December 9, 2009

Dear Air Ambulance Provider:

The New York State Medicaid Program has seen an increase in the need for fixed wing air ambulance transports to and from hospitals outside New York State. In order for us to assure this mode of transportation is available in these urgent transport situations, it is necessary to set an adequate reimbursement fee for providers.

We need your help in arriving at this fee. If you choose, would you please send us the following information for your company?

1. Medicaid/standard fixed wing (one way) base fee;
2. Medicaid/standard loaded mileage fee;
3. Base of operations/service area;
4. Contact name, telephone number and/or email address;
5. Additional information you wish for the Department to consider.

This information should be submitted to:

Director, Medicaid Transportation Policy Unit
Division of Financial Planning and Policy
New York State Department of Health
One Commerce Plaza, Suite 720
Albany, New York 12210

Or via email to MedTrans@health.state.ny.us.

Also, we encourage you to enroll as an ambulance provider in the New York State Medicaid program; an enrollment application is available online at:

http://www.emedny.org/info/ProviderEnrollment/index.html.

If you have any questions, please contact Medicaid Transportation Policy Unit staff at (518) 408-4825, or via email to the address above. Thank you for your assistance.

Sincerely,

Mark Bertozzi
Division of Financial Planning and Policy
Office of Health Insurance Programs