain sufficient personnel from 7:00 am to 6:00 pm, but Section C.2.e. states that the contractor will accommodate requests for same day service for urgent care. Does this mean that the awardee will accept requests for routine NEMT 24x7 via call ins?**

No. Requests for routine NEMT are expected to be made with a three-day notice or more. However, the contractor shall have the ability to handle same day service for urgent care.

- 2. Regarding the call tracking system requirement that “the number of answered calls that exceed seven minutes, the number of these that exceed ten minutes, and the number that exceed fifteen minutes, include hold time” – does this refer to average handle time per call or hold time waiting for an agent to answer the call?**

The request refers to the length of time it takes call center representatives to handle a call, once they have answered the call. It does not include the time it takes to answer the call, but does include any time a caller is put on hold after the call has been answered. There is no averaging of these statistics.

- 3. Regarding the call tracking system requirement that “the number and percentage of calls abandoned while placed on hold by call services staff” – does this refer to callers that abandon their call after being placed on hold by an agent, or placed on hold by the phone system while waiting for an agent to initially answer the call?**

This refers to callers that abandon their call after they are placed on hold by a call service representative.

- 4. Regarding the call tracking system requirement “the number of available call center staff operators by the time of day and the day of the week, in half-hour increments”, will an employee schedule showing half hour shift increments**

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suffice or do you require real-time phone system data of operators on staff (logged in) ongoing and by half hour increments? How often will this list need to be provided?

The intent of this requirement is to determine if the call center is adequately staffed, in the event that complaints regarding hold time are made. The employee schedule may be used, provided it is true and accurate; however, the Department will require the contractor to tally this information on a spreadsheet for the period of days in question. The data will be requested on an as-needed basis.

- 5. Regarding the requirement that the queue time after the initial automatic voice response will be three minutes or less per call” – does this mean average queue time, or that 100% of calls must be answered in three minutes or less? Please confirm that the expectation is that 95% of all calls (on average) will be handled in three minutes or less.**

This requirement means that of all the calls received for the month, at least 95% of them must be answered within three minutes. There is no averaging of this statistic.

- 6. Must the vendor accept non-urgent requests for service outside of normal call center business hours?**

The transportation manager is not required to accept non-urgent requests for service outside of normal call center business. However, the transportation manager must provide 24 hour toll-free access in order to provide information on how to access transportation for an urgent medical condition, on holidays, weekends and outside business hours

D. Proposal Submission

- 1. Can the proposal be consecutively page numbered instead of by section?**

No, each section of the proposal should be separately numbered and identified in the Table of Contents.

- 2. Should the attachments be consecutively numbered?**

The attachments are not required to be consecutively numbered. However, the attachments should be clearly identified in separate tabs.

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3. Are we required to submit financial statements with our Cost Proposal?

No, the bidder is not required to submit financial statements with the cost proposal. Section D.5 of the Funding Availability Solicitation lists what is required to be submitted with the bidder's Cost Proposal. However, should a contract be awarded by the Department, the vendor will need to submit financial statements as part of the vendor responsibility approval process.

4. Can letters of commitment from transportation vendors be included in an appendix?

This FAS does not require letters of support or commitment from any transportation vendor or any political entity, and such letters should not be included in a bidder's proposal. There can be no subcontractual arrangement between the transportation manager and a transportation vendor.

5. Do the page limit requirements for FAS sections include any attachments submitted with the proposal?

The page limits for FAS sections do not include any attachments submitted with the proposal. However, note that the answer to each section must be complete within the page limits. While attachments can be considered in the evaluation process, they cannot be used to substitute for a complete written response to the question within the page limits.

6. Please provide in detail what is required on Form 4, Attachment K.

M/WBE Form 4 is a request for the bidder's proposed staffing plan for the project. Bidders will check off an applicable category, fill in the contractor name and address and populate the staff categories with a count in each box. Bidders will also fill out the name and title and then sign and date the form.

7. For submission via a carrier service, please clarify the submission address.

If using a carrier/courier service to submit a proposal, please use the following address:

Mark Bertozzi, Ph.D.
New York State Department of Health
Office of Health Insurance Programs
Division of Program Development and Management
One Commerce Plaza, Room 720
99 Washington Avenue
Albany, NY 12210

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E. Pricing Model/Bid

1. Is the Department of Health seeking a risk-based capitated brokerage model?

No, the Department of Health is not procuring a risk-based capitated brokerage model. The Department of Health is procuring a contractor to perform the administrative functions related to the management of non-emergency Medicaid transportation as listed in the Funding Availability Solicitation. All payments to transportation vendors, typically paid by brokers under a risk-based capitated model, will continue to be paid to the transportation vendor by the Department of Health.

2. Would you confirm that the pricing is to be for administrative services only?

The Department of Health confirms that the bid is to be for administrative services only. The bidder's cost proposal should reflect the costs of managing non-emergency transportation services described through Section C of this FAS. The cost of the delivery of transportation services incurred by a transportation vendor or a Medicaid enrollee is not to be included in the cost proposal.

3. Would the Department allow alternative pricing models such as an administrative percent off the transportation cost?

No, the Department of Health will not consider alternative pricing models to determine the fee to be paid to the contractor. The only bids that will be accepted are those that are submitted according to the requirements in the FAS. See Section D.5. of the FAS.

4. Do membership numbers provided in Attachment E include members that are currently with Managed Care plans?

The Medicaid enrollee figures cited under D.5., Cost Proposal, do not include Managed Care enrollees.

5. If the membership numbers cited do not include those enrollees in managed care plans, please provide an estimate of the volume of those managed care enrollees.

As of July 2014, there were 271,594 enrollees who were members of Medicaid Managed Care plans, where the plan is responsible for transportation.

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6. How are the current transportation managers reimbursed – is it via a fixed budget, fee-for-service, or some other arrangement?

It is our understanding that the current transportation managers for Nassau and Suffolk counties are paid based on an annual amount negotiated as part of the contracts between each county and their Medicaid transportation manager.

For this procurement, the contractor will be paid according to the information specified in Section E.6. of the FAS.

7. Are the current transportation managers at risk for any transportation costs? If so, please explain the nature of such costs and how is it reimbursed to the transportation manager?

If this question is concerning the transportation managers currently employed by Nassau and Suffolk counties, the question does not pertain to this FAS.

If this question pertains to the State's existing transportation management contract, the contractor will pay for commercial transportation and mileage in limited situations; these expenses will be reimbursed by the Department, provided they have been paid according to Medicaid policies, rules and regulations.

Because this contract is not capitated, the contractor is not "at risk" for the cost of providing transportation services.

8. What type of cost reporting do the current transportation managers provide? Please provide monthly reports for the past 12 months.

The Department does not have access to this information.

9. Please share the last two fiscal years' budgets for both Nassau and Suffolk counties.

The Department does not have this information.

10. The bid form requests prices for three separate membership levels: 0-100,000; 100,001 to 300,000; and 300,001 and above. According to Attachment E, there were 413,677 enrollees in 2013. Do counties expect to lose membership during the contract period, necessitating the request for bids at the first two membership levels? Do counties plan to phase in or phase out members?

We do not expect enrollment to decrease; however, there is the potential that it may. Additionally, implementation of the State's Medicaid transportation management in Nassau and Suffolk counties may be phased in, so it is possible that the contractor will

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not be providing transportation management for all Nassau and Suffolk county Medicaid enrollees at once. Therefore, all three levels of pricing should be included in the proposal.

Further, the counties cannot “phase out” Medicaid enrollees. Medicaid enrollment criteria is subject to NYS statute and regulation.

11. Please provide the fee schedule that will be used to reimburse the transportation providers.

The current Medicaid fee schedule for Nassau and Suffolk counties can be found at: <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>.

F. Statistics

1. Please provide the historical call statistics for each month, for SFY2012 and SFY2013. Statistics may include:

- **The number of incoming calls**
- **The number of calls answered**
- **The average time to answer a call**
- **The number of abandoned calls during the wait in queue for interaction with Call Center Staff**
- **The average abandonment time**
- **The highest abandonment call time**
- **The average talk time**
- **The identity of the Call Center Staff member taking the call and authorizing the request**
- **The daily percentage of abandoned calls and calls answered**
- **The number of available operators by time of day and day of week, in hourly increments**

The Long Island region counties have not been under state management for Medicaid non-emergency medical transportation; therefore the Department does not have the requested data. Further, the data for each county most likely varies. Data regarding the number of one way trips during 2012 may be helpful and is in Section D.5. of the FAS.

Be sure to review the FAS carefully to understand the performance requirements.

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- 2. Please provide the following information based on the experience in other regions for at least the past 3 months and preferably the most recent 12 months:**
- **Number of trips**
 - **Number of incoming calls**
 - **Average call duration**
 - **Ratio of numbers of calls rec'd to trips scheduled**
 - **Average speed to answer for call centers**
 - **Average abandonment rate**

The Long Island region counties have not been under state management for Medicaid non-emergency medical transportation; therefore we do not have the requested data. Further, the data for each county most likely varies. Data regarding the number of one way trips during 2012 may be helpful and is in Section D.5. of the FAS.

Be sure to review the FAS carefully to understand the performance requirements.

- 3. Can the Department provide trip volume by level of service, including mass transit and mileage reimbursement on a monthly basis?**

Two recent examples of the number of claims by mode of transport, February and April 2014, are included below:

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Claims Nassau and Suffolk Counties, February and April 2014			
NASSAU		NASSAU	
AMBULANCE	February 2014	AMBULANCE	April 2014
ADVANCED LIFE SUPPORT EMERGENCY	300	ADVANCED LIFE SUPPORT EMERGENCY	288
ADVANCED LIFE SUPPORT NONEMERGENCY	41	ADVANCED LIFE SUPPORT NONEMERGENCY	50
BASIC LIFE SUPPORT EMERGENCY	447	ALS-ASSIST OR PARAMEDIC INTERCEPT	1
BASIC LIFE SUPPORT NONEMERGENCY	642	BASIC LIFE SUPPORT EMERGENCY	480
MILEAGE	5,433	BASIC LIFE SUPPORT NONEMERGENCY	628
SPECIALTY CARE TRANSPORT - ALS	21	MILEAGE	5,464
		SPECIALTY CARE TRANSPORT - ALS	8
		UNLISTED AMBULANCE SERVICE	15
AMBULETTE		AMBULETTE	
STRETCHER VAN	1	MILEAGE	6,204
MILEAGE	4,221	NONEMERGENCY TRANSPORT TAXI	2,139
NONEMERGENCY TRANSPORT TAXI	1,667	NONEMERGENCY TRANSPORT WHEELCH VAN	7,812
NONEMERGENCY TRANSPORT WHEELCH VAN	6,771		
TAXI		TAXI	
MILEAGE	42,060	MILEAGE	53,136
NONEMERGENCY TRANSPORT TAXI	9,291	NONEMERGENCY TRANSPORT TAXI	10,789
SUFFOLK		SUFFOLK	
AMBULANCE	February 2014	AMBULANCE	April 2014
ADVANCED LIFE SUPPORT EMERGENCY	110	ADVANCED LIFE SUPPORT 2 EMERGENCY	2
ADVANCED LIFE SUPPORT NONEMERGENCY	32	ADVANCED LIFE SUPPORT EMERGENCY	105
BASIC LIFE SUPPORT EMERGENCY	443	ADVANCED LIFE SUPPORT NONEMERGENCY	43
BASIC LIFE SUPPORT NONEMERGENCY	1,086	BASIC LIFE SUPPORT EMERGENCY	515
MILEAGE	9,481	BASIC LIFE SUPPORT NONEMERGENCY	1,238
SPECIALTY CARE TRANSPORT - ALS	34	MILEAGE	10,641
UNLISTED AMBULANCE SERVICE	33	SPECIALTY CARE TRANSPORT - ALS	13
		UNLISTED AMBULANCE SERVICE	30
AMBULETTE		AMBULETTE	
STRETCHER VAN	24	STRETCHER VAN	20
MILEAGE	991	MILEAGE	960
NONEMERGENCY TRANSPORT WHEELCH VAN	9,006	NONEMERGENCY TRANSPORT WHEELCH VAN	11,256
WHEELCHAIR VAN MILEAGE PER MI	3,019	WHEELCHAIR VAN MILEAGE PER MI	3,974
TAXI		TAXI	
MILEAGE	84,677	MILEAGE	98,749
NONEMERGENCY TRANSPORT TAXI	11,882	NONEMERGENCY TRANSPORT TAXI	14,327

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- 4. What percentage of transports are scheduled but never completed by mode of transport on a monthly basis?**

The Department does not have access to this information.

- 5. Can the Department provide specific distribution of phone calls received by language, time of day, day of week?**

The Department does not have access to this information.

- 6. Can the Department provide specific information on the volume and value of pre-approved personal travel expenses?**

The Department does not have access to this information.

For upstate counties, pre-approved personal travel expenses, ie, hotel stays and meals, has historically constituted a very small portion of transportation costs, and varies by county and month.

- 7. Can the Department provide specific information on the volume and value of out of area transportation?**

The Department does not have access to this information.

- 8. How often in the past 12 months were fair hearings required to be attended in the LI region?**

The Department does not track this information.

- 9. How many individuals have been identified and are currently in the restricted recipient program?**

The Department does not have access to this information at this time.

- 10. Please provide member counts by month, by aid category, for the past 12 months.**

For this information, please go to:

http://www.health.ny.gov/health_care/medicaid/statistics/

The most recent data are from 2013.

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G. Transportation Vendor Ownership

- 1. Can a company that has ownership in a transportation vendor (but is a separate company) submit a bid?**

A bidder who has ownership in a transportation company that delivers transportation in any part of the counties specified in this FAS may submit a bid. However, no later than 30 calendar days following notification of an award, and prior to execution of the contract, the successful bidder must abrogate any ownership, affiliation, subsidiary relationship, management or operating interest, or participation of any kind in a transportation company that provides Medicaid transportation in any part of the region covered by this FAS. Failure to do so means that the bidder does not meet all of the conflict of interest requirements specified in Section D.3. of the FAS.

- 2. Will the State allow the selected transportation manager to also serve as a transportation vendor in limited circumstances, such as in very rural areas of the State where limited resources exist?**

No, the Department will not allow the selected transportation manager to also serve as a transportation vendor in any circumstance.

H. Subcontracting

- 1. Does the Department expect the contractor to sub-contract with the transportation providers? Can a transportation vendor be a subcontractor?**

Transportation providers cannot be proposed as a subcontractor. In fact, the winning bidder will not be allowed to enter into, or have any contract with a Medicaid transportation provider.

I. Vendor Credentials

- 1. Will the transportation manager be responsible for credentialing transportation vendor vehicles and drivers?**

No, at this time the transportation manager will not be responsible for credentialing vendor vehicles and drivers. Any such quality assurance enhancements would require a contract amendment.

Currently, credentialing of transportation provider vehicles and drivers are the responsibility of the NYS Department of Transportation and the NYS Department of

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Motor Vehicles. For taxi level service, local county and city governments should be consulted.

J. Transportation Services

1. What services are covered by the New York State Medicaid program?

Below is a list of many covered medical services to which a Medicaid enrollee may need transportation. Please note this list is not exhaustive:

- Inpatient and outpatient hospital services;
- Physician and nurse practitioner services;
- Medical and surgical dental services;
- Nursing facility services;
- Family planning services;
- Rural health clinic services;
- Laboratory and X-ray services;
- Federally qualified health center and free-standing clinic services;
- Midwife services;
- Intermediate care facility services for the developmentally disabled;
- Optometrist services;
- Physical, speech and occupational therapies;
- Dental services;
- Audiology;
- Clinical psychologist services;
- Diagnosis, screening, preventive and rehabilitative services; and
- Hospice.

2. Is out-of-state transportation covered?

Yes, the New York State Medicaid program covers out-of-state transportation for necessary medical services that the New York State Medicaid program covers. Please note that transportation to medical providers/specialists not locally available is required to be justified before approval. Also, typically Medicaid will not reimburse medical transportation outside the United States.

3. Please define walking distance.

Walking distance is generally considered to be ½ mile or less.

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4. Is an enrollee permitted to drive to a medical appointment and be reimbursed mileage?

Yes, enrollees in Nassau and Suffolk counties will be eligible to receive reimbursement for mileage, provided the trip meets appropriate criteria. Enrollees must work through the transportation manager for approval to do so in order to receive reimbursement.

K. Fees/Rates/Methods of Payment

1. Will the transportation manager negotiate fees with transportation vendors?

No, the transportation manager will not be permitted to negotiate fees with transportation vendors, except in the exceptional situation in which the established fees are not applicable to the transportation request. However, final approval of the fee will be made by the Department. For example, the transportation manager may need to negotiate a fee for the transport of a child to an out-of-state major urban medical center.

2. What is the method of payment for commercial transportation fee-for-service?

Commercial airlines, trains and buses are not enrolled in Medicaid, and therefore cannot be reimbursed through the Department's eMedNY claim system. The cost will be determined at the time of reservation and is an expense incurred by the transportation manager. The transportation manager will then be reimbursed for the appropriate personal and commercial travel expenses by the Department.

The transportation manager is required by the Department to consider cost efficiency in booking this travel.

Please note that commercial air travel of a New York State Medicaid enrollee is a rare event.

3. Will the contractor be responsible for the disbursement of public transit fare?

The contractor may be required to disburse public transit fare. The method of disbursement will be determined jointly between the contractor and the Department. This disbursement will be reimbursed to the contractor by the Department.

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4. What is the current personal vehicle mileage reimbursement rate for the region?

The 2014 reimbursement rate for personal vehicle mileage incurred by a Medicaid enrollee or his or her family member is \$.24 per mile. The 2014 reimbursement rate for personal vehicle mileage incurred by a volunteer driver is \$.56 per mile.

5. Please list examples of instances in which the transportation manager can authorize a fee that is not on the Medicaid fee schedule. For instance, if a request is made to transport an enrollee of excessive weight down a flight of stairs, requiring additional transportation provider staff, can the manager authorize a higher fee for that transport?

The transportation manager is allowed to authorize only the approved fees listed on the Medicaid fee schedule. In situations where the current fees may not be appropriate to the needs of the trip, the manager should contact the Department and discuss what fee adjustment may be needed to ensure access to transportation.

L. Implementation

1. Will the contractor be expected to mail an introductory letter prior to implementation of transportation management services? If yes, will the mailing to Medicaid enrollees be sent to all enrollees or only to those current users of transportation services, and how often will these mailings be expected to occur?

No, the contractor will not be expected to mail an "introductory letter" to Medicaid enrollees, transportation vendors, or medical practitioners. Letters of instruction and information relevant to the efficient operation of the call center and prior authorization process may be mailed by the contractor to transportation vendors and/or medical practitioners as part of the contractor's work plan, to be determined solely by the contractor, subject to approval by the Department. Further, ongoing mail may be required to be sent to individual Medicaid enrollees, transportation vendors and/or medical practitioners as part of the prior authorization process.

In all communications, the Department strongly encourages use of electronic mail.

2. What is the timeline for transitioning Medicaid Managed Care enrollees to the fee-for-service transportation management selected contractor?

The timeline for transitioning this cohort of Medicaid enrollees from their current methodology for securing transportation to the fee-for-service transportation model will be based upon an implementation plan agreed to by the transportation manager and

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the Department of Health. The Department consults with the affected Managed Care plans in advance of the implementation.

In general, the managed care transition has occurred a few months after full fee-for-service enrollee implementation.

M. Eligibility

- 1. Will the contractor receive an eligibility file that identifies applicable Medicaid enrollees or will the contractor be required to solely use ePACES?**

The Department of Health will provide the contractor with a file every month containing relative Medicaid enrollee information for those enrollees in each contracted county.

- 2. Does the number of enrollees include enrollees using reimbursement? And enrollees eligible under FFS even if they do not use it?**

The eligibility file provided to the contractor will contain every Medicaid person in Nassau and Suffolk counties, including those who are members of Managed Care plans. This file will contain enrollees who may or may not use Medicaid services.

- 3. With what frequency is the eligibility status of Medicaid enrollees updated?**

Medicaid enrollee eligibility is updated daily.

- 4. Will transportation vendors be expected to independently verify Medicaid eligibility or will they transport based on information provided by the transportation manager?**

The transportation manager is expected to assign necessary trips of eligible Medicaid enrollees to enrolled transportation vendors. However, it is the responsibility of the transportation vendors to verify Medicaid eligibility of riders on the service date, in order to determine if that rider is eligible on that date. If the rider is ineligible, no payment will be made. Further, the transportation manager is not financially liable for the cost of transports delivered to non-eligible enrollees.

N. Prior Authorizations

- 1. It is noted that assigning prior authorizations for trips more than 30 days after the date of service will be considered transaction errors. Can you explain the circumstances in which prior authorizations can be assigned to trips that are**

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more than 30 days after the date of service without being considered a transaction error?

When the trip is less than 90 days old, but greater than 30 days old, the transportation manager can authorize these trips when:

- A. The Medicaid enrollee was ineligible on the service date and eligibility was obtained after the service date retroactive to the service date.
- B. A documented third party insurance action prevented the authorization of the trip sooner than the date issued by the transportation manager.
- C. There were other factors that precluded the generation of the prior authorization sooner than the date issued by the transportation manager.

In any event, if the request for authorization of a trip is made sometime after 90 days from the service date, the request for authorization should be referred to the Department of Health for adjudication of the request.

- 2. Will the transportation manager be allowed to revise previously assigned prior authorizations, such as when revisions to units or procedure codes are needed, rather than having to request a second prior authorization? If so, when will this ability be given?**

The selected transportation manager is expected to have access to eMedNY through a secure third party transactional process. Transportation managers engaging in this transactional process are able to amend previously generated prior authorizations.

- 3. Section A of the FAS states that transportation may be denied when an enrollee has access to and can make use a private vehicle or mass transit. Section B of the FAS states that the transportation manager will make use of public transit options where appropriate and these are seemingly contradictory statements. Are mass transit and private vehicles covered levels of service and if so, what would be the reason for denying transportation based on either the enrollees proximity to mass transit or access to a private vehicle?**

The intention of the statement regarding denial of transportation services is to note that individuals who are able to use a private vehicle or public transit for everyday activities are generally able to use those same modes of transportation to get to their medical appointments without assistance from the Medicaid program. Those who do need assistance to get to their medical appointments should travel by the most appropriate, cost effective mode of transportation.

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Mileage reimbursement and public transportation are both covered modes of transportation as appropriate. It is up to the transportation manager to review the request and the need for transportation to make the determination what, if any, is the most appropriate mode of transportation.

O. Website

1. What is the intent of the public website?

The intent of the website is to provide public information on Medicaid transportation in Nassau and Suffolk counties to Medicaid enrollees, transportation providers, medical providers, and the general public about available transportation services, Medicaid eligibility requirements and how to access transportation. The website will have the ability to receive input from medical practitioners and transportation providers and accept communication from enrollees and/or their agents, transportation vendors, and medical practitioners. For more information, see Section C.4 of the FAS.