



Solicitation Information
August 17, 2012

Request for Proposals 7457984

TITLE: Non-Emergency Medical Transportation Services Brokerage Project

Submission Deadline: September 19, 2012 at 11:00 AM (EDT)

PRE-BID/PROPOSAL CONFERENCE: No

Questions concerning this solicitation must be received by the Division of Purchases at rfp.questions@purchasing.ri.gov no later than **August 31, 2012**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP / LOI # in the subject of all correspondence. Responses to questions received, if any, will be posted on the website (<http://www.purchasing.ri.gov>) as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website regularly for any addendums.

SURETY REQUIRED: No
PERFORMANCE BOND REQUIRED: Yes

Daniel W. Majcher, Esq.
Assistant Director, Special Projects

Vendors must register on-line at the State Purchasing Website

NOTE TO VENDORS:

Proposals received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

General Instructions and Notifications to Bidders

1. Potential bidders are advised to review all sections of this RFP carefully and to follow instructions completely. Failure to make a complete submission as described herein may result in a rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, or scope of work defined by this RFP will be rejected as being non-responsive. Additionally, the Division reserves the right to reject or accept any and all proposals on such a basis that the Division deems to be in its best interest.
3. In order to submit a proposal, bidders must properly register with the State of Rhode Island. For information of registering, please see the Division's website at www.purchasing.ri.gov and under the heading "Vendor Registration Information."
4. The Purchasing Agent reserves the right to request additional information regarding the "responsibility" of any bidder and accept or reject any bid on the basis of "responsibility" in his or her discretion.
5. All costs associated with developing or submitting a proposal in response to this Invitation, or to provide oral or written clarification of its content shall be borne by the bidder. The State assumes no responsibility for costs during the RFP process.
6. Proposals are considered to be irrevocable for a period of not less than ninety (90) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent. Any such withdrawal may result in forfeiture of the submitted bid surety.
7. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
8. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
9. All proposals should include the bidder's FEIN or Tax Identification number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
10. The purchase of goods under an award made pursuant to this RFP will be contingent on the availability of funds.

11. Bidders are advised that all materials submitted to the State for consideration in response to this RFP will be considered “Public Records” as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon award.
12. Interested parties are instructed to monitor the Division of Purchases website on a regular basis, as additional information or changes relating to this solicitation may be released in the form of an addendum. Potential bidders are responsible for monitoring www.purchasing.ri.gov for any addendums.
13. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
14. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful bidder.*
15. The bidder should be aware of the State’s Minority Business Enterprise (MBE) requirements, which address the State’s goal of ten percent (10%) participation by MBE’s in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact dorinda.keene@doa.ri.gov.
16. Questions and Proposal Submission Questions concerning this solicitation may be emailed to the Division in accordance with the terms and conditions expressed on the cover page of this solicitation. Questions received, if any, will be posted on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information and track the website for information and addendums.

PREPARATION OF PROPOSAL

Proposals shall include the following:

1. A letter of transmittal signed by an owner, officer or authorized agent of the firm or organization, acknowledging and accepting the terms and conditions of this Request, and tendering an offer to the Executive Office of Health and Human Services. The signature of the official with legal authority to bind an organization into a contractual agreement should also be included.
2. A completed and signed R.I.V.I.P. generated Bidder Certification Cover Form downloaded from the Division's Internet home page at <http://www.purchasing.state.ri.us>.
3. An original (marked "Original") plus six (6) copies of a signed and sealed **Cost Proposal** per the requirements of Section 5.3 of the RFP. The cost proposal should be limited to 15 double spaced pages using a Times New Roman font not smaller than 12 point **not** including attachments.
4. An original (marked "Original") plus six (6) copies of a separate **Technical Proposal** per the requirements of Section 5.3 of the RFP. The technical proposal should be limited to 75 double spaced pages using a Times New Roman font not smaller than 12 point **not** including attachments.
5. Two (2) copies of the technical proposal and two (2) copies of the cost proposal (clearly marked) in electronic format (CD-ROM) in a PDF. Microsoft Word/Excel or PDF is preferable.
6. A completed and signed W-9 Form downloaded from the Division's website at <http://www.purchasing.state.ri.us> (click on RIVIP, then General Information and then Standard Forms).
7. The Proposal Checklist (Attachment 8) must be completed indicating the page number where each item can be located.

Submission Deadline: please refer to page one of this solicitation

An original plus six (6) copies of the Technical Proposal and an original plus six (6) separately sealed copies of the Cost Proposal, along with two electronic copies of each, must be either mailed and received or hand-delivered prior to the submission deadline in a sealed envelope marked "**RFP #7457984: -Non-Emergency Medical Transportation Services Brokerage Project**" to:

Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908-5855

Note: Proposals received after the above-referenced due date and time may not be considered. Proposals misdirected to other State locations by the scheduled due date and time will be determined to be late and may not be considered. Proposals faxed or emailed to the Division of Purchases will not be considered.

Performance Bond

The successful bidder shall provide upon selection and execution of a mutually satisfactory contract and prior to the issuance of a purchase order, a performance bond for \$1 million dollars for the work to be performed under the contract and for the benefit of the State of Rhode Island and its successor. The performance bond shall run to the State of Rhode Island and any other entity or person it requires. All surety companies must be listed with the Department of Treasury, Fiscal Services, Circular 570, (Latest Revision published by the Federal Register). The Purchasing Agent reserves the right to consider and accept alternative forms security.

RI NEMT RFP
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Addendum

- Addendum 1: FY10 – FY12 NEMT Data

1. Introduction

1.1 Background

The Rhode Island Department of Administration, Division of Purchases, on behalf of the Executive Office of Health and Human Services (EOHHS) is issuing this Request for Proposals (RFP) to solicit the services of a transportation broker with experience and knowledge in the administration of Non-Emergency Medical Transportation (NEMT) brokerage services and to provide such services to qualified members statewide and across state lines when medically necessary. Specifically, EOHHS is seeking bids from transportation management vendors that can provide the State of Rhode Island with a high-quality NEMT program that is sustainable given the finite amount of public resources available to support the program. EOHHS encourages potential vendors to bring new ideas and innovations and propose enhancements to improve the efficiency, cost-effectiveness, and quality of NEMT service. Through this RFP, EOHHS intends to contract with a NEMT vendor for the management of non-emergency medical transportation services for Medicaid-eligible members and non-Medicaid eligible seniors.

EOHHS seeks to enhance NEMT services by:

- Establishing centralized coordination and service utilization and oversight by using the lowest cost and most appropriate transportation mode;
- Enhancing quality management/assurance including monitoring member satisfaction ;
- Developing a diverse and flexible network of transportation providers that are able to provide high-quality, cost-effective transportation in a timely manner
- Improving financial oversight to manage finite public resources.

EOHHS currently spends approximately \$25 million annually to provide transportation services to its members. RI EOHHS NEMT provides transportation specifically for Medicaid-eligible individuals and families with low incomes, persons with disabilities, non-institutionalized adults and older adults. These services are critical to ensuring access to a wide array of EOHHS programs including, medical appointments, adult day services, and transition programs and TANF-related employment activities. EOHHS also manages the elderly transportation program for individuals age 60 years and older going to medical appointments, adult day care, meal sites, dialysis/cancer treatment and services for the blind. A copay is required for non-Medicaid eligible seniors and services are currently provided by The Ride program.

Given the diversity of member needs, EOHHS is looking to find new and improved ways to coordinate and financially manage transportation services on its behalf.

2. Procurement Objectives

EOHHS' objectives of the transportation management initiative are to:

- Ensure that all identified Rhode Island Medicaid members, based on specific criteria have reasonable and timely access to non-emergency medical transportation to Medicaid-covered services;
- Ensure that Medicaid members use the most appropriate and economical mode of transportation;
- Reduce Medicaid expenditures for non-emergency medical transportation;
- Collect and report transportation data to improve overall quality;
- Eliminate fraud and abuse in Medicaid transportation; and
- Ensure that seniors have access to high-quality, cost-effective transportation within the rules of the elderly transportation program, while controlling costs

This RFP is an opportunity for an organization with experience and knowledge in the administration of Non-Emergency Medical Transportation services to provide such services to qualified members across EOHHS.

2.1 Overview of NEMT Solution

The Executive Office of Health and Human Services (EOHHS) together with the Centers for Medicare and Medicaid (CMS) administer the Rhode Island Medicaid Program. The Medicaid program operates under the Rhode Island Global Consumer Choice Compact 1115 Demonstration Waiver (herein referred to as the Global Waiver) which established a new Federal-State compact that provides EOHHS with greater flexibility to manage program guidelines and implement initiatives that increase access to care, decrease reliance on institutional care, promote community based care, and enhance care coordination and care management. The mission of EOHHS is to ensure access to quality health care for low-income adults, pregnant women, children, families with dependent children, blind, disabled and elderly individuals. The Medicaid program funds health care providers (e.g. hospitals, doctors, clinics and pharmacies) directly for services provided to individuals eligible for the fee-for-service system (FFS) and through contracts with Medicaid Managed Care Organizations (MCOs) for those individuals covered under Medicaid managed care. The Broker shall provide NEMT services to Medicaid-eligible individuals who have a documented medical condition that prevents them from using bus service and who have no other available means of transportation. The Broker will determine eligibility for services and establish "medical necessity" for NEMT services by conducting a functional assessment of the member's physical and/or mental condition. If the functional assessment indicates "medical necessity", then the Broker will identify the least costly and most appropriate NEMT mode for the member.

2.2 NEMT Service Provider Overview

The human service transportation network in Rhode Island consists of several types of service: RIPTA; The Ride Program; and private for-profit operators. These services evolved through a combination of funding source requirements, historic practices and EOHHS efforts to respond to member needs.

RIPTA – RIPTA is a statewide network of fixed route and flex bus service that is fully accessible and available to all Rhode Island residents who pay the fare. RIPTA offers several e-Fare products such as the monthly bus pass, the Rhody Ten bus pass. The Rhody Ten Pass is available to Ride Care or Ride Share members who obtain them at participating supermarkets and for whom eligibility is verified through a point of sale (POS) device. Passes are available on the 25th day of the month for the following month's bus pass. The Rhody Ten bus pass provides members with ten one-way trips per month while children under the age of five ride free. Additional trips are available as needed through The Ride. RIPTA maintains a distribution network to supermarkets across EOHHS and directly sponsors several reduced fare programs for older adults and individuals with disabilities, including a Half Fare and No Fare bus pass program.

The Ride Program - The Ride Program provides demand-response, door-to-door paratransit transportation with wheelchair accessible vans and private taxis. Eligibility for The Ride Program is based on the requirements of the participating agencies, including ADA, human services, health, education and vocational program. The Ride Program is an umbrella program that provides paratransit services to support three major state human services programs: Medicaid transportation, transportation for developmentally disabled individuals, and elderly individuals. Ride contracts with some private for-profit carriers in addition to vehicles operated by RIPTA.

Private Wheelchair and Ambulatory Vans – Private wheelchair van services provide demand response, door-to-door service primarily with accessible vans. The service is run by a number of independent private, for-profit ambulance companies, licensed by the Rhode Island Department of Health.

Taxis and Public Motor Vehicles (PMVs) – The Rhode Island Public Utilities Commission regulates taxi and PMVs. The Rhode Island Medicaid Program also utilizes taxis and public motor vehicles in its network of non-emergency transportation providers.

2.3 NEMT Populations

Rlte Care

Medical assistance benefits are provided through three programs which are Rlte Care, Rlte Share and RI Medical Assistance for Children with Special Needs for which transportation benefits are included. For Rlte Care and Rlte Share, public transportation is the default transportation service. Participants who need transportation to and from medical appointments are eligible to receive a Rhody Ten Pass, which gives them transportation for up to ten one-way trips in a month, with transfers included. Individuals who are dual-eligible for other EOHHS programs (e.g., Rhode Island Works - TANF) may be eligible for an unlimited monthly bus pass to support employment and training activities, as well as transportation to medical appointments. If an individual needs more medical trips or specialized transportation, they may be eligible for transportation from The Rlde Program or other Medicaid transportation providers depending on need. These trips are arranged on an individualized need basis.

Aged/Blind/Disabled

Adults who qualify for Medicaid and live in a community setting receive medical assistance benefits through Rhody Health Partners (managed care program), Connect Care Choice (primary care case management program) or fee-for-service Medicaid. Non-emergency medical transportation (NEMT) is available to individuals who participate in either of these programs and have no other means to get to/from medical appointments and other Medicaid covered services. In Rhode Island, most NEMT transportation is provided via wheelchair or ambulatory vans. Some service is also provided through The Rlde or taxis for special populations such as dialysis and methadone

Elderly Non-Medicaid Transportation

Adults aged 60 or over are eligible for transportation to/from doctors' appointments, dialysis/cancer treatment, services for the blind, adult day care and meal sites. This population includes both CNOM (Costs Not Otherwise Matchable) elderly and non-Medicaid elderly individuals. Given the needs of these individuals, quality, consistency and sensitivity is paramount in the delivery of transportation services. This program has a non-Medicaid (state funded) fixed budget of approximately \$2.9 million, and as a result creative solutions are being sought for meeting the population's service needs.

2.4 Consolidated Statewide Brokerage Vision

EOHHS plans to implement a centrally-managed human service transportation brokerage that provides consumers with access to high-quality non-emergency medical transportation services by using the most cost-effective and medically-appropriate delivery mode available. The Broker will be responsible for arranging and securing transportation for eligible Medicaid members who do not have transportation. The Broker must provide the least expensive means of transportation possible that will meet the member's medical needs. These services shall be delivered in a responsive and

timely manner and will provide opportunities and incentives to improve overall cost effectiveness and program efficiency.

EOHHS will perform coordinated oversight of the designated Vendor to ensure program goals and standards are being met for all programs. EOHHS will establish formal agreements to establish clear lines of responsibility and commitment.

Key brokerage functionality shall include:

- **Management Oversight Controls:** Improve management, oversight and quality of services by reviewing and modifying service rules, regulations and policies to establish an efficient and cost-effective service delivery system.

Specific oversight includes:

- Monitor beneficiary access and complaints and ensure that transportation is timely and that transport personnel are licensed, qualified, competent, and courteous.
 - Regular auditing and oversight to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services.
 - Is subject to a written contract that imposes the requirements related to prohibitions on referrals and conflicts of interest per 440.170(a)(4)(ii), and provides that the vendor is liable for the full cost of services resulting from a prohibited referral or subcontract.
- **Coordination of Service Delivery Systems:** Coordinate or consolidate as many service delivery functions as possible, such as call centers, trip assignment functions and eligibility verification. Ensure call center staff are able to assign trips to all modes and have access to the least costly, most appropriate option.
 - **Cost Control:** Forecast, monitor and control the overall costs of NEMT service delivery by assigning trips to the lowest cost, most medically appropriate mode available. Identify mechanisms and implement systems to resolve access, quality, fraud and abuse, vendor management and payment issues.

3. Scope of Work

3.1 Transportation Network Overview

The Vendor shall recruit and maintain a diverse and flexible statewide network of transportation providers that provides NEMT services to RI Medicaid members and elders. NEMT services shall be available and provided 24 hours a day, seven days a week, every day of the year, without exception. This network is comprised of fixed route bus, paratransit vehicles, ambulance and wheelchair vans, taxi and public motor vehicles (PMVs).

The Vendor shall determine and authorize the most appropriate and economical mode of transportation for each eligible member requesting transportation services based on their need. The Vendor is encouraged to develop innovative strategies to reduce per trip costs and enhancements to the existing NEMT transportation system.

The Vendor's payments to transportation providers shall be reasonable to ensure adequate access to transportation services. The Vendor may negotiate rates through competitive bidding or use other strategies to ensure the provision of the most appropriate and least costly transportation services.

The Vendor shall collaborate with medical providers, adult day care providers, nursing homes, dialysis centers and methadone treatment clinics, and other medical provider facilities to achieve NEMT efficiencies.

Specifically, the selected Vendor will administer NEMT services including:

1. Accept daily member eligibility files (Medicaid and CNOM) members.
2. Establish and maintain an effective Call Center, website and printed materials to communicate with members, transportation providers and facilities such as nursing homes, dialysis centers, methadone clinics, adult day care centers and meal sites.
3. Provide a seamless prior authorization mechanism for all NEMT requests, including:
 - a. Verification of member eligibility for Medicaid, CNOM and elderly transportation program;
 - b. Verification of appointment for Medicaid-covered services by a Medicaid provider; or verification that the trip purpose and destination meets the programmatic rules of the elderly transportation program;
 - c. Conduct a functional assessment of the member; and

- d. Assignment to the least expensive, medically-appropriate mode of transportation.
4. Develop and manage a diverse network of transportation providers to transport eligible members to Medicaid and elderly covered services throughout Rhode Island and to out-of-state medical providers only when medically necessary;
5. Operate an efficient method for arranging such services that requires members to request transportation with 48 hour advance notification (except for urgent or sick visits);
6. Manage and maintain rigorous quality assurance, utilization review and auditing mechanisms to ensure that such services have been delivered to eligible members within performance standards and to ensure that only appropriate claims and costs are paid;
7. Implement a mechanism to manage claims data including:
 - a. An industry-acceptable means to accept claims data from transportation providers and provide prompt payment;
 - b. A mechanism to match and verify claims data with prior authorizations and other required information;
 - c. An industry-acceptable means to authorize payments to transportation providers.
 - d. An industry-acceptable means to communicate and transmit HIPAA compliant paid claims data to EOHHS on a regular schedule.
8. Maintain records and supporting data (including but not limited to member data, trip authorizations, claims data and provider records) in a retrieval and storage mechanism that complies with all Federal and State requirements for a time period that complies with State and Federal record retention requirements which are ten (10) years for medical records, source records and financial records and seven (7) years for litigation. Failure to maintain all required documentation or to provide such records to EOHHS upon request may result in the disallowance and recovery by EOHHS of any amounts paid for which the required documentation is not maintained or provided;
9. The Vendor will prior authorize all NEMT services for all modes of transportation. Transportation providers must receive a prior authorization from the Vendor in order to receive payment for the transportation they provided to members;
10. The Vendor will be responsible for providing and operating a claims processing system and Medicaid Management Information System (MMIS) sufficient to support the provider payment and data reporting requirements specified elsewhere in this RFP. The Vendor also shall be prepared to document its ability

to expand claims processing or MIS capacity should the volume of trips and/or eligible members or populations increase over time;

11. The Vendor will perform utilization review functions by verifying requests for medical transportation to ensure that such requests for transportation are for scheduled Medicaid covered services and to verify that an appointment is actually scheduled for the Medicaid-eligible member and performed by a Medicaid-participating provider.;
12. In certain instances members require out-of-state travel to receive medical services. The Vendor shall be responsible for coordinating out-of-state travel for those members requiring such travel. The Vendor must verify the medical necessity based upon a “functional assessment” for the appointment and determine the closest medical provider able to perform the service, including to medical providers in border state communities (see appendix). The Vendor will be responsible for prior authorization of all NEMT for all modes of transportation; and
13. Vendors are encouraged to offer strategies to improve the current bus pass distribution process.

3.2 Member Management

The Vendor must obtain from the member, or an individual or agency acting on behalf of the member, sufficient information to allow a decision regarding the member's need for NEMT services and proof of Medicaid eligibility. This determination must take into consideration the member's ability to provide for his or her transportation outside of the NEMT program, pursuant to Rhode Island NEMT services policy, as well as the member's needed level of transportation. The Vendor shall require 48 hour-advance notice from member for NEMT services.

When determining the most appropriate mode of transportation for a member, a basic consideration must be the member's current level of mobility and functional independence. In all cases, the Vendor must use the most appropriate service available that meets the member's needs. The Vendor shall describe their approach to determine the appropriate Level of Need and conducting a “functional assessment” for determining the most appropriate medical transportation for each recipient.

3.2.1 Eligibility

Medicaid NEMT services delivered by the Vendor are only reimbursable when the member is being transported to or from a Medicaid covered service delivered by a Medicaid provider.

NEMT transportation services shall be provided if:

- Member has a medical condition that prevents them from using fixed route bus services; and /or
- Origin/destination address is more than 1/2 mile from the bus route;
- Member has an appointment per Broker's confirmation; and
- NEMT services delivered by the vendor are only reimbursable when the person meets the criteria for the elderly transportation program, described elsewhere in this RFP.

3.2.1.1 Verification of Eligibility

The Vendor must verify member Medicaid eligibility by accessing daily the Medicaid Management Information System (MMIS) using the unique Medicaid identification number. The Vendor must verify member eligibility regardless of who initiates the request. The Vendor shall be solely responsible for payment for any trips scheduled for ineligible individuals.

3.2.2 Member Scheduling

The member must contact a Vendor to request NEMT services within a reasonable period prior to a non-urgent, scheduled appointment. Vendors are encouraged to propose an advanced scheduling timeframe to which they optimally respond and deliver members in a timely manner to their appointments. Advance scheduling is mandatory for all NEMT services except urgent care and follow-up appointments that occur where the timeframe does not allow advance scheduling.

The Vendor must ensure that NEMT services are available 24 hours per day, 7 days per week, and 365 days a year.

3.2.3 Urgent Care Transportation

Urgent care transportation, for the purpose of this RFP, is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day. The Vendor may verify with the direct provider of service that the need for urgent care transportation exists.

3.2.4 Member Accommodations, Rights and Cultural Sensitivity

NEMT services must be available on a non-discriminatory basis to eligible members irrespective of the regions, communities, or neighborhoods they live in or their age, race, religion, creed, national origin, sexual orientation, gender, ability, health status or based on others with whom they live.

The Vendor shall develop written policies regarding member rights. The Vendor shall comply with all applicable state and federal laws pertaining to member rights, privacy and accommodation. The Vendor shall require its employees and network providers to respect those rights when providing services to members. Member rights include, but are not limited to, the following:

3.2.5 Challenging Behavior

The Vendor must assure that transportation to and from necessary medical services is available, timely and safe for all eligible members. The Broker may not deny transportation services because the member exhibits challenging behavior patterns (i.e. unreliable, unpleasant, unruly, uncooperative, threatening, dangerous, and illegal behavior), and therefore must establish policy/procedures to assure reliable transportation for such members. Such policies and procedures must address strategies for dealing with members with such challenges. This includes members that don't schedule appointments or habitually don't keep appointments; and members that blatantly abuse the transportation benefit. In certain circumstances, the Broker may require the member to call in on the day of the ride to verify that they still need the transportation or take other measures that may entail providing an attendant to ensure that the member can be safely transported.

3.2.6 Attendants and Other Passengers

The Vendor must determine if the member requires an attendant or is accompanied by a child.

An attendant is required for children under the age of 18. In some cases, such as when a member is not ambulatory or mentally competent, the transportation provider may require an attendant for an adult passenger.

3.3 Communications

The vendor shall be responsible for informing and educating members and key stakeholders including, health care providers, provider associations, community-based organizations and consumer representatives about the NEMT management services. The vendor's plan should include information on the outreach, education and marketing.

This material:

- Must include culturally sensitive materials produced at least in English and Spanish;
- Must be written at a sixth grade reading level; and

- All correspondence developed by the Vendor must be reviewed and approved by the EOHHS prior to distribution.

The vendor shall provide such materials and distribution plan to EOHHS for its review and approval within sixty days (or alternate date as agreed by EOHHS) from the execution of a contract. The vendor is encouraged to develop supplemental written materials for members, health care providers, provider associations, community-based organizations and consumer representatives. All materials developed by the vendor for distribution under this RFP require prior written approval by EOHHS. EOHHS requires at least ten (10) business days to review and approve materials. Materials must be approved at least ten (10) business days before distribution.

3.3.1 Member Communication

The Vendor is responsible for developing the initial member notification regarding NEMT services availability and advance scheduling prior to the Vendor assuming responsibility for the provision of transportation services. A Member Education Plan must be developed for members that include each member's rights and responsibilities for use of NEMT services. All notices and information materials used by the Vendor shall be reviewed and receive written approval by the EOHHS prior to mailing or otherwise disseminated.

3.3.2 Partner/Stakeholder Communication/Engagement

Written and oral information must adequately educate health care providers, provider associations, community-based organizations and consumer representatives. Education shall emphasize the availability of NEMT services, eligibility for these services, the authorization process for single trips and standing orders, medical documentation of need, and how to access and use these services properly.

3.3.3 EOHHS Requested Communication

The Vendor will be required to periodically participate and provide transportation-related information at community and regional meetings as requested by the Department. Information provided may include details on how to access services, member and provider rights, responsibilities, complaint procedures, and other information as specified by the Department.

3.4 Service Requirements

3.4.1 Transportation Service Arrangements

In arranging for non-emergency transportation the Vendor must:

3.4.1.1 Negotiate and enter into service agreements with qualified transportation providers such as public transit authorities, paratransit vehicles, ambulance providers, wheelchair vans, taxi, public motor vehicles (PMVs) and other private carriers who meet federal and state requirements and demonstrate high quality service.

3.4.1.2 Fees paid to transportation providers must not be exceed the fees charged to the public or to other agencies.

3.4.1.3 The Vendor must demonstrate how they will comply with the provisions in 42 CFR 440.170(a) which include demonstrating how they will provide cost-effective NEMT services for eligible individuals to access necessary medical appointments which includes determining they have no other means of transportation; and contracting with transportation providers that are licensed, insured, qualified, competent, and courteous.

3.4.1.4 The Vendor must demonstrate how they will meet various levels of service such as curb-to-curb, door-to-door, door-through-door, wheelchair, ambulatory, stretcher, car seats needs, etc.

3.4.1.5 The Vendor must also have procedures in place for identifying special needs of passengers (e.g. cannot be left alone, cannot identify him/herself by name). The Vendor must describe procedure for special hand-offs (e.g. Alzheimer clients) with adult day care or nursing home staff so clients are appropriately identified and accounted for. The Vendor must describe methods to allow “pre-payment” of copays for (non-Medicaid) elderly persons with cognitive impairments who cannot easily handle cash copays.

3.4.1.6 The Vendor must describe their plan for contracting with the Rhode Island Public Transit Authority and how they will document and verify that if public transportation is funded by a SAFETEA-LU grant where the State uses Medicaid matching funds as part of the state match in drawing down the grant, the State may not claim FFP for those services.

3.4.2 Provider Service Agreements

A Provider Service Agreement (PSA) will be required as part of the Proposal Submission Requirements. The vendor must submit for EOHHS review and approval, within ten (10) business days following issuance of the intent to award the NEMT contract a finalized PSA that the vendor will use to obtain transportation services.

3.4.2.1 Provider Service Agreement Requirements

The Vendor may not subcontract with or refer to an entity with which it has any type of financial relationship including “sister” relationships; the State is looking for an independent broker.

All PSA’s must include the following provision: In the instance of default by the vendor, the agreement will pass to EOHHS, or its agent for continued provision of transportation services. All terms, conditions, and rates established by the agreement shall remain in effect until or unless renegotiated with EOHHS or its agent subsequent to default action or unless otherwise terminated by EOHHS at its sole discretion.

The vendor shall use ordinary care and reasonable diligence in the exercise of its powers and the performance of its duties under this Agreement. The vendor shall be liable for any loss resulting from its exercise (or failure to exercise) its powers and performance (or failure to perform) of its duties under this Agreement; provided, however, that vendor agrees to indemnify and hold harmless the EOHHS from and against any and all claims, lawsuits, settlements, judgments, costs, penalties, and expenses, including attorneys’ fees, with respect to this Agreement, resulting or arising out of the dishonest, fraudulent, or criminal acts of vendor or its employees, acting alone or in collusion with others; and provided, further, that this maximum cap on damages shall not apply in the event that the loss arises in a situation in which vendor failed to follow its own policies and procedures. The maximum civil monetary penalty levied shall be in conformance with 42 CFR 438.704.

3.4.3 Provider Payment Administration

The Vendor is responsible for transportation provider reimbursement. The Vendor is responsible for validation that transportation services reimbursed are properly authorized and actually rendered to eligible members. Full payment of undisputed claims for all authorized trips must be made to the transportation providers as agreed to between the parties through a written term of the service agreement; otherwise, payment shall be made within the following guidelines:

3.4.3.1 Payment Standards

The Vendor shall describe the process for compliance with federal and state prompt payment provisions that require claims payment timeliness standards and processes to resolve late, incomplete, or disputed claims.

3.4.4 Service Complaints and Appeals

RI EOHHS has established a Complaint and Appeals process through which members can seek redress against providers who do not provide satisfactory care. The complaint system includes a complaint process, an appeals process, and access to the State's Fair Hearing system. The Vendor is required to follow these processes and shall have written policies and procedures conforming to these requirements in processing and resolving member complaints. Such procedures shall not be applicable to any disputes that may arise between Vendor and provider regarding the terms, conditions, or termination or any other matter arising under a participation agreement or regarding any payment or other issues relating to providers. As such, the Vendor agrees to participate in Department's Fair Hearings upon request.

Please refer Attachment 5.

3.4.5 Trip Log

For member's receiving non-emergency transportation, the Vendor shall maintain a daily electronic Trip Log that details each trip event, including but not limited to:

- 3.4.5.1** No-shows
- 3.4.5.2** Cancellations
- 3.4.5.3** Incomplete requests
- 3.4.5.4** Challenging behavior (e.g. cancellations, incomplete requests, no-shows, abusive behavior)

3.4.6 Policy and Procedure Manual

The Vendor must develop an operational Policies and Procedures Manual (PPM) detailing all policies and procedures to be used in the scheduling and delivery of transportation services. The manual must include policies for operations, services, personnel and equipment as well as vehicle maintenance procedures.

A final version of the PPM must be submitted to the EOHHS for review and approval at least thirty (30) calendar days prior to the start of operations. Modifications required by EOHHS must be incorporated by the Vendor within ten (10) working days of notification. In no cases will a Vendor be allowed to begin operations without written approval from EOHHS of their PPM.

This PPM must be incorporated into all training programs for new employees. The manual must be utilized in an orientation program to be provided by the Vendor to transportation providers. The Vendor will be responsible for ensuring

that all providers are trained and educated with all applicable manual policies and procedures and with any subsequent policy updates.

The PPM must be reviewed by the EOHHS and updated by the Vendor whenever changes in the operation of the business are made. Updates to the manual must have written approval by the EOHHS before distribution. The EOHHS reserves the right to require modifications to the manual throughout the life of the contract. Required updates must be submitted to the EOHHS for approval within ten (10) working days of the request. The PPM developed as part of this contract will become the property of the Department.

3.4.7 Fraud and Abuse

EOHHS views this as a critical component to the NEMT program, and is concerned about the potential for fraudulent, abusive and inappropriate use of non-emergency medical transportation either on the part of transportation providers or members. The Vendor shall provide oversight and on-going monitoring of program integrity efforts to identify, prevent and mitigate member and provider fraud and abuse in compliance with federal and state regulations.

The Vendor shall examine publicly available data, including but not limited to the CMS Medicare/Medicaid Sanction Report and the CMS website for the List of Excluded Individuals and Entities (LEIE) (<http://www.oig.hhs.gov/exclusions>). Examination will determine whether any potential or current employees or transportation providers have been suspended or excluded or terminated from the Medicare or Medicaid programs and shall comply with, and give effect to, any such suspension, exclusion, or termination in accordance with the requirements of State and Federal law.

The Vendor will also be responsible for monitoring criminal prosecutions by the Rhode Island Medicaid Fraud Control Unit (MFCU) and removal of a transportation provider from Medicaid certification. The Vendor may not subcontract with any provider or any business identified on any of the above named lists. If a subcontractor to the Vendor is identified as being excluded during the term of a service agreement, the Vendor must then terminate the service agreement with the subcontractor in a timely manner consistent with Federal rules.

The Vendor must terminate a service agreement with a transportation provider when substandard performance is identified and when the transportation provider has failed to take satisfactory corrective action within a reasonable period of time. EOHHS reserves the right to direct the Vendor to terminate any service agreement with a transportation provider when EOHHS determines it to be in the best interest of EOHHS.

Fraud and abuse initiatives may include member and transportation providers which may result in the sanctions such as the removal of a transportation provider from the Medicaid program.

The Vendor is also responsible for developing safeguards against fraudulent activity and abuse by the transportation service providers and/or Medicaid or elderly eligible members.

3.4.8 Program Integrity

The vendor will integrate a program integrity program within all aspects of its service delivery. The vendor shall conduct activities that promote program integrity such as:

- Appropriate Mode of Transportation Assignment/ Level of Need Assessment;
- Verification of Medical Appointments;
- Case Management;
- Travel Training;
- Data Analysis/Reporting

3.5 Call Center

Call Center Operations Requirements

The Vendor shall preferably locate the Customer Service Call Center in Rhode Island (as to be familiar with Rhode Island's transportation infrastructure) in order to accept transportation requests, assign trips and address trip concerns during normal business hours, Monday through Friday from 9am-5pm (or similar business hours proposed by the vendor). The Vendor must also propose a Backup Call Center for business continuity purposes. The Backup call center may be located inside or outside of Rhode Island and must be equipped to handle all the same services during anytime that main Customer Call Center is closed. Key management staff must also be located during normal business hours in Rhode Island for ease of meeting with State staff, transportation and medical providers.

During the course of the contract, EOHHS may require the vendor to increase the number of telephone lines, depending on demand. The Vendor must be able mail letters to provider and/or clients upon request by the State.

A separate and direct office number is required for access by EOHHS staff.

The vendor shall utilize an automated method to schedule member trips once they are authorized and shall ensure that dispatching activities are performed efficiently. The scheduling method used must be capable of accommodating recurring trips, one-time

trips, advance reservations, and requests for urgent trips. The Vendor must describe their method of notifying clients of trip times.

The Vendor will comply with all Federal and State confidentiality policies and procedures in performance of the call center activities. The call center must respond to telephone and written inquiries from various sources such as Medicaid members and their representatives, healthcare providers, non-emergency transportation providers and other stakeholders.

3.5.1 Objectives

The purpose of the call center is for the intake and processing of transportation needs for eligible Medicaid members that includes, but is not limited to:

- 3.5.1.1** Verification of Medicaid or elderly transportation eligibility
- 3.5.1.2** Assessing members' transportation needs and determining the most appropriate and cost effective transportation mode to meet the identified needs
- 3.5.1.3** Authorization of transportation
- 3.5.1.4** Dispatching non-emergency transportation trips
- 3.5.1.5** Resolving problems that may arise during a trip
- 3.5.1.6** Responding to reports of fraud and/or abuse
- 3.5.1.7** Responding to requests for general information about transportation services.

3.5.2 Staffing

The Vendor shall provide sufficient staff to handle all calls and contacts for transportation related questions and problems that may occur. Staffing levels should be included in the proposal as described below. The Vendor will also ensure that call center staff treat all callers with dignity and respect the caller's right to privacy and confidentiality.

The Vendor will provide call center staff with State approved training to respond to calls and inquiries from members, member representatives, health care providers, non-emergency transportation providers and other stakeholders. Training should include, but not limited to, non-emergency transportation policy, call center procedures, cultural sensitivity training, and customer service skills and training for handling difficult callers.

The Vendor will supply customer service representatives 365 days a year/24 hours a day/7 days a week. This includes the capacity to field calls after the call center has closed after normal business hours.

3.5.3 Phone Lines and Equipment

The Vendor shall supply a sufficient number of toll-free telephone lines to handle all calls 24 hours a day. For caller convenience and communication purposes a single toll-free telephone number must be used for the call center. The Vendor must agree to relinquish ownership of the toll-free number to EOHHS upon contract termination.

Call flow routing and phone system queues must be approved by EOHHS. EOHHS may require additional queues with written notice to the Vendor. The Vendor shall obtain EOHHS approval prior to implementing any queue not required by EOHHS. The vendor shall provide a full description of the telephone system, including any specialized lines or routing to separately handle member and medical provider calls, as well as an immediate trip problem resolution line.

3.5.3.1 Telephone Device for the Deaf (TDD)

The Vendor shall maintain and operate a telephone device (TDD) for the deaf and hard of hearing callers who need such a device.

3.5.3.2 Reporting on Phone Calls

The Vendor must examine data collected from its phone system as requested by EOHHS and as necessary to perform quality assurance and improvement, fulfill the reporting and monitoring requirements of the Contract, and ensure adequate staffing.

3.5.3.3 Back-Up System

In the event of power failure or natural disaster, the Vendor shall have a back-up system capable of operating the telephone system at full capacity, with no interruption of services or data collection. The Vendor shall notify EOHHS when its phone system is on a back-up system or is inoperative. The Vendor shall have a manual back up procedure to allow requests to continue being processed if the system is down.

3.5.4 Tracking Requirements

3.5.4.1 Identifying Information

The call center shall implement and maintain an automated call/contact management tracking system. Track call/contacts with basic identifying

information.

3.5.4.2 Online Display

The call center shall allow inquiry and online display of call/contact records by type, original call/contact date, caller's name, caller ID number, customer service correspondent name or ID, or any combination of these data elements.

3.5.4.3 Extraction and Reporting

The Vendor will create EOHHS defined extract files that contain summary information on all calls/contacts received during a specified timeframe.

The Vendor will generate other reports as required by EOHHS. Reports and data must be available in the format specified by EOHHS with export and import functions.

3.6 Business Requirements

3.6.1 Staff

The Vendor must maintain sufficient levels of supervisory and support staff with appropriate training and work experience to perform all contract requirements on an ongoing basis, including a project director and key staff. The EOHHS shall have the right to require reassignment or removal from this contract of any staff found unacceptable to EOHHS. The Vendor will be required to provide planned physical location of staff, including any requirements for start-up, implementation, and on-going operations. A proposed staffing plan is required showing personnel categories and staffing equivalents for major categories of staff assigned to each activity. The staffing plan should show key personnel assigned for this project. The Vendor may propose multiple roles for a key person, but overlapping responsibilities and transition between roles must be explained. Responses must identify the persons proposed for the positions by name. Also include resumes and a short narrative descriptions summarizing relevant experience of all proposed key personnel. Resumes should include relevant project experience, description of the person's role on the project, dates of participation, and three personal references with names, addresses, telephone numbers and e-mail addresses. Refer to Attachment 3 – Key Personnel Table.

3.6.1.1 Project Director

The Vendor shall appoint and maintain, subject to written EOHHS approval, a full time Project Director for this contract. The Project Director must have sufficient authority for resource control to manage the allocation of resources to meet all RFP requirements without service

interruption. The Project Director must be located fulltime on site in Rhode Island for the duration of this contract.

3.6.1.2 Key Staff

The Vendor shall hire, or assign, qualified staff to certain key positions (see Attachment 3), for purposes of managing the Rhode Island NEMT program for the duration of the contract. Each position is not required to be filled by one individual, but someone in the organization must be designated as General Manager for this project. All positions shall be described in detail in this section and are to be reflected within the larger organizational chart to be provided by the Vendor.

3.6.2 Administrative Office

The Vendor shall have a duly licensed, non-residential administrative office (“central business office”) that is reasonably accessible to the EOHHS Office (located in the Pastore Complex in Cranston RI). The location and accessibility of the central business office will be considered as part of the technical evaluation. This office must be open to conduct the general administration functions of the Vendor during normal business hours Monday through Friday, except on legal state holidays. It is preferable if the Call Center is co-located with the Administrative Office, but is not required. The Vendor must specify whether these offices will be co-located in the response, and provide rationale why having separate locations would or would not be feasible.

All documentation must reflect the Vendor’s street address, local and toll-free telephone number. The Project Director of the contract must be located at the central business office.

The Vendor must have the capacity to send and receive facsimiles at the central business office at all times during business hours. The Vendor’s central office must be equipped with an adequate high-speed Internet connection. The Vendor must provide a separate administrative telephone number that will enable EOHHS staff to reach the Project Director directly, without going through other office staff. The Vendor must also have the capacity to reproduce documents upon request at no cost to the Department.

3.6.3 Meetings

The Vendor shall be available to meet with EOHHS representatives at the indicated in Section 3.6.2 at least monthly and upon request by the EOHHS to discuss the NEMT program and to answer pertinent inquiries regarding the

program, its implementation and its operation. The Vendor may be required to attend other meetings as requested by Department.

3.7 High Level Technological Overview

3.7.1 Vendor must describe how they will implement and maintain the electronic systems and data security systems necessary to comply with the requirements of the RFP.

3.7.2 Vendor must describe their data tracking and utilization information system, specifically, the capacity and capability to capture, store and manage data, facilitate data analysis, and generate reports, which meet the requirements of this RFP

3.7.3 Vendor must describe how they will develop and maintain a website as described in the requirements of this RFP.

3.7.4 Vendor must describe how they will implement and maintain a disaster recovery plan and how this plan relates to meeting the requirements of this RFP. Vendor must include information on how data will remain safe and accessible.

Reference Attachment 4

3.8 Implementation

3.8.1 Start Up Plan

The Proposal must include an initial operations Start-Up Plan. Upon contract execution, the Vendor must prepare and submit a formal Implementation Plan that includes all the activities required to begin operations successfully under this contract. The Implementation Plan must be sufficiently detailed to enable EOHHS to be satisfied that the work is to be performed in a logical sequence, in a timely manner, and with an efficient use of resources. Each activity listed in the work plan must include a description of the task, a scheduled start date, and a scheduled completion date.

A preliminary Implementation Plan and schedule must be submitted with the proposal. The Vendor must submit a final Implementation Plan for State approval within fifteen (15) working days of contract execution.

3.8.2 Readiness Testing

The Vendor shall meet with EOHHS as needed but, at a minimum weekly, during the Implementation Phase of the contract to inform the state of the Vendor's progress to provide a seamless transition to the Vendor's

assumption of the day to day operations. The Vendor shall develop and submit a written status report to EOHHS one (1) business day prior to the meeting. The Vendor shall also record and distribute the minutes of each status meeting to each status meeting attendee.

The Vendor shall ensure the Internet site has been developed and populated with the required information and available to the public prior to the start of education, trainings and communication to members and/or providers.

Thirty (30) business days prior to the start of full execution, the Vendor will be required to pass an operational readiness-testing program. Representatives from the EOHHS may visit the Vendor's facilities and determine whether all systems are operational and ready for full-time service.

3.9 Turnover Phase

Prior to the conclusion or non-renewal of the contract, or in the event of a termination for any reason, the Vendor shall provide assistance in turning over the Vendor functions to the EOHHS or its agent, as specified below.

3.9.1 Turnover Plan

The Proposal must include a preliminary Turnover Plan. No later than six (6) months after the contract is awarded, or upon a date approved by the Department, the Vendor shall provide a formal Turnover Plan to the EOHHS for approval. The objectives of the Turnover Plan are to minimize disruption of services provided to the EOHHS and to provide for an orderly and controlled turnover of the Vendor's responsibilities to a successor at the conclusion of the contract period or for any other reason the Vendor cannot complete the responsibilities of the contract. Thereafter, an updated Turnover Plan will be due to the EOHHS within six (6) months prior to the conclusion of the contract and additionally as may be requested by the Department. The plan shall include, but is not limited to:

3.9.2 Resource Assurance

Statement of resource requirements shall be based on the Vendor's experience in the operation of the Vendor functions and shall include actual Vendor resources devoted to the operation of all tasks required by this RFP.

- 3.9.2.1** Proposed approach to ensure transportation services will be maintained throughout the transition process to avoid any disruption in member services.

- 3.9.2.2** Data conversion requirements and transfer of data to the EOHHS or a new Vendor.

3.9.3 Resource Turnover

The Vendor, at a date determined by EOHHS, must provide the EOHHS all current reference files and all other records as will be required to perform the duties of the contract. This includes, but is not limited to:

- 3.9.3.1** Assist EOHHS with obtaining appropriate software license which may include providing EOHHS with permission to utilize Vendor's software until a new Vendor can be selected and become operational.

3.10 Quality Standards

3.10.1 Quality Assurance Plan

The Vendor must develop and maintain an ongoing quality assurance plan to support the provision of high-quality transportation services to Rhode Island Medicaid members. An initial quality assurance plan must be submitted with this RFP. A final plan must be submitted to the EOHHS for review and approval at least thirty (30) working days prior to the start of operations. The Vendor must incorporate any modifications, which the EOHHS requires, within ten (10) working days of notification. In no case will a Vendor be allowed to begin operations without an approved quality assurance plan. Thereafter, the quality assurance plan must be reviewed at least annually and any revisions must be submitted to the EOHHS for review and approval at least thirty (30) days prior to implementation.

The plan must ensure that the services that are provided are of the highest quality and that improvements are being made. It should support a vendor business culture that includes comprehensive quality assurance and quality improvement activities in an organized, strategic plan to identify opportunities for improvement on an ongoing basis.

3.10.2 EOHHS Quality Monitoring

The EOHHS reserves the right to conduct a review of Vendor's records or to conduct a non-site review at any time to ensure compliance with these requirements.

Vendor agrees to make all records related to services, electronic and otherwise, available for such reviews by the EOHHS or its agent who may monitor the Vendor's performance under this contract by telephone contact, record reviews, customer service satisfaction surveys and other means. The EOHHS reserves the right to audit the Vendor's records to validate service delivery reports and other information.

The EOHHS staff or their official agent may ride on trips to monitor service. All of the transportation provider's vehicles must be made available to the EOHHS or its agent(s) for inspection at any time.

The EOHHS staff or its official agent will review reports of complaints from members, providers, or any individual or group who contact the Vendor regarding the delivery of services under this contract.

3.10.3 EOHHS Performance Holdbacks

The State will holdback up to 2% of monthly payments if the Vendor's performance falls below acceptable quality standards. This provision will be detailed in the service contract.

3.11 Reports

The Vendor must provide reports and summaries as required by the Department. The Vendor must provide reports by the timeframe and frequency prescribed by EOHHS. Reports shall include all data as specified in this RFP. Reports include, but are not limited to, those listed in the RFP and any additional reports, as the EOHHS deems necessary.

The Vendor shall work with the EOHHS during implementation to determine the design and frequency of reports which may include the following:

3.11.1 Provider and Driver Reports

The Vendor shall provide the Department, in hard copy and electronic format, a listing of entities providing transportation services on behalf of the Vendor and a roster of all drivers before the start of operations. Drivers must be listed separately for each transportation provider. The roster shall indicate, at a minimum, the driver's name, Rhode Island driver's license number, and social security number. The carrier listing and driver roster shall be updated to reflect additions and deletions in carriers and personnel, and delivered to the EOHHS each calendar quarter. This roster is due by the 30th calendar day of the month following the end of the reporting quarter.

3.11.2 Accident and Moving Violation Report

The Vendor shall notify the EOHHS or its agent immediately of any accident resulting in driver or passenger injury or fatality while delivering services under this contract. The Vendor shall file a written accident report with the EOHHS within seventy-two (72) hours of the accident and within twenty-four (24) hours if the accident involved an injury. The Vendor will cooperate with the EOHHS during any ensuing investigation. A police report is also required as supporting documentation. The Vendor shall notify the EOHHS immediately of any moving violations that occur while delivering services under this contract. The Vendor must provide a copy of the police report within ten (10) working days of the moving violation. The Vendor shall maintain copies of each accident report in the files of both the vehicle and the driver involved in the accident. Police reports associated with moving violations must be maintained in the file of the responsible driver.

3.11.3 Vehicle Reports

The Vendor shall provide the EOHHS with a listing of all vehicles (excluding public transportation) placed in service for the performance of obligations under this contract before the start of operations.

The roster shall be updated to reflect vehicle additions and deletions, and delivered to the EOHHS each calendar quarter. This roster is due by the 30th calendar day of the last month of each calendar quarter.

3.11.4 Complaint Summary Report

The Vendor must compile and analyze complaints on file on a monthly basis. A written summary must be sent to the EOHHS by the 30th calendar day of the month following the month of activity, including the number of complaints by type and brief description plus details of corrective actions taken.

3.11.5 Telecommunications System Reports

The Vendor must provide reports (elements and frequency to be determined by EOHHS) produced by the telephone system used in scheduling appointments to the EOHHS or its agent.

3.11.6 Member Satisfaction Survey & Report

The Vendor must conduct annual member satisfaction surveys to ensure quality service and customer satisfaction (elements and frequency to be determined by the EOHHS). The results will be summarized in a report to EOHHS.

3.11.7 Stakeholder Input

The Vendor must hold meetings at least once per year with various stakeholder groups such as nursing home, assisted living centers, adult day care centers, dialysis providers, etc. to solicit feedback and address concerns with the goal of improving the quality of service.

3.12 Performance Improvement Projects

Each year the Vendor is required to engage in a number of Performance Improvement Projects, as approved by EOHHS. The Vendor shall be responsible for validating at a minimum, two Performance Improvement Projects per year. These performance improvement projects will be determined in conjunction with the Vendor.

3.13 Out-of-State Medical Providers

Medical providers in certain border communities are considered to be in-state RI Medicaid providers (See list in Attachment 7).

4. Minimum Contract Requirements

4.1 Vendor Requirements

The Vendor must have at least 10 years of experience in the design, implementation, management and delivery of NEMT broker services for Medicaid populations, the elderly and populations with special needs, or equivalent experience. The Vendor selected as a result of this RFP will be required to provide a sufficient number of dedicated on-site and management staff with appropriate expertise and credentials to carry out all tasks listed in Section 3 of the RFP. The selected Vendor will have sufficient corporate experience and corporate capacity/resources necessary to successfully complete all tasks. All individual and corporate experience should be fully discussed in the Vendor's technical proposal.

4.2 Vendor Responsibilities

- 4.2.1 Single Award** - One contract will be awarded for the work.
- 4.2.2 Conditions Governing Subcontracting** - If the Vendor intends to use any subcontractors to perform Broker Services, the Vendor must clearly identify the subcontractors in the response to the RFP. The Vendor retains responsibility for the completion and quality of any work assigned to subcontractors. The Vendor is expected to supervise the activities of subcontractors and employees in order to ensure quality.
- 4.2.3 Compliance with Statutory, Regulatory and Other Standards** - The Vendor must comply with all applicable State and Federal regulations and statutes.
- 4.2.4 Confidentiality and Protection of Public Health Information and Related Data** - The Vendor shall be required to execute a Business Associate Agreement Data Use Agreement, and any like agreement, that

may be necessary from time to time, and when appropriate. The Business Associate Agreement, among other requirements, shall require the successful bidder to comply with 45 C.F.R 164.502(e), 164.504(e), 164.410, governing Protected Health Information (“PHI”) and Business Associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191), 42 U.S.C. Section 1320d, et seq., and regulations promulgated thereunder, and as amended from time to time, the Health Information Technology for Economic and Clinical Health Act (HITECH) and its implementing regulations, and regulations promulgated thereunder, and as amended from time to time, the Rhode Island Confidentiality of Health Care Information Act, R.I. General Laws, Section 5-37.3 et seq. The successful Vendor shall be required to ensure, in writing, that any agent, including a subcontractor, to whom it provides Protected Health Information received from or created or received by and/or through this contract, agrees to the same restrictions and conditions that apply through the above-described Agreements with respect to such information. Any information provided by the EOHHS to the Vendor for the completion of the project may not be sold, given or otherwise shared with outside parties.

- 4.2.5 Computers** -The Vendor is responsible for supplying computers, printers, and software for its staff.
- 4.2.6 Data and Reports** - Data, information, and reports collected or prepared by the Vendor in the course of performing its duties and obligations and paid by EOHHS under this contract shall be deemed to be owned by EOHHS. This provision is made in consideration of the Vendor’s use of public funds in collecting and preparing such data, information, and reports.
- 4.2.7 Office Space and Equipment** -The Vendor is responsible for securing its own office space, telephones and equipment.
- 4.2.8 Administrative Support** -Vendor will supply administrative support sufficient to carry out the tasks within the contract.
- 4.2.9 Travel** - All travel costs for Vendor staff, including in-state and out of state travel necessary to carry out the tasks within the contract, shall be included in the cost proposal.

4.3 Contract Term

Services under the contract are subject to approval of CMS, EOHHS, and the Department of Administration/Division of Purchases. It is anticipated that the contract will commence on January 1, 2013, and will run through June 30, 2016 for an initial three and a half year period. No work shall commence, nor will the State be responsible for any work, until the issuance of an authorized Purchase Agreement from the Division of Purchases. The contract shall include three one-year extensions, to be exercised at the sole option of the State of Rhode Island.

5. Proposal Submission

5.1 General Instructions

This Request for Proposals is being issued by the Rhode Island Department of Administration/Division of Purchases on behalf of the Executive Office of Health and Human Services. **The Division of Purchases within the Department of Administration shall be the primary point of contact for all Vendors from the date of release of the RFP until the contract is fully executed and signed.** Any attempt by a bidder to contact any State employees regarding this procurement, other than staff at the Division of Purchases, may cause rejection of a bid submitted by that party.

Questions, issues or concerns regarding this solicitation may be emailed to the Division of Purchases in accordance with the instructions on page 1.

Vendors should recognize that the only official answers to any questions will be those made in writing and issued by the Division of Purchases on the website as an addendum to the RFP.

Interested vendors may submit proposals to provide the services covered by this Request on or before the date stated on page one (1) of this RFP. Proposals received after this time and date will not be considered.

5.2 Mandatory Requirements for Proposal Submission

Please refer to pages one (1) through five (5) for the proposal submission requirements.

5.3 Technical Proposal

Listed below are the technical proposal response requirements. This detail represents the minimum level of service requirements and objectives sought in this procurement. Many of the sections in this RFP are interrelated and may contain overlapping information. Proposers should incorporate the goals, objectives, work requirements and standards stated throughout this RFP into their proposal.

Proposers must respond to each of the requirements with a descriptive narrative, appropriately labeled in accordance with the numbering scheme below that includes methodology to the level of detail deemed appropriate by the proposer(s).

5.3.1 Executive Summary

Provide EOHHS evaluators with a broad understanding of the vendor's technical approach and ability. The executive summary should include the following:

- 5.3.1.1** A clear and concise summary of the vendor's understanding of the project and EOHHS' needs.

- 5.3.1.2** A clear and concise summary of the proposed approach and staffing structure.
- 5.3.1.3** A brief summary of the vendors experience and ability to perform this project.
- A brief description of vendor's financial position and solvency. The vendor may include its most recent financial statements in a separately sealed envelope marked "Confidential Financial Statements." If statements are not provided or do not provide sufficient information, the State reserves the right to request additional information as a prerequisite to an award.
 - Corporate resources that will be available to support this project including corporate support of contract management functions. In addition, the Vendor will describe the corporate resources available to support EOHHS's needs for timely response to requests to perform special projects/enhancement activities under Section 5.2.11 Creative Solutions.
- 5.3.1.4** A general description of the capabilities and role of any subcontractors.
- An organizational chart for the all staffing and sub-contractors for this proposal that indicates names and shows reporting relationships.
- 5.3.1.5** The vendor's status as a Minority Business Enterprise (MBE), certified by the Rhode Island EOHHS of Economic Development, and /r a subcontracting plan which addresses EOHHS's goal of ten percent participation by MBE's in all State procurements. Further questions may be directed to EOHHS's MBE officer at (401) 574-8253 or www.mbe.ri.gov.
- 5.3.1.6** The vendor shall provide at least five (5) references for projects that are of comparable size and complexity. For each reference the vendor should include the following information:
- Name of the organization
 - Relevance to this proposal
 - Brief summary of project
 - Timeframe for the project
 - Original contract amount
 - Name of contact person, title, agency, email and telephone number

5.3.2 Experience

5.3.2.1 Vendor must describe in detail their experience and demonstrated abilities to administer and operate a statewide non-emergency medical transportation management system similar in size and scope to this RFP's requirements.

5.3.2.2 Vendor must describe in detail their experience and demonstrated abilities working as an NEMT Broker for state and or federal Medicaid transportation programs or other substantially equivalent experience. Vendor must include in this description the number of years experience, the number of Medicaid members served and how their experience working with other state and/or federal transportation programs relates to Vendor's ability to meet the requirements of this RFP.

5.3.2.3 Vendor must describe in detail their experience and demonstrated abilities as a NEMT Manager in the recruitment, management, and retention of a statewide NEMT provider network or other substantially equivalent experience. Vendor must include in this description the number of years, the number of providers, number of Medicaid members served and how their experience in the recruitment, management and retention of transportation providers relates to their ability to meet the provider network requirements in this RFP.

5.3.2.4 Vendor must describe in detail their experience as a NEMT Manager in providing telephone and face-to-face NEMT Services, or substantially equivalent experience, to the following populations

- Individuals who are low-income
- Individuals in racially and culturally diverse groups
- Individuals who are frail, elderly or disabled
- Individuals with limited English proficiency

Vendor must include in their description the number of years, the number of individuals served in the populations above, and how their experience meets the NEMT Service requirements in this RFP.

5.3.2.5 Vendor must describe in detail their experience and demonstrated abilities as a NEMT Manager for Medicaid transportation services, or substantially equivalent

experience, in very diverse geographic locations that must include urban, suburban, and rural.

- 5.3.2.6** Vendor must describe in detail their experience and demonstrated abilities working as a NEMT Manager, or substantially equivalent experience, and their relationships with members, health care providers, provider associations, community-based organizations, and consumer representatives. Vendor must include in this description the number of years, the number and type of associations/organizations, and how their experience with these groups meets the requirements of this RFP.
- 5.3.2.7** Vendor must describe in detail their experience and demonstrated abilities as a NEMT Manager, or substantially equivalent experience, and their processes for reimbursing network providers for transportation services in an accurate and timely fashion. Proposers must include in their description their procedures for the electronic processing of claims and how their procedure meets the claim processing requirements of this RFP.
- 5.3.2.8** Vendor must demonstrate their experience and demonstrated abilities as a NEMT Manager, or substantially equivalent experience, for implementing and operating a multi-lingual Call Center. Vendor must include in this description the type of the Call Center technology used, and how this experience and technology relates to their ability to meet the Call Center requirements in this RFP.
- 5.3.2.9** Vendor must describe in detail their experience and demonstrated abilities for establishing, maintaining, and enhancing a NEMT Services database. Vendor must include the number of years, the size of the database and how their experience meets the database requirements of this RFP.
- 5.3.2.10** Vendor must describe in detail their technical expertise working as a NEMT Manager, or substantially equivalent experience, developing, implementing, integrating, and maintaining NEMT Services information systems and how their experience relates to meeting the information system requirements of this RFP.
- 5.3.2.11** Vendor must describe their experience and demonstrated abilities in the implementation and establishment of a statewide NEMT Management system.

- 5.3.2.12** Vendor must describe their experience monitoring the transportation network providers, establishing and enforcing accountability standards, quality, program integrity and performance, and assuring providers adhere to the requirements of this RFP on an ongoing basis. Vendor must describe how they will implement this for Rhode Island.

5.3.3 Organization & Staffing

Vendor must describe their organizational structure and their ability to provide and sustain the business requirements needed to maintain the integrity of the contracted services and the requirements enumerated in this RFP. This description should include, but not limited to:

- Proposed organizational chart
- Key position descriptions
- Customer Service Structure

- 5.3.3.2** Vendor must describe how they will ensure a member is provided service from start to finish. Vendor must include sample scripts that will be used by customer service representatives, regarding how they plan to verify eligibility, in addition to how they will minimize wait times, and handle urgent calls.

- 5.3.3.3** Vendor must describe their experience training staff. The Vendor must include how they will ensure that assigned staff has the knowledge and tools necessary to assess transportation needs, verify eligibility, and authorize, schedule and dispatch non-emergency medical transportation for Medicaid participants.

- 5.3.3.4** Vendor must describe the role and qualifications for all key staff members. Vendor must include a brief resume for these key staff members. If the position is not filled, the Vendor must include a position narrative including qualifications needed.

- 5.3.3.5** The Vendor must describe the organizational structure of the call center to be used for this contract including the geographic location of the call center (i.e., city and state name).

5.3.4 Administration and Operations

- 5.3.4.1** Vendor must describe how they plan to ensure transportation providers are provided the training to meet the requirements of this RFP and the contract. Vendor must include an initial training plan.
- 5.3.4.2** Vendor must describe their plans and experience in informing and educating members, health care providers, provider associations, community-based organizations, and consumer representatives about their services. The Vendor must provide samples of materials used from similar contracts. The Vendor's plan should include information on outreach and educational marketing and culturally sensitive materials produced in English and Spanish and written at a sixth grade reading level.
- 5.3.4.3** Vendor must describe how they plan to ensure Medicaid participants have access to a live person "on-call" after business hours to make a trip reservation or handle urgent situations.
- 5.3.4.4** Vendor must describe their preliminary implementation plan/transition plan and how their experience meets the requirements of this RFP.
- 5.3.4.5** Vendor must describe their process for conducting member functional assessments.

5.3.5 Customer Service

- 5.3.5.1** Vendor must describe how they will ensure the customer service system will accommodate any growth in the number of RI's eligible Medicaid participants.
- 5.3.5.2** Vendor must describe their process for denying services and applying the rules pertaining to Medicaid non-emergency medical transportation services as they relate to denying a service authorization or authorizing a service in an amount, duration or scope that is less than requested.
- 5.3.5.3** Vendor must describe their complaint resolution and tracking process. Proposer must include how they plan to receive, resolve, and ensure the complaints are tracked and reported as required in this RFP.

- 5.3.5.4 Vendor must describe how they plan to analyze complaints and ensure the information is utilized to improve business practices.

5.3.6 Provider Network

- 5.3.6.1 Vendor must describe how they plan to ensure vehicles used by transportation network providers meet, at a minimum, the vehicle requirements in this RFP. The Vendor must describe how they will meet any potential growth in the Medicaid population and/or the demand for non-emergency medical transportation service.
- 5.3.6.2 Vendor must include their initial Master Service Agreement (as an attachment) and describe how they will meet, at a minimum the provider network requirements of this RFP.

5.3.7 Technological Capabilities

- 5.3.7.1 Vendor must describe how they will implement and maintain the electronic systems and data security systems necessary to comply with the requirements of the RFP.
- 5.3.7.2 Vendor must describe their data tracking and utilization information system, specifically, the capacity and capability to capture, store and manage data, facilitate data analysis, and generate reports, which meet the requirements of this RFP.
- 5.3.7.3 Vendor must describe how they will develop and maintain a website as described in the requirements of this RFP.
- 5.3.7.4 Vendor must describe how they will implement and maintain a disaster recovery plan and how this plan relates to meeting the requirements of this RFP. Vendor must include information on how data will remain safe and accessible.

5.3.8 Turnover

- 5.3.8.1 Vendor must describe how they plan to implement a successful turnover plan as prescribed in this RFP and how this plan meets the requirements of this RFP and the ensuing contract.

5.3.9 Quality Assurances

5.3.9.1 Vendor must describe their plan to implement and maintain a quality assurance process that ensures they meet the requirements of the RFP.

5.3.9.2 Vendor must describe how they plan to utilize quality assurance information to facilitate any changes necessary to improve services required of this RFP and ensuing contract.

5.3.10 Reports

5.3.10.1 Vendor must submit the following five (5) sample reports related to NEMT management or substantial equivalent that will demonstrate their ability to ensure they comply with the reporting requirements of the RFP. The reports may be contained as attachments in the appendix.

- Provider & Driver Report
- Accident & Moving Violation Report
- Vehicle Report
- Complaint Summary Report
- Telecommunications System Report

5.3.11 Creative Solutions

5.3.11.1 The EOHHS is interested in creative solutions that leverage technology to improve NEMT quality and efficiencies and lower costs. Examples of this include, but need not be limited to:

- An online Reservation System.
- A website that facilitates creating NEMT reservations by members, health care providers and other partners that assist members with setting up NEMT services.
- An improved management reporting and support decision making process for the data warehouse.
- Leverage technology to improve NEMT quality and efficiencies.
- Creation of a robust and diverse transportation network.

5.3.11.2 The EOHHS is interested in solutions to manage the delivery of services to the elderly populations, given the fixed state budget resources available.

- 5.3.11.3** The EOHHS is interested in solutions to provide the most cost effective/medically necessary modes of transportation. The Vendor may continue the use of the monthly RIteCare bus pass program, and can examine the use of dispensable individual bus tickets in place of the Rhody Ten pass program.
- 5.3.11.4** The EOHHS is interested in Proposals committed to creating jobs within Rhode Island. Describe how your organization would create new job opportunities for State of Rhode Island residents, including efforts to create opportunities for minority businesses as part of an NEMT contract.
- 5.3.11.5** NEMT fraud impacts quality of service to members and increases costs to Rhode Island taxpayers. Describe any creative solutions or approaches your company intends to leverage to help identify and minimize NEMT fraud. Examples may include:
- Verification of member appointment;
 - Verification of trip mileage;
 - Level of Need for transportation;
 - Patterns in provider billing errors.
- 5.3.11.6** The EOHHS is interested in Proposals demonstrating innovative strategies to help reduce NEMT costs, without adversely affecting quality of service. Examples might include, but need not be limited to, providing travel training to make greater use of public transportation. Describe any innovative strategies your company can offer to reduce NEMT costs without negatively affecting quality of service.
- 5.3.11.7** Describe your strategies to improve the quality of Rhode Island's NEMT provider network, such as recruitment, screening, training, monitoring, or other strategies.

5.4 Cost Proposal

This is a full risk contract. The Vendor shall receive a monthly capitated per-member-per-month (PMPM) payment for each member whose eligibility for the current month has been confirmed, regardless of the member's NEMT service use. The Vendor shall also receive approximately \$2.9M to fund the elderly (non-Medicaid/non-CNOM) transportation program. The amount may vary slightly depending on actual gas tax receipts and final appropriated budget amounts by the RI General Assembly. The Contractor shall accept the established capitation rate paid each month and 1/12 of the

elderly transportation funding by EOHHS as payment in full for all services to be provided pursuant to this Contract and all administrative costs associated therewith, pending final recoupment's and reconciliation. Capitation payments made to the Vendor for members who are retroactively terminated due to death will be recovered by EOHHS. Any and all costs incurred by the Contractor in excess of the capitation payments paid each month by EOHHS will be borne in full by the Contractor. Should the Contractor costs exceed 3% of the annual reimbursement amount the State may impose penalties.

5.4.1 General Preparation Instructions

The Cost Proposal must be completed and submitted using the forms in Attachments 2. The forms must be completed in their entirety and submitted in a separate envelope from the Technical Proposal.

The Cost Proposals will be scored using a standard quantitative calculation with the most points awarded to the proposal with the lowest cost.

A formula would be as follows:

$(\text{Lowest Bid}/\text{Vendor's Bid}) \times \text{Maximum evaluation points given to cost} = \text{Cost Score}$

5.4.2 Proposed Monthly Capitation Rate

The Vendor must provide a capitated rate for each population listed on Attachment 2. The cost calculation must include an all-inclusive proposal for all costs associated with this contract, and all costs to perform the requirements enumerated in the RFP.

The cost included in Appendix A, Section 2, Box 2, Column B, is the amount on which the cost proposal will be scored as referenced in Section 6.

Vendors are cautioned to note the following:

- A.) The amounts in Appendix X, Section I, Box I, Column C will become a fixed monthly capitated rate for each respective population for the initial three-year contract term. Thereafter, the rates may be negotiated at the beginning of each renewal period, if the State elects to utilize contract option years.

- B.) Cost Proposal must be inclusive of all costs associated with performance of contract requirements and fulfillment of contract deliverables, including other direct and indirect costs, travel, etc.

5.4.3 Population Information

Addenda posted with this RFP provide data on expenditures and members for FY10, FY11 & FY12 (July-December) detailing services used. The information is provided for reference only and is an estimate.

5.4.3.1 Addendum 1: FY10 – FY12 NEMT Data

6. Evaluation and Award

- EOHHS will commission a Technical Review Team (“Review Team”) to evaluate and score all proposals that are complete and minimally responsive using the criteria described below. The evaluation of any item may incorporate input from sources other than the Vendor’s response and supplementary materials submitted by the Vendor. Those other sources could include assessments made by evaluators based on findings recorded from reference checks (including but not limited to those supplied by the Vendor), prior experience with or knowledge of Vendor’s work, responses to follow up questions posed by EOHHS and/or oral presentations from the offerors. EOHHS may elect to use any or all of these evaluation tools.
- The Review Team may call in any, all or some of the vendors in for an oral presentation at any point during the process at its own discretion. The Review Team may slightly adjust the technical score of any vendor after conducting such an interview. The State reserves the right to inspect and review any facility as part of the evaluation.
- The Review Team will present written findings, including the results of all evaluations, to the State Purchasing Agent or designee, who will make the final selection for this solicitation. When a final decision has been made, a notice will be posted on the Rhode Island Division of Purchases web site.
- In order for the Cost Proposal to be reviewed, all technical proposals must meet a minimum technical evaluation score of **60 total points**. Any technical proposals scoring less than **60 points** will not have the cost component either opened or evaluated and the proposal will be dropped from further consideration.
- Because the evaluation takes into consideration both the technical and cost components in a value based approach, the lowest costing vendor may not necessarily be awarded the contract.

- Notwithstanding anything above, the State, and its agents reserve the right to either accept or reject any, or all, bids, proposals, award on cost alone, cancel the solicitation and to waive any technicality in order to act in the best interest's of the State and to conduct additional negotiations as necessary.
- Proposals found to be technically or substantially non-responsive, at any point in the evaluation process, will be rejected and not considered further. The State, at its sole option, may elect to require presentation(s) by offerors in consideration for the award. An award will not be made to a contractor who is neither qualified nor equipped to undertake and complete required work within a specified time.

6.1 Preliminary Evaluation

The proposals will be reviewed initially to determine if the mandatory requirement is met. Failure to meet the mandatory requirement will result in rejection of the proposal. In the event that not all vendors meet the mandatory requirement, EOHHS reserves the right to continue the evaluation process on all proposals and to select the proposal which most closely meets the requirements specified in this RFP or terminate the RFP review process at the State's discretion.

6.2 Proposal Scoring

Accepted technical proposals will be reviewed and scored against EOHHS criteria. A Vendor may not contact any member of an evaluation team. The team may review references, request interviews, and/or conduct on-site visits and may use the results in scoring the proposals. As stated above, technical proposals must meet a minimum threshold score of 60 points in order for the Vendor's cost proposal to even be considered.

6.3 RFP Evaluation Criteria

1. **Experience and Corporate Resources (Section 5.3.2) 20 Points**
 The Vendor must have at least 10 years of substantially equivalent experience in design, implementation and management of a transportation broker system for Medicaid populations and populations with special needs. Evaluators will consider prior experience and expertise in the tasks described. Evaluators will strongly consider recommendations from other clients utilizing Vendor for similar work to be performed under the contract. Negative feedback from other clients will be cause for significant point deductions. Evaluators will score highly vendors who demonstrate adequate Corporate Resources and flexibility to bring project staff on quickly in particular in response to EOHHS's need

for special project staff/subcontractors for short-term special projects. Resumes of suggested corporate staff/consultants available to work on special projects will be reviewed for qualifications and experience, and strongly considered. Resumes should be included in the appendix and are not counted in the proposal page limit. Corporate level support for the contract management functions of the contract will be considered in the score. Vendor or subcontractor status as an MBE will also be considered.

- 2. Technical Approach/Understanding of Work/Creative Solutions (Sections 5.3.4 through 5.3.11) 30 Points**
EOHHS will evaluate the Vendor's written proposal describing how it intends to organize and accomplish the tasks and activities in the Scope of Work. EOHHS will score offerors highly who demonstrate a clear, complete understanding of each task and activity and who present an effective organization and work plan for accomplishing them. Points in this subsection will also be allocated towards creative solutions.
- 3. Resource Allocation Plan/Organization and Staffing (Section 5.3.3) 25 Points**
EOHHS will score highly Vendors who present a staffing plan for the requirements detailed in Section 3 of the RFP, which in EOHHS's best judgment will accomplish each task effectively and efficiently. Level of expertise, experience and qualifications of proposed positions, proposed key staff, and proposed subcontractors will be considered significantly. Proposed staff organization and supervision will also be considered.
- 4. Cost/Value (Section 5.4) 25 Points**
The primary work of the contract is to provide the best level of qualified resources to perform the tasks in the scope of work at the best price to EOHHS.

6.4 Federal and State Approvals

Final contract approval is contingent upon Federal and State approvals. Every effort will be made by EOHHS to facilitate rapid approval upon award.

7. Governing Terms and Conditions

7.1 State Procurement Laws, Regulations and General Terms & Conditions, may be found at www.purchasing.ri.gov. Additionally, the Vendor will be bound by the terms stated in this RFP and addendums, along with the Rhode Island Vendor Certification Cover Form.

Payment Provisions

The Vendor will be paid a per member per month amount based on the rate proposed in the RFP times the number of eligible members at a point in time for each of the populations in the previous month.

Insurance Requirements & Indemnification

i. Insurance: Certificates of insurance with the following minimum coverage are required:

Commercial General Liability Insurance

\$1,000,000 each occurrence

\$1,000,000 personal and advertising injury

\$1,000,000 aggregate

The state is to be an additional insured. Coverage of the contractor will be primary and non-contributory and there should be a waiver of subrogation.*

* endorsements for additional insured and waiver of subrogation should accompany insurance certificate when required for submission.

Auto Liability

\$1,000,000 combined single limit covering owned, non-owned and hired vehicles.

Workers Compensation

Statutory Limits with Employer's Liability Insurance Limits of:

\$100,000 each accident

\$100,000 disease each vendor employee

\$100,000 disease policy limit.

Professional Liability Insurance

\$1,000,000 per occurrence and aggregate for medical staff, teachers and any other professionals that may be contracted. The insurance certificate will be sent at first award and at policy expiration during the first year of the contract and annually thereafter.

Employment Practice Liability Insurance

\$1,000,000 covering contractor and its agents, and vendor employees

Contract execution is contingent upon the selected Contractor obtaining all insurance required under this provision and furnishing a certificate or other form showing proof of current coverage naming the State of Rhode Island, the Executive Office of Health and Human Services, and their officers and employees as additional insured. This verbiage must also be in the "Description of Operations" on the Certificate of Insurance. The

Certificate shall provide that the insurance company will give a thirty (30) day written notice to the EOHHS if the insurance is cancelled or materially changed. After work commences, the Proposer will keep in force all required insurance, at the Vendor's expense, until the Contract is terminated.

ii. **Hold Harmless and Indemnification:** To the full extent of Rhode Island law, the contractor agrees to indemnify, defend and hold harmless the State, its officers, representatives, agents, servants, employees and successors from any liability, damages, claims and or losses arising from the performance of the contractor, its agents or employees, including all costs, expenses and attorneys fees which in any manner result from or arise out of this agreement.

The contractor's obligations to indemnify, defend and hold harmless extend to the use of any copyrighted or un-copyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in the performance of the contract to which the contractor is not the patentee, assignee or licensee.

The contractor shall reimburse the State for any and all damages to the real or personal property of the State including costs associated with recreating data caused by the acts of the contractor, its agents or employees. The State shall give reasonable notice of any such claim.

The contractor's duties under this section shall remain fully in effect and binding in accordance with the terms and conditions of the contract, without being lessened or compromised in any way, even where the contractor is alleged or is found to merely contributed in part to the acts giving rise to the claims and/or where the State is alleged or is found to have contributed to the acts giving rise to the claims.

Attachment 1 & Attachment 2

Cost Response Tables

Attachment 1 PMPM Price Chart

	Fiscal Year 2013 (Jan - June 6 months)				Fiscal Year 2014				Fiscal Year 2015				Fiscal Year 2016				Option Year 1				Option Year 2				Option Year 3			
population	average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member price (PMPM)	Average monthly price PMPM	average annual price PMPM
Rite Care	141,855				141,855				141,855				141,855															
Aged/Blind/Disabled	45,356				45,356				45,356				45,356															
CNOM	1,286				1,286				1,286				1,286															
total	188,497				188,497				188,497				188,497															
total capitated contract price																												

average monthly enrollment volume based on SFY 2012 data

Attachment 2 Vendor Price Summary

	Fiscal Year 2013 (6 mths)	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Option Year 1	Option Year 2	Option Year 3
Total capitated price							

sum total

Non-Medicaid/Non-CNOM elderly transportation will be paid separately and the vendor will be at risk for managing utilization

* The impact of the Affordable Care Act on monthly enrollment has not been calculated, therefore, not included in table. Enrollment has been kept flat until further detailed enrollment projections are completed.

Attachment 3: Key Personnel Table

Key Personnel Title	Name	Years of Experience	% hours Committed to the project
General Manager			
Chief Information Officer			
Call Center Operations Manager			
Utilization Review Manager			
Quality Assurance Manager			
Transportation Provider Relations Manager			
Complaints Manager			
Education & Training Manager			

Minimum Key Staff Qualifications

General Manager	8 years of like experience
Director of Operations	5 years of like experience
Chief Information Officer	5 years of like experience
Call Center Operations Manager	5 years of like experience
Utilization Review Manager	5 years of like experience
Quality Assurance Manager	5 years of like experience
Transportation Provider Relations Manager	5 years of like experience
Complaints Manager	2 years of like experience
Education & Training Manager	2 years of like experience

Attachment 4: Technology Requirements

EOHHS requires the use of technology to automate processes, maximize system efficiency and allow for the use of consistent and accurate data across programs.

The computer system must be adequate to support all operational and reporting functions under this FP. Vendor's computer system must comply with the American Disabilities Act (ADA) development standards for user screens.

1. Computer Systems and Data

The Vendor shall possess and maintain the following computer system and data standards:

- 1.1** Maintain sufficient computer hardware, software, and Internet capability to support service authorization, trip scheduling/dispatch, provider reimbursement, complaint monitoring, as well as to meet all data capture, data storage and reporting requirements established under this RFP.
- 1.2** The Vendor shall possess and maintain a claims processing system that assures compliance with all Technical Requirements to assure only claims for appropriate services provided by authorized providers for eligible members are paid. This system must have appropriate edits and audits to monitor and detect duplicate services, services limitations and overage and guard against fraudulent billing.
- 1.3** The Vendor shall possess and maintain a claims processing and payment system that accepts and processes HIPAA 837 electronic claims, CMS 1500 claim forms and proprietary claim forms.
- 1.4** Obtain maintenance contracts with equipment and software suppliers for the duration of the contract. Maintenance contracts must be sufficient to ensure the efficient operation of the system in compliance with this RFP. Software maintenance contracts must include upgrades, enhancements, and bug fixes. The Vendor must maintain adequate licensing agreements for all software used under this contract. Hardware maintenance contracts must include service and replacement or repair for all hardware used under this contract.
- 1.5** All hardware, software, and firmware products, individually and in combination, shall be compatible with and able to exchange data with EOHHS and EOHHS's Fiscal Agent, including member enrollment data, provider data, encounter data, and other information and/or reports.
- 1.6** Perform all file and system maintenance functions to the system. The Vendor shall be responsible for providing, at no additional cost to EOHHS, data processing expertise, data processing equipment, programmers and operators, and other related technical support associated with the operation and maintenance of the computer system(s) used under this contract.

2. Security

The system must meet all Federal and State privacy and security requirements including but not limited to:

- 2.1** Provide user access through role-based security. The application must provide tests for authentication (generally a login process) and role based security, authorization (determines whether a user has the required role to access a resource).
- 2.2** Provide data protection and recovery plans.

- 2.3 Ensure unauthorized users do not gain access to records.
- 2.4 Meet or exceed all applicable Federal and State standards for security and privacy, including but not limited to, HIPAA.
- 2.5 Provide 24-7 system maintenance and support service for system failures that would prevent a member from getting services.
- 2.6 Scheduled system maintenance hours occur between midnight and 4:00a.m. Eastern Standard Time (EST applies).
- 2.7 The database shall be backed up on a regular schedule, at least once each day. Back up data must be stored at an off-site location approved by EOHHS.
- 2.8 The system must be configurable to allow multiple access rights, and security levels based on the user account.
- 2.9 The system must allow for authentication through username and password.
- 2.10 The systems may allow for authentication through a shared core service (that also provides authentication for other applications).
- 2.11 The system must provide secure data transmission (e.g., SSL encryption for communication over the Internet). This includes data transmitted via the internet, email, or other electronic transmission.
- 2.12 The system shall maintain audit records detailing access to the system and modification of records. Audit records should include (at a minimum) date, time, user, record ID, and action performed.
- 2.13 Employ user-configurable online and batch audit trail functionality that provides electronic capture and storage of audit trail information related to all data inputs and uploads, changes and modifications, inquiries, authorizations, access requests, archive and retrieval processes, and log files, and make them available for inquiry. This shall include:

3. Software

The reservation/scheduling NEMT software used by the Vendor must have the following capabilities.

- 3.1 Maintaining or interfacing with a database of transportation providers with which the Vendor has service agreements, including reimbursement and other Information needed to determine trip assignments.
- 3.2 Automatic address validations, distance calculations and trip pricing, if applicable.
- 3.3 Standing order subscription trip and random trip reservation capability.
- 3.4 Ability to determine if public transportation or other fixed route services are available to the members.
- 3.5 Ability to determine if federally funded transportation is available to the members.
- 3.6 Ability to capture all data elements required by the electronic member worksheet or call center script.

- 3.7** Must be currently commercially available, or if proprietary or a modified commercial product, currently operational in at least one site and available for demonstration to EOHHS

4. Database

The Vendor shall establish and maintain a member and provider database.

4.1 Members

The member database shall be capable of maintaining such information as basic demographic information, Medicaid or elderly transportation program eligibility and special transportation needs. The member database shall include, but is not limited to:

- 4.1.1** Member name.
- 4.1.2** Member ID.
- 4.1.3** Member address.
- 4.1.4** Member sex & date of birth.
- 4.1.5** Contact information (e.g., telephone, email).
- 4.1.6** Program eligibility information.
- 4.1.7** Third party liability information.
- 4.1.8** Special needs/requirements (i.e. medical condition, language, attendant required).
- 4.1.9** Required or preferred mode of transportation (e.g. wheelchair).
- 4.1.10** Challenging behavior.
- 4.1.11** Complaint history.
- 4.1.12** "No-show" history.

4.2 Providers

The Vendor shall establish and maintain an electronic provider database sufficient to meet the needs of the transportation program. EOHHS will provide the Vendor with a file of current Medicaid certified RI NEMT transportation providers (taxi, wheelchair/ambulatory vans, paratransit) in a format and specifications of the file to be determined.

The Vendor will be responsible for loading this provider data into the system and utilizing the data when scheduling and dispatching transportation. In addition, the Vendor is responsible for obtaining and maintaining data for all transportation providers (e.g. public motor vehicle carriers, taxis, public transportation). The provider database shall include, but is not limited to the following:

- 4.2.1** Provider ID - The Vendor will be required to maintain the provider ID and NPI for identification purposes. In addition, the Vendor must assign a unique provider ID for non-Medicaid certified providers public transit, taxis and public motor vehicle carriers. The format of the ID must be such as to not cause duplicates of the Medicaid assigned NPI or ID assigned by the Vendor. Measures must be put in place to ensure no duplicate provider are assigned or reused.

- 4.2.2 Provider demographic information (i.e., name, address, phone);
- 4.2.3 Effective and end dates of contract period and/or Medicaid certification dates;
- 4.2.4 Vehicle information
- 4.2.5 Driver information;
- 4.2.6 Other information that may be necessary to support transportation operations and reporting such as geographical coverage area, types of vehicles, and number of trips that can be accommodated per day.

4.3 Encounter Data

The Vendor shall submit encounter data to EOHHS or its designee for all NEMT service provided on behalf of a member. The encounter data must be created from paid claims data and other data created or maintained by the Vendor on services, providers and members.

The Vendor shall establish quality control procedures and edits to allow for the detection and correction of errors prior to submission of encounter data to EOHHS

4.3.1 Submissions and Format

The Vendor shall electronically transmit encounter data to EOHHS and/or Fiscal Agent. The data elements on the encounter record will be based on the Centers for Medicare and Medicaid Services (CMS) 1500 claim form data elements. Other data elements may be specified by EOHHS such as information pertaining to the trip (trip log data) and network provider information, including reimbursement amounts.

The encounter data shall be provided monthly to EOHHS within ten (10) business days after the close of the month using SFTP – Secure File Transfer Protocol and in a format specified by EOHHS. The content and layout of these files are subject to change to accommodate the needs of EOHHS. The Vendor shall be required to update subsequent versions of the encounter data format, at no additional cost.

EOHHS will process the Vendor’s encounter file against established validation criteria and create an error file of those records that fail the validation process. The Vendor shall review the error file to determine the need for changes and resubmission. In the event the data submission contains erroneous data as determined by EOHHS, the Vendor has thirty (30) days to correct the errors and resubmit to EOHHS.

The Vendor will be required to test encounter data submission until EOHHS is satisfied that the Vendor is capable of submitting valid, accurate, and timely encounter data according to the requirements of this RFP.

The Vendor must use State-defined standardized naming conventions for encounter data submissions. Files must be compressed using a standard zip program (e.g., WinZip,).

The Vendor must have a computer processing and reporting system that is capable of following or tracing an encounter within its system using a unique encounter record identification number (RIN) for each encounter.

5. Website

The Vendor shall provide and maintain an Internet website for Rhode Island's Medicaid members and the network transportation providers to access information pertaining to Rhode Island's NEMT services. Vendor will continually update this website to add increased functionality.

Over time, EOHHS would like the Vendor to move towards a statewide web-based automated transportation reservation system. The EOHHS will retain ownership of the web URL address at all times. The Vendor will describe how this will be accomplished and over what time period.

The website design and content must be presented in a user friendly, intuitive manner and provide for the information and content to be viewed and/or downloadable. The Vendor shall update the website as needed to reflect changes and revisions in the NEMT services program. Updates to the website must be applied within three (3) business days of receipt of State approved content changes. Any non-availability of the website must be addressed within one (1) hour of discovery.

The Vendor shall submit any website content specific to Rhode Island's NEMT program to EOHHS for review and acceptance prior to posting the information on the website.

5.1 NEMT Provider Content

The website shall provide, at a minimum, the following information about the vendor/transportation manager:

- 5.1.1** Central business office address, phone, and fax number;
- 5.1.2** Directions to the Vendor's central business office and office hours;
- 5.1.3** Information for Transportation Providers;
- 5.1.4** Frequently asked questions (FAQ);
- 5.1.5** NEMT policies, procedures & manuals;
- 5.1.6** Transportation provider meeting/training dates, time, and locations;
- 5.1.7** Sample reporting requirements, instructions, and templates as applicable;
- 5.1.8** Transportation Provider education and training plan updates.

5.2 Member Content

The website shall provide, at a minimum, the following information for members:

- 5.2.1** Call Center contact information, including information for after hour's assistance;
- 5.2.2** Description of transportation services available and how to access them;
- 5.2.3** How to file a complaint or grievance;
- 5.2.4** Member responsibilities;
- 5.2.5** Member conduct;
- 5.2.6** Links to other web sites as determined by EOHHS;
- 5.2.7** Frequently asked questions (FAQs), including definitions.

6. Disaster Recovery

The Vendor must develop and maintain a disaster recovery plan designed to minimize any disruption to transportation services. It is the sole responsibility of the Vendor to maintain adequate backup to ensure continued scheduling and transportation capability.

6.1 Minimum Components

At a minimum, the disaster recovery plan must include the following components:

- 6.1.1** Measures taken to minimize the threat of a disaster at the Vendor's central business office and other facilities, including physical security and fire detection and prevention.
- 6.1.2** Provisions for accepting member telephone calls and scheduling transportation in the event of a disaster at the Vendor's central business office or the failure of the Vendor's telephone system.
- 6.1.3** Procedures utilized to minimize the loss of required records in the event of fire, flood or other disaster.
- 6.1.4** Off-site storage.

The Proposal must include an initial Disaster Recovery Plan. A final disaster recovery plan must be submitted to EOHHS for review and approval at least thirty (30) calendar days prior to the start of operations. Modifications required by EOHHS must be incorporated by the Vendor within ten (10) calendar days of notification. In no case will a Vendor be allowed to begin operations without an approved disaster recovery plan.

The Vendor must update on an annual basis and submit a complete revised plan within fifteen (15) working days following the end of the contract year. In addition, the Vendor must complete interim updates within ten (10) working days of change in procedures.

7. Archiving

All records shall be maintained and available for review by authorized federal and state personnel during the entire term of the contract in compliance with State and Federal record retention requirements which are ten (10) years for medical records, source records and financial records and seven (7) years for litigation, unless an audit is in progress. When an audit is in progress or audit findings are unresolved, records shall be kept for a period of 10 years or until all issues are finally resolved, whichever is later.

Attachment 5: Service Complaints and Appeals

Vendor's policies and procedures for processing grievances must permit a provider, acting on behalf of the member and with the member's written consent, to file an appeal of an action within 30 days from the date on the Vendor's notice of action. An action means: (1) whether or not a service is a Covered Service; (2) the denial or limited authorization of a requested service, including the type or level of service; (3) the reduction, suspension, or termination of a previously authorized service; (4) the denial, in whole or in part, of payment of a service; (5) the failure to provide or authorize services within a timely manner, as defined Section 3.2 of the RFP or (6) the failure of the Vendor to act within the timeframes in Section 3.2 of this RFP.

A Notice of Action must be in writing and must explain:

- The action Vendor or its agents, has taken or intends to take
- The reasons for the action
- The Member's or provider's right to file an appeal with the Vendor
- The Vendor's right to a State Fair Hearing
- The procedures for exercising the rights in this section
- The circumstances under which expedited appeal resolution is available and how to request it
- The Member's rights to have covered benefits continue pending resolution of the appeal and the final decision of the Department. How to request that benefits be continued and the circumstances under which the Member's may be required to pay the costs of these services

The Vendor must mail the notice of action to the Member within the timeframes specified in 42 CFR 438.404. Vendor agrees to notify the requesting provider of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested. The notice to the provider need not be in writing.

In handling grievances and appeals the Vendor must:

- Give members any reasonable assistance in completing forms and taking procedural steps, including, but not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.
- Acknowledge each grievance and appeal
- Ensure that the individuals who make decisions on grievances and appeals are individuals who were not involved in any previous level of review or decision-making and who, if deciding on any of the following, are health care professionals who have appropriate clinical expertise, as determined by the State, in treating the Member's condition or disease: (a) an appeal of a denial that is based on lack of medical necessity, (b) a grievance regarding denial of expedited resolution of an appeal; or (c) a grievance or appeal that involves clinical issues

Member Formal Appeals

To file an appeal, the process must: (a) provide that oral inquiries seeking to appeal an action are treated as appeals (to establish the earliest possible filing date) and must be confirmed in writing, unless the member or the provider requests expedited resolution; (b) provide the member a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing; (c) provide the member and his or her representative opportunity, before and during the appeals process, to examine the case file, including medical records and other documents and records considered during the appeals process; under certain circumstances certain categories of medical records and other documents may not be available to the member based on the type of record including but not limited to mental health records; and (d) include, as parties to the appeal, the Member and his or her representative, or the legal representative of a deceased Member's estate.

The Vendor must provide written notice of the disposition of all appeals within thirty (30) days from the time the Vendor receives the appeal. For notice of an expedited appeal,

Vendor must also make reasonable efforts to provide oral notice. The written notice must include the following:

- The results of the resolution process and the date it was completed
- For appeals not resolved wholly in favor of the members, the right to request a State Fair Hearing, and how to do so; the right to request to receive benefits while the hearing is pending, and how to make the request; and that the enrollee may not be held liable for the cost of those benefits if the hearing decision upholds the Contractor's action

The Vendor must continue the member's benefits if the appeal is filed timely, meaning on or before the later of the following:

- Within ten (10) days of the Vendor mailing the notice of action
- The intended effective date of the Vendor's proposed action.

If the final resolution of the appeal is adverse to the member, that is, upholds Vendor's action, Vendor may recover the cost of the services furnished the Member while the appeal was pending, to the extent that they were furnished solely because of the requirements of 42 CFR 438.420, and in accordance with the policy set forth in 42 CFR 431.230(b).

If the Vendor takes an action and the member requests a State Fair Hearing, the State must grant the Member a State Fair Hearing. The right to a State Fair Hearing, how to obtain a hearing, and representation rules at a hearing must be explained to the Member by the Vendor. Other information for the beneficiaries and the providers would include:

1. A Member' right to file an appeal
2. The Member's right to request a State Fair Hearing
3. The circumstances under which a Member can request expedited resolution and how to request it

The State ensures that any member dissatisfied with a State agency determination denying a beneficiary's request to transfer plans/disenroll is given access to a State Fair Hearing.

If Vendor or the State Fair Hearing officer reverses the decision to deny, limit, or delay services that were not furnished while the appeal was pending, Vendor must authorize or provide the disputed services promptly, and as expeditiously as the Member's health condition requires. If the Vendor continues or reinstates the Member's benefits while the appeal is pending, the benefits must be continued until one of the following occurs:

- The Member withdraws the appeal
- The Member does not request a State Fair Hearing within ten (10) days from when the Contractor mails an adverse decision.
- A State Fair Hearing decision adverse to the enrollee is made, or;
- The authorization expires or authorization service limits are met.

Member Formal Appeals

The Vendor's complaint process may not be a prerequisite to, or a replacement for the member's right to use EOHHS appeal process. The Vendor is responsible for the preparation of the hearing summary and the presentation of its case. The decision of EOHHS' Fair Hearing Officer is a final and binding decision.

Member Advocate Position (Ombudsman)

The Vendor will also be responsible for employing a Member Advocate (Ombudsman) for purposes of assisting and advocating on behalf of Rhode Island Medicaid members. The advocate will review all of the comments and direct them to the proper person, with the goal of quicker responses to and resolution of member concerns. The Member Advocate will be able to answer member questions about problems obtaining NEMT service or assist members in solving

any problems that may arise from NEMT services. This position may be combined with another position such as the Complaints and Grievance Manager.

Attachment 6: Notice of Adverse Action Policy

The Notice of Adverse Action Policy involves providing appropriate and timely written notice to the member/provider of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested or agreed upon, or any action. Notice is not required to the member when an action is due to the network provider’s failure to adhere to contractual requirements and there is no adverse action against the member.

1. The notice must explain:
 - a. The action the Broker has taken or intends to take and the reason(s) for the action;
 - b. The Member’s or Provider’s right to grieve, complain, or request a State Fair Hearing;
 - c. The circumstances under which expedited resolution is available and how to request it;
 - d. That during the state fair hearing, the member/provider may represent him(her)self or use legal counsel, a relative, a friend, or a spokesperson;
 - e. The specific regulations that support, or the change in federal or state law that requires, the action, and

1. The notice must be in writing and must meet the language requirements:
 - a. The Broker in conjunction with EOHHS shall identify the non-English languages prevalent (i.e. spoken by a significant number or percentage of the member’s and potential population);
 - b. The Broker must make available written information in each prevalent non-English language;
 - c. The Broker must make oral interpretation services available for all languages free of charge and;
 - d. The Broker must notify Members that oral interpretation is available for any language.

2. The notice must meet the following format requirements:
 - a. Written material must use an easily understood format, and be available in alternative formats that take into consideration those with special needs.
 - b. Members must be informed of the availability of alternative formats and how to access those formats.

Attachment 7: Border Communities

Massachusetts	Connecticut
Attleboro	Danielson
Bellingham	Moosup
Blackstone	Mystic
Fall River	New London
Foxboro	North Stonington
Milford	Pawcatuck
New Bedford	Putnam
North Attleboro	Stonington
North Dartmouth	Thompson
Rehoboth	Waterford
Seekonk	
Somerset	
South Attleboro	
Swansea	
Taunton	
Uxbridge	
Webster	
Westport	
Whitinsville	

Attachment 8: Proposal Checklist Summary

Proposal Element		Proposal Page #
RIVIP Bidder Certification Form		
Transmittal Letter		
Technical Proposal		
5.3.1 Executive Summary		
5.3.2 Experience		
5.3.3 Organization & Staffing		
5.3.4 Administration and Operations		
5.3.5 Customer Service		
5.3.6 Provider Network		
5.3.7 Technological Capabilities		
5.3.8 Turnover		
5.3.9 Quality Assurances		
5.3.10 Reports		
5.3.11 Creative Solutions		
Cost Proposal		
5.4.1 Proposed Total Cost		
5.4.2 Proposed Monthly Capitation Rate		

Attachment 9: Rhode Island EOHHS NEMT Overview

The following timeline chronicles key events/developments in the RI NEMT program.

2008 – 2012 - RI economic conditions

Economic decline leading to current unemployment rate at 11%. Increasing need for NEMT services.

July 2008 - Creation of the Rhody 10 Bus Pass:

In July, 2008, the Rhody 10 bus pass was created to provide bus passes to Rite Care members and children over the age of five. Members are required to show identification for each eligible member of the family at the Customer Service Desk of a Stop & Shop or Shaw’s Supermarket. Identification is then verified through at POS machine. Passes are available on the 25th day of each month.

April 2009 - Dialysis Pilot Project

Offered members disabled bus passes which resulted in initially transferring 50 patients, which increased to 120 patients over time, saving \$350K. Dialysis social workers determined the appropriate level of transportation depending on the member’s medical need and functional status, especially post-dialysis.

November 2009 – Methadone Pilot Project

Convened meetings with RIPTA/BHDDH to review transportation for 290 methadone and dialysis clients totaling \$4M annually. After the review, it was determined that 75% of this population was able-bodied individuals who were already receiving a monthly bus pass (\$62).

The resulting savings from this initiative was \$2.2M with members going to appropriate transportation mode as follows:

- Bus - 50%
- Ride Van – 40%
- Wheelchair Van – 10%

July 2009–Elderly Transportation Program moves from Department of Elderly Affairs to Department of Human Services

DHS and the Ride Program worked collaboratively beginning in July 2009 to address the high volume of “no-shows” in the Elderly transportation program. This year-long undertaking resulted in lower administrative costs paid to Ride.

2010 - Human Service Transportation Study

Joint study with Rhode Island Public Transit Authority (RIPTA), the Executive Office of Health & Human Services (EOHHS), and BHDDH to better understand how human service transportation is provided in Rhode Island and to develop broad recommendations about how to improve the management, organization and delivery of these services.

Focus groups were conducted with key stakeholders.

Key study findings:

- Positive: Overall satisfaction; good transportation network; availability statewide. Potential to improve service delivery/cost efficiency.
- Negative: Service inefficiency/cost pressures; program complexity--clients/transportation needs; management oversight (1 FTE)

FY2011 – Negotiated Trip Rate with RIPTA

Negotiated with RIPTA to move from a shared hourly rate to a flat trip rate to improve budget forecasting.

February 2011 – NEMT Rate Reductions

Reduced NEMT rate from \$1.75/mile to \$.51/mile consistent with IRS mileage rates; and establishing new code T2003 at \$22 per trip consistent with the Ride Program.

General Assembly reviewed EOHHS transportation for 300 Developmentally Disabled (DD) clients which resulted in reorganization of DD client transportation and its funding of \$4.2M moving to BHDDH in August.

February 2011 – A ½ year rate cut implemented for wheelchair and ambulatory van providers

July 2011 – NEMT Call Center Changes

Hewlett Packard (HP), the State’s fiscal agent was experiencing extraordinarily high NEMT call volume (400-500 calls a day). This resulted in high abandonment rates and long wait times. HP hired a subcontractor to operate a Call Center to serve Medicaid clients.

August 2011 – Transportation for developmentally disabled clients to day program or supported employment programs is shifted to the DD providers. Reimbursement for transportation for DD clients utilizing these services is subject to new rates developed and administered by BHDDH. As a result, the total PMPM cost for the DD/ABD population dropped significantly in the FY10-FY12 NEMT Data that is found in Addendum 1 of this RFP. The DD population going to DD day program or supportive employment services will not be a part of the service delivery responsibility of the NEMT Broker.

Attachment 10: Proposal Resource Links

www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Resources/transportation_options.pdf

Addendum 1: FY10-FY2 NEMT Data

7/1/2009-9/30/2009		Transportation Benefit																														Grand Total															
Population/Aid Category	Eligible Members	Bus: Rhody Ten			Bus: Monthly Pass			Bus: 5-Yr			Taxi					RIDE					Wheelchair Van			Ambulatory Van			Total							Bus Passes							Grand Total						
		Avg. Eligibles	Passes	Paid	Avg. Eligibles	Passes	Paid	Passes	Paid	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Riders	Trips	Paid	Riders	Trips	Paid	Eligibles	Riders	Trips	Paid	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	5-yr. Paid/pass	5-yr. PMPM	Total Bus PMPM	Paid / Rider	All PMPM
Rite Care ¹	135,350	116,930	38,646	\$ 676,305	18,420	14,792	\$ 813,560		135,350	653	5,571	\$ 174,468	\$ -	\$ 2,617	135,350	16	89	\$ 3,446	\$ -	\$ 52							135,350	669	5,660	\$ 177,914	\$ 2,669	\$ 31.90	\$ 269.93	8.5	\$ 0.44	0.11	\$ 17.50	\$ 1.67	0.27	\$ 55.00	\$ 2.00	\$ -	\$ -	\$ -	\$ 3.67	\$ 30.87	\$ 4.11
Aged/Blind/Disabled	43,068								43,068	49	1,993	\$ 55,849	\$ -	\$ 838	43,068	727	13,998	\$ 305,535	\$ -	\$ 11,139	3,811	61,184	\$ 2,811,465				43,068	4,587	77,175	\$ 3,172,849	\$ 11,977	\$ 41.27	\$ 694.32	16.8	\$ 24.65		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 694.32	\$ 24.65	
DD Adults	3,415								3,415												148	44,954	\$ 1,268,734				3,415	148	44,954	\$ 1,268,734	\$ -	\$ 28.22	\$ 8,601.59	304.8	\$ 123.84		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,601.59	\$ 123.84	
CNOM	2,661								2,661	0	-	\$ 9	\$ -	\$ 0.39	2,661	91	4,753	\$ 100,310	\$ -	\$ 4,168							2,661	91	4,753	\$ 100,319	\$ 4,169	\$ 21.99	\$ 1,148.22	52.2	\$ 13.09		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,148.22	\$ 13.09	
Elderly (Non-Medicaid)										2	2	\$ 59	\$ (3)	\$ 3		1839	30,898	\$ 652,217	\$ (33,597)	\$ 27,102									1,841	30,900	\$ 652,276	\$ 27,105	\$ 21.99	\$ 369.03	16.8	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 369.03	n/a		
									704	7,566	\$ 230,385	\$ 30.45				2,673												1,841	30,900	\$ 652,276	\$ 27,105	\$ 21.99	\$ 369.03	16.8	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 369.03	n/a			

10/1/2009-12/31/2009		Transportation Benefit																														Grand Total															
Population/Aid Category	Eligible Members	Bus: Rhody Ten			Bus: Monthly Pass			Bus: 5-Yr			Taxi					RIDE					Wheelchair Van			Ambulatory Van			Total							Bus Passes							Grand Total						
		Avg. Eligibles	Passes	Paid	Avg. Eligibles	Passes	Paid	Passes	Paid	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Riders	Trips	Paid	Riders	Trips	Paid	Eligibles	Riders	Trips	Paid	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	5-yr. Paid/pass	5-yr. PMPM	Total Bus PMPM	Paid / Rider	All PMPM
Rite Care ¹	138,254	119,666	42,524	\$ 744,170	18,588	15,420	\$ 848,100		138,254	752	6,490	\$ 170,503	\$ -	\$ 2,558	138,254	14	90	\$ 3,340	\$ -	\$ 50							138,254	766	6,580	\$ 173,843	\$ 2,608	\$ 26.82	\$ 230.35	8.6	\$ 0.43	0.12	\$ 17.50	\$ 1.79	0.28	\$ 55.00	\$ 2.04	\$ -	\$ -	\$ -	\$ 3.84	\$ 30.13	\$ 4.26
Aged/Blind/Disabled	43,097							21	\$ 210	43,097	123	5,347	\$ 137,899	\$ -	\$ 2,069	43,097	776	14,915	\$ 314,603	\$ -	\$ 10,581	3,947	46,654	\$ 2,308,297				43,097	4,846	66,916	\$ 2,760,799	\$ 12,650	\$ 41.45	\$ 572.32	13.8	\$ 21.45		\$ -	\$ -	\$ -	\$ -	\$ 10.00	\$ 0.00	\$ 0.00	\$ 569.89	\$ 21.45	
DD Adults	3,429								3,429												148	44,954	\$ 1,268,734				3,429	148	44,954	\$ 1,268,734	\$ -	\$ 28.22	\$ 8,602	304.8	\$ 123.33		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,601.59	\$ 123.33	
CNOM	2,697								2,697	0	1	\$ 12	\$ -	\$ 0.51	2,697	75	4,484	\$ 92,281	\$ -	\$ 3,829							2,697	75	4,485	\$ 92,293	\$ 3,830	\$ 21.43	\$ 1,282	59.8	\$ 11.88		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,281.64	\$ 11.88	
Elderly (Non-Medicaid)										5	4	\$ 78	\$ (4)	\$ 3		1824	29,158	\$ 600,249	\$ (31,924)	\$ 24,909									1,829	29,162	\$ 600,327	\$ 24,912	\$ 21.44	\$ 341.85	15.9	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 341.85	n/a		
									880	11,841	\$ 308,492	\$ 26.05				2,689													1,829	29,162	\$ 600,327	\$ 24,912	\$ 21.44	\$ 341.85	15.9	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 341.85	n/a		

1/1/2010-3/31/2010		Transportation Benefit																														Grand Total															
Population/Aid Category	Eligible Members	Bus: Rhody Ten			Bus: Monthly Pass			Bus: 5-Yr			Taxi					RIDE					Wheelchair Van			Ambulatory Van			Total							Bus Passes							Grand Total						
		Avg. Eligibles	Passes	Paid	Avg. Eligibles	Passes	Paid	Passes	Paid	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Riders	Trips	Paid	Riders	Trips	Paid	Eligibles	Riders	Trips	Paid	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	5-yr. Paid/pass	5-yr. PMPM	Total Bus PMPM	Paid / Rider	All PMPM
Rite Care ¹	139,232	121,115	41,564	\$ 727,370	18,117	15,211	\$ 836,605		139,232	772	7,577	\$ 217,188	\$ -	\$ 3,258	139,232	25	102	\$ 4,667	\$ -	\$ 70							139,232	797	7,679	\$ 221,855	\$ 3,328	\$ 29.33	\$ 282.54	9.6	\$ 0.54	0.11	\$ 17.50	\$ 1.74	0.28	\$ 55.00	\$ 2.00	\$ -	\$ -	\$ -	\$ 3.74	\$ 31.08	\$ 4.28
Aged/Blind/Disabled	43,145							6	\$ 79	43,145	150	7,284	\$ 199,022	\$ -	\$ 2,986	43,145	790	17,559	\$ 368,442	\$ -	\$ 11,952	3,900	40,849	\$ 2,145,927				43,145	4,840	65,692	\$ 2,713,391	\$ 14,938	\$ 41.53	\$ 563.70	13.6	\$ 21.08		\$ -	\$ -	\$ -	\$ -	\$ 13.13	\$ 0.00	\$ 0.00	\$ 563.02	\$ 21.08	
DD Adults	3,440								3,440												148	44,954	\$ 1,268,734				3,440	148	44,954	\$ 1,268,734	\$ -	\$ 28.22	\$ 8,602	304.8	\$ 122.92		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,601.59	\$ 122.92	
CNOM	2,204								2,204	0	-	\$ 9	\$ -	\$ 0.37	2,204	65	3,968	\$ 87,682	\$ -	\$ 3,647							2,204	65	3,968	\$ 87,690	\$ 3,647	\$ 23.02	\$ 1,405	61.0	\$ 13.81		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,405.19	\$ 13.81	
Elderly (Non-Medicaid)										2	2	\$ 62	\$ (3)	\$ 3		1712	28,771	\$ 635,761	\$ (31,654)	\$ 26,441									1,714	28,773	\$ 635,823	\$ 26,444	\$ 23.02	\$ 386.39	16.8	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 386.39	n/a		
									924	14,862	\$ 416,280	\$ 28.01				2,592													1,714	28,773	\$ 635,823	\$ 26,444	\$ 23.02	\$ 386.39	16.8	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 386.39	n/a		

4/1/2010-6/30/2010		Transportation Benefit																														Grand Total															
Population/Aid Category	Eligible Members	Bus: Rhody Ten			Bus: Monthly Pass			Bus: 5-Yr			Taxi					RIDE					Wheelchair Van			Ambulatory Van			Total							Bus Passes							Grand Total						
		Avg. Eligibles	Passes	Paid	Avg. Eligibles	Passes	Paid	Passes	Paid	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Eligibles	Riders *	Trips ²	Paid ³	Copay	Board Fee	Riders	Trips	Paid	Riders	Trips	Paid	Eligibles	Riders	Trips	Paid	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	5-yr. Paid/pass	5-yr. PMPM	Total Bus PMPM	Paid / Rider	All PMPM
Rite Care ¹	140,203	122,543	40,650	\$ 711,375	17,660	13,935	\$ 766,425		140,203	711	7,756	\$ 237,260	\$ -	\$ 3,559	140,203	19	97	\$ 4,065	\$ -	\$ 61							140,203	730	7,853	\$ 241,324	\$ 3,620	\$ 31.19	\$ 335.54	10.8	\$ 0.58	0.11	\$ 17.50	\$ 1.69	0.26	\$ 55.00	\$ 1.82	\$ -	\$ -	\$ -	\$ 3.51	\$ 31.14	\$ 4.10
Aged/Blind/Disabled	43,256							6	\$ 83	43,256	159	9,609	\$ 277,133	\$ -	\$ 4,157	43,256	922	19,721	\$ 414,657	\$ -	\$ 13,518	3,742	37,451	\$ 2,025,342				43,256	4,823	66,781	\$ 2,717,132	\$ 17,675	\$ 40.95	\$ 567.03	13.8	\$ 21.07		\$ -	\$ -	\$ -	\$ -	\$ 13.75	\$ 0.00	\$ 0.00	\$ 566.35	\$ 21.07	
DD Adults	3,455								3,455												148	44,954	\$ 1,268,734				3,455	148	44,954	\$ 1,268,734	\$ -	\$ 28.22	\$ 8,602	304.8	\$ 122.42		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,601.59	\$ 122.42	
CNOM	1,008								1,008	0	-	\$ 4	\$ -	\$ 0.16	1,008	59	3,790	\$ 82,340	\$ -	\$ 3,429							1,008	59	3,790	\$ 82,344	\$ 3,429	\$ 22.63	\$ 1,454	64.2	\$ 28.36		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,453.78	\$ 28.36	
Elderly (Non-Medicaid)										3	3	\$ 32	\$ (2)	\$ 1		1934	32,972	\$ 716,421	\$ (33,823)	\$ 29,835									1,937	32,975	\$ 716,453	\$ 29,836	\$ 22.63	\$ 385.28	17.0	n/a		\$ -	\$ -	n/a	\$ -	\$ -	n/a	\$ 385.28	n/a		
									873	17,368	\$ 514,428	\$ 29.62																																			

7/1/2009-6/30/2010																					
Population/Aid Category	Eligible Members	TRANSPORTATION								Bus Passes								Grand Total			
		Riders	Trips ²	Paid ³	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	"5-yr." Paid/pass	"5-yr." PMPM	Total Bus PMPM	Paid / Rider	All PMPM	
Rite Care ¹	138,260	1,704	27,772	\$ 814,936	\$ 12,224	\$ 29.78	\$ 485.42	16.3	\$ 0.50	0.11	\$ 17.50	\$ 1.72	0.27	\$ 55.00	\$ 1.97	\$ -	\$ -	\$ 3.69	\$ 30.97	\$ 4.19	\$ 6,951,070
Aged/Blind/Disabled	43,141	16,999	276,565	\$ 11,364,171	\$ 57,241	\$ 41.30	\$ 671.89	16.3	\$ 22.06	-	\$ -	\$ -	-	\$ -	\$ -	\$ 11.25	\$ 0.00	\$ 0.00	\$ 670.61	\$ 22.06	\$ 11,421,783
DD Adults	3,435	590	179,815	\$ 5,074,938	\$ -	\$ 28.22	\$ 8,602	304.8	\$ 123.13	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,601.59	\$ 123.13	\$ 5,074,938
ABD + DD	46,576	17,589	456,380	\$ 16,439,109	\$ 57,241	\$ 36.15	\$ 937.88	25.9	\$ 29.51									\$ 936.64	\$ 29.51		
CNOM	2,143	94	16,995	\$ 362,647	\$ 15,075	\$ 22.23	\$ 4,018	180.8	\$ 14.69	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,018.31	\$ 14.69	\$ 377,722
Elderly (Non-Medicaid)	-	3,164	121,809	\$ 2,604,879	\$ 108,297	\$ 22.27	\$ 857.51	38.5	n/a	-	\$ -	n/a	-	\$ -	n/a	\$ -	\$ -	n/a	\$ 857.51	n/a	\$ 2,713,176
\$ 26,538,688																					

7/1/2010-6/30/2011																					
Population/Aid Category	Eligible Members	TRANSPORTATION								Bus Passes								Grand Total			
		Riders	Trips	Paid ³	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	"5-yr." Paid/pass	"5-yr." PMPM	Total Bus PMPM	Paid / Rider	All PMPM	
Rite Care ¹	143,141	1,911	31,174	\$ 937,076	\$ 14,056	\$ 30.51	\$ 497.71	16.3	\$ 0.55	0.12	\$ 19.63	\$ 2.14	0.28	\$ 60.83	\$ 1.87	\$ -	\$ -	\$ 4.01	\$ 32.37	\$ 4.57	\$ 7,845,459
Aged/Blind/Disabled	43,666	20,891	343,652	\$ 10,187,180	\$ 45,637	\$ 29.78	\$ 489.81	16.4	\$ 19.53	-	\$ -	\$ -	-	\$ -	\$ -	\$ 15.66	\$ 0.00	\$ 0.00	\$ 489.42	\$ 19.53	\$ 10,233,084
DD Adults	3,522	937	127,282	\$ 4,301,045	\$ -	\$ 33.79	\$ 4,590	135.8	\$ 101.77	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,590.23	\$ 101.77	\$ 4,301,045
ABD + DD	47,188	21,828	470,934	\$ 14,488,225	\$ 45,637	\$ 30.86	\$ 665.82	21.6	\$ 25.67	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 665.45	\$ 25.67	
CNOM	1,104	55	14,081	\$ 309,833	\$ 4,647	\$ 22.33	\$ 5,718	256.0	\$ 23.74	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,717.83	\$ 23.74	\$ 314,481
Elderly (Non-Medicaid)	-	3,446	129,547	\$ 2,850,559	\$ 42,758	\$ 22.33	\$ 839.62	37.6	n/a	-	\$ -	n/a	-	\$ -	n/a	\$ -	\$ -	n/a	\$ 839.62	n/a	\$ 2,893,317
\$ 25,587,386																					

7/1/2011-12/31/11																					
Population/Aid Category	Eligible Members	TRANSPORTATION								Bus Passes								Grand Total			
		Riders	Trips	Paid ³	Boarding Fee	Paid/Trip	Paid/Rider	Trips/Rider	PMPM	Rhody 10 pass/mem	Rhody 10 Paid/Pass ⁴	Rhody 10 PMPM	Monthly Pass/mem	Monthly Paid/Pass ⁴	Monthly PMPM	"5-yr." Paid/pass	"5-yr." PMPM	Total Bus PMPM	Paid / Rider	All PMPM	
Rite Care ¹	144,966	1,002	17,012	\$ 511,114	\$ 7,667	\$ 30.49	\$ 517.74	17.0	\$ 0.60	0.12	\$ 20.00	\$ 2.22	0.30	\$ 62.00	\$ 2.01	\$ -	\$ -	\$ 4.23	\$ 33.39	\$ 4.83	\$ 8,397,589
Aged/Blind/Disabled	43,666	9,063	182,231	\$ 4,395,829	\$ 24,568	\$ 24.26	\$ 487.74	20.1	\$ 16.87	-	\$ -	\$ -	-	\$ -	\$ -	\$ 17.50	\$ 0.00	\$ 0.00	\$ 487.69	\$ 16.87	\$ 8,840,829
DD Adults	3,610	-	-	\$ -	\$ -	#DIV/0!	#DIV/0!	#DIV/0!	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!	\$ -	\$ -
ABD + DD	47,276	9,063	182,231	\$ 4,395,829	\$ 24,568	\$ 24.26	\$ 487.74	20.1	\$ 16.87	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 487.69	\$ 16.87	
CNOM	1,238	35	5,290	\$ 116,515	\$ 1,748	\$ 22.36	\$ 3,379	151.1	\$ 15.93	-	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,378.95	\$ 15.93	\$ 236,526
Elderly (Non-Medicaid)	-	2,337	70,817	\$ 1,559,930	\$ 23,399	\$ 22.36	\$ 677.50	30.3	n/a	-	\$ -	n/a	-	\$ -	n/a	\$ -	\$ -	n/a	\$ 677.50	n/a	\$ 3,166,657.38
\$ 20,641,601																					

PMPM takes into account 2 quarters of data only (divided by 6). Must update manually for each additional quarter

* "Riders" for Taxi and Ride represent number of unique utilizers for the year; whereas for Wheelchair and Ambulatory Vans, the annual figure is the sum of the 4 quarters

¹ Rite Care includes CSN, Foster, Rite Share - 2012 enrollment (as of March, 2012) is a modified estimate of point-in-time eligibles (source D. Bynum & A. Lapierre)

² Restated "trip" figures for sfy '10, based on analysis performed by Anne LeClerc of RIPTA on trips vs. passengers (reporting for sfy 2010 may have been based on passengers rather than trips).

³ Paid is net of copays for Taxi and Ride

Modes of Transportation Rite Care/ CSN

Pleasure Reference Transportation Overview (Section of the RFP)
for description of program changes that have impacted transportation costs

Note: PMPMs are calculated on Total Enrolled

Population / Aid Category	BUS											OTHER											Total PMPM		
	Rhody Ten Pass					Monthly Pass				5-year Pass		Taxi			Ride			Wheelchair Van			Ambulatory Van				
Rite Care/CSN	Average Members	Avg. Eligibles	passes/1k elig.	Pd/Pass	PMPM	Eligibles	passes/1k elig.	Pd/Pass	PMPM	passes/1k elig.	Pd/Pass	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	
SFY '10: 7/1/09 - 6/30/10	138,260	120,063	1,361	\$ 17.50	\$ 1.72	18,196	3,262	\$ 55.00	\$ 1.97	-	\$ -	\$ -	198.1	\$ 29.62	\$ 0.49	2.7	\$ 41.68	\$ 0.01	-	\$ -	\$ -	-	\$ -	\$ -	\$ 4.19
SFY '11: 7/1/10 - 6/30/11	143,141	127,344	1,474	\$ 19.63	\$ 2.14	15,797	3,342	\$ 60.83	\$ 1.87	-	\$ -	\$ -	214.1	\$ 30.65	\$ 0.55	3.7	\$ 22.33	\$ 0.01	-	\$ -	\$ -	-	\$ -	\$ -	\$ 4.57
YTD SFY '12: 7/1/11 - 12/31/11 ¹	144,966	129,076	1,496	\$ 20.00	\$ 2.22	15,889	3,551	\$ 62.00	\$ 2.01	-	\$ -	\$ -	230.2	\$ 30.66	\$ 0.59	4.5	\$ 22.33	\$ 0.01	-	\$ -	\$ -	-	\$ -	\$ -	\$ 4.83

Rite Care/CSN Trends	Average Members	Rhody Ten Pass				Monthly Pass				Taxi			Ride			Total PMPM
		Eligibles	passes/1k elig.	Pd/Pass	PMPM	Eligibles	passes/1k elig.	Pd/Pass	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	
SFY '11 over SFY '10	3.5%	6.1%	8.3%	12.2%	24.4%	-13.2%	2.4%	10.6%	-5.0%	8.0%	3.5%	11.8%	36.2%	-46.4%	-27.0%	9.0%
YTD SFY '12 over SFY '11	1.3%	1.4%	1.5%	1.9%	3.5%	0.6%	6.3%	1.9%	7.6%	7.5%	0.0%	7.5%	21.9%	0.0%	21.9%	5.7%
YTD SFY '12 over SFY '10, avg.	2.4%	3.7%	4.9%	6.9%	13.5%	-6.6%	4.3%	6.2%	1.1%	7.8%	1.7%	9.6%	28.9%	-26.8%	-5.7%	7.3%

Base Period Experience	144,966	129,076	1,496	\$ 20.00	\$ 2.22	15,889	3,551	\$ 62.00	\$ 2.01	230.2	\$ 30.66	\$ 0.59	4.5	\$ 22.33	\$ 0.01	\$ 4.83
Adjustments to Base Period ²	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Adjusted Base Experience	144,966	129,076	1,496	\$ 20.00	\$ 2.22	15,889	3,551	\$ 62.00	\$ 2.01	230.2	\$ 30.66	\$ 0.59	4.5	\$ 22.33	\$ 0.01	\$ 4.83

Assumptions:

1. Annualized SFY '12 was used as the Base Period to include programmatic changes currently in effect
2. Trends were based off: a) two-year average of sfy '12 ytd over sfy '10 where appropriate, b) pre-negotiated prices, c) anticipated increases in price

¹ YTD SFY '12 figures are annualized where appropriate, i.e. passes per eligible and PMPM

¹ Rite Care includes CSN, Foster, Rite Share - 2012 enrollment (as of March, 2012) is a modified estimate of point-in-time eligibles (source D. Bynum & A. Lapierre)

Modes of Transportation ABD & DD

Pleasure Reference Transportation Overview (Section of the RFP)
for description of program changes that have impacted transportation costs

Note: PMPMs are calculated on Total Enrolled

Population / Aid Category		BUS											OTHER											Total PMPM	
		Rhody Ten Pass				Monthly Pass				5-year Pass			Taxi			Ride			Wheelchair Van			Ambulatory Van			
ABD & DD	Average Members	Eligibles	passes/1k elig.	Pd/Pass	PMPM	Eligibles	passes/1k elig.	Pd/Pass	PMPM	passes/1k elig.	Pd/Pass	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	
SFY '10: 7/1/09 - 6/30/10	46,576	0	-	\$ -	\$ -	0	-	\$ -	\$ -	0.71	\$ 11.25	\$ 0.00	520.3	\$ 28.06	\$ 1.22	1,421	\$ 21.91	\$ 2.60	7,857	\$ 39.26	\$ 25.70	-	\$ -	\$ -	\$ 29.52
SFY '11: 7/1/10 - 6/30/11	47,188	0	-	\$ -	\$ -	0	-	\$ -	\$ -	0.36	\$ 15.66	\$ 0.00	780.8	\$ 29.26	\$ 1.90	1,908	\$ 22.33	\$ 3.55	4,929	\$ 38.60	\$ 15.86	2,362	\$ 22.14	\$ 4.36	\$ 25.67
YTD SFY '12: 7/1/11 - 12/31/11 ¹	47,276	0	-	\$ -	\$ -	0	-	\$ -	\$ -	0.04	\$ 17.50	\$ 0.00	738.1	\$ 29.03	\$ 1.79	2,190	\$ 22.33	\$ 4.07	1,400	\$ 30.20	\$ 3.52	3,381	\$ 22.00	\$ 6.20	\$ 15.58

ABD & DD Trends		BUS											OTHER											Total PMPM	
		Rhody Ten Pass				Monthly Pass				5-year Pass			Taxi			Ride			Wheelchair Van			Ambulatory Van			
	Average Members	Eligibles	passes/1k elig.	Pd/Pass	PMPM	Eligibles	passes/1k elig.	Pd/Pass	PMPM	passes/1k elig.	Pd/Pass	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	
SFY '11 over SFY '10	1.3%									-49.2%	39.2%	-29.2%	50.1%	4.3%	56.5%	34.2%	1.9%	36.8%	-37.3%	-1.7%	-38.3%	0.0%	0.0%	0.0%	-13.0%
YTD SFY '12 over SFY '11	0.2%									-88.3%	11.7%	-86.9%	-5.5%	-0.8%	-6.2%	14.8%	0.0%	14.8%	-71.6%	-21.8%	-77.8%	43.2%	-0.6%	42.3%	-39.3%
YTD SFY '12 over SFY '10, avg. ³	0.7%									-75.6%	24.7%	-69.5%	19.1%	1.7%	21.2%	24.1%	0.9%	25.3%	-57.8%	-12.3%	-63.0%	43.2%	-0.6%	42.3%	-27.3%

Base Period Experience	47,276									0.04	\$ 17.50	\$ 0.00	738.1	\$ 29.03	\$ 1.79	2,190	\$ 22.33	\$ 4.07	1,400	\$ 30.20	\$ 3.52	3,381	\$ 22.00	\$ 6.20	\$ 15.58
Adjustments to Base Period ²	0%									0%	11%		8.5%	0%		1.5%	0%		2.5%	0%		1.5%	0%		3%
Adjusted Base Experience	47,276									0.04	\$ 19.38	\$ 0.00	800.9	\$ 29.03	\$ 1.94	2,223	\$ 22.33	\$ 4.14	1,435	\$ 30.20	\$ 3.61	3,432	\$ 22.00	\$ 6.29	\$ 15.98

Assumptions:

- Annualized SFY '12 was used as the Base Period to include programmatic changes currently in effect
- Trends were based off: a) two-year average of sfy '12 ytd over sfy '10 where appropriate, b) pre-negotiated prices, c) anticipated increases in price

¹ YTD SFY '12 figures are annualized where appropriate, i.e. passes per eligible and PMPM

² Adjustments to Base Period statistics reflect current unmet transportation needs, and increase in the 5-yr bus pass rates effective 1/1/2012

³ As of result of programmatic changes for the DD population as indicated in the Transportation Overview (section of the RFP), the total pmpm has declined. In addition, transportation provider rates were reduced in February 2011.

Modes of Transportation

CNOM Elderly (Non-Medicaid Elderly below 200% of FPL)

Pleasure Reference Transportation Overview (Section of the RFP)
for description of program changes that have impacted transportation costs

Note: PMPMs are calculated on Total Enrolled

Population / Aid Category		BUS											OTHER											Total PMPM	
		Rhody Ten Pass				Monthly Pass				5-year Pass			Taxi			Ride			Wheelchair Van			Ambulatory Van			
CNOM	Average Members	Eligibles	passes/1k elig.	Pd/Pass	PMPM	Eligibles	passes/1k elig.	Pd/Pass	PMPM	passes/1k elig.	Pd/Pass	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	
SFY '10: 7/1/09 - 6/30/10	2,143	0	-	\$ -	\$ -	0	-	\$ -	\$ -	-	\$ -	\$ -	0.3	\$ 48.68	\$ 0.00	7,932	\$ 22.22	\$ 14.69	-	\$ -	\$ -	-	\$ -	\$ -	\$ 14.69
SFY '11: 7/1/10 - 6/30/11	1,104	0	-	\$ -	\$ -	0	-	\$ -	\$ -	-	\$ -	\$ -	15.4	\$ 25.01	\$ 0.03	12,739	\$ 22.33	\$ 23.71	-	\$ -	\$ -	-	\$ -	\$ -	\$ 23.74
YTD SFY '12: 7/1/11 - 12/31/11 ¹	1,238	0	-	\$ -	\$ -	0	-	\$ -	\$ -	-	\$ -	\$ -	21.0	\$ 32.31	\$ 0.06	8,528	\$ 22.33	\$ 15.87	-	\$ -	\$ -	-	\$ -	\$ -	\$ 15.93

CNOM Trends		Rhody Ten Pass				Monthly Pass				5-year Pass			Taxi			Ride			Wheelchair Van			Ambulatory Van			Total PMPM
		Average Members	Eligibles	passes/1k elig.	Pd/Pass	PMPM	Eligibles	passes/1k elig.	Pd/Pass	PMPM	passes/1k elig.	Pd/Pass	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	PMPM	trips/1k mems.	Pd/trip	
SFY '11 over SFY '10	-48.5%												4523%	-48.6%	2275.3%	60.6%	0.5%	61.4%							61.6%
YTD SFY '12 over SFY '11	12.1%												36%	29.2%	76.2%	-33.1%	0.0%	-33.1%							-32.9%
YTD SFY '12 over SFY '10, avg.	-24.0%												694%	-18.5%	547.0%	3.7%	0.2%	3.9%							4.1%

Base Period Experience	1,238												21.0	\$ 32.31	\$ 0.06	8,528	\$ 22.33	\$ 15.87							\$ 15.93
Adjustments to Base Period	0%												0%	0%		0%	0%								0%
Adjusted Base Experience	1,238												21.0	\$ 32.31	\$ 0.06	8,528	\$ 22.33	\$ 15.87							\$ 15.93

Assumptions:

1. Annualized SFY '12 was used as the Base Period to include programmatic changes currently in effect
2. Trends were based off: a) two-year average of sfy '12 ytd over sfy '10 where appropriate, b) pre-negotiated prices, c) anticipated increases in price

¹ YTD SFY '12 figures are annualized where appropriate, i.e. passes per eligible and PMPM

Modes of Transportation

Elderly Non-Medicaid

Pleasure Reference Transportation Overview (Section of the RFP)
for description of program changes that have impacted transportation costs

Note: PMPMs are calculated on Total Enrolled

Population / Aid Category		BUS											OTHER											Total Paid		
		Rhody Ten Pass				Monthly Pass				5-year Pass			Taxi				Ride			Wheelchair Van			Ambulatory Van			
Elderly Non-Medicaid		Average Members	Eligibles	passes/elig.	Pd/Pass	Total Paid	Eligibles	passes	Pd/Pass	Total Paid	passes	Pd/Pass	Total Paid	trips	Pd/trip	Total Paid	trips	Pd/trip	Total Paid	trips	Pd/trip	PMPM	trips/mem.	Pd/trip	Total Paid	Total Paid
SFY '10: 7/1/09 - 6/30/10		n/a	0	-	\$ -	\$ -	0	-	\$ -	\$ -	-	\$ -	\$ -	10	\$ 24.23	\$ 241	121,799	\$ 22.27	\$ 2,712,935	-	\$ -	\$ -	-	\$ -	\$ -	\$ 2,713,176
SFY '11: 7/1/10 - 6/30/11		n/a	0	-	\$ -	\$ -	0	-	\$ -	\$ -	-	\$ -	\$ -	159	\$ 25.72	\$ 4,089	129,388	\$ 22.33	\$ 2,889,228	-	\$ -	\$ -	-	\$ -	\$ -	\$ 2,893,317
YTD SFY '12: 7/1/11 - 12/31/11 ¹		n/a	0	-	\$ -	\$ -	0	-	\$ -	\$ -	-	\$ -	\$ -	344	\$ 33.86	\$ 11,649	141,290	\$ 22.33	\$ 3,155,008	-	\$ -	\$ -	-	\$ -	\$ -	\$ 3,166,657

Elderly Non-Medicaid Trends		Average Members	Rhody Ten Pass				Monthly Pass				5-year Pass			Taxi			Ride			Wheelchair Van			Ambulatory Van			Total PMPM
			Eligibles	passes/elig.	Pd/Pass	Total Paid	Eligibles	passes	Pd/Pass	Total Paid	passes	Pd/Pass	Total Paid	trips	Pd/trip	Total Paid	trips	Pd/trip	Total Paid	trips	Pd/trip	Total Paid	trips	Pd/trip	Total Paid	Total PMPM
SFY '11 over SFY '10		0.0%											1499%	6.1%	n/a	6.2%	0.3%	n/a							6.6%	
YTD SFY '12 over SFY '11		0.0%											116%	31.7%	n/a	9.2%	0.0%	n/a							9.4%	
YTD SFY '12 over SFY '10, avg.		0.0%											488%	18.2%	n/a	7.7%	0.1%	n/a							8.0%	

Base Period Experience	n/a												344	\$ 33.86	\$ 11,649	141,290	\$ 22.33	\$ 3,155,008							\$ 3,166,657
Adjustments to Base Period	0%												0%	0%		0%	0%								0%
Adjusted Base Experience	n/a												344	\$ 33.86	\$ 11,649	141,290	\$ 22.33	\$ 3,155,008							\$ 3,166,657

Assumptions:

- Annualized SFY '12 was used as the Base Period to include programmatic changes currently in effect
- Trends were based off: a) two-year average of sfy '12 ytd over sfy '10 where appropriate, b) pre-negotiated prices, c) anticipated increases in price

¹ YTD SFY '12 figures are annualized where appropriate, i.e. passes per eligible and PMPM