



**Solicitation Information
September 27, 2012**

Addendum #3

RFP # 7457984

TITLE: Non-Emergency Medical Transportation Services Brokerage Project

Submission Deadline: October 24, 2012 at 11:00 AM (EDT)

PLEASE NOTE THAT THE SUBMISSION DEADLINE HAS BEEN EXTENDED TO OCTOBER 24, 2012 AT 11:00 AM (EDT).

ATTACHED PLEASE FIND:

- **30 PAGES OF ANSWERS TO THE SECOND ROUND OF QUESTIONS THAT WERE SUBMITTED REGARDING RFP #7457984 - NON-EMERGENCY TRANSPORTATION BROKER**
- **NEW ATTACHMENT X – JULY – DEC 2011 MONTHLY PERFORMANCE REPORT CARD DATA**
- **NEW ATTACHMENT Y – JAN – JUNE 2012 MONTHLY PERFORMANCE REPORT CARD DATA**
- **NEW ATTACHMENT Z – LIST OF CURRENT NEMT PROVIDERS AS REQUESTED BY BIDDERS**
- **REFORMATTED ATTACHMENT 1 & 2 IN EXCEL FORMAT AS REQUESTED BY BIDDERS**
- **REFORMATTED ADDENDUM 1 IN EXCEL FORMAT AS REQUESTED BY BIDDERS. THIS IS A .ZIP FILE WHICH IS LOCATED IN THE COLUMN LABELED 'INFO.'**
- **REFORMATTED ATTACHMENT 3-10 IN PDF ON LETTER SIZED PAPER AS REQUESTED BY BIDDERS**

**DANIEL W. MAJCHER, ESQ.
ASSISTANT DIRECTOR, SPECIAL PROJECTS**

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Addendum #2

- **The Deadline for submission is extended to OCTOBER 24, 2012 AT 11:00 AM (ET).**
- **The vendors attached below are incorporated into the requirements of RFP #7457984**
- **Please continue to monitor the website for additional information or addendums.**

Questions and Responses - Questions submitted by interested bidders and the Agency's official responses follow. These responses shall clarify the requirements of the RFP. In the event of an inconsistency between information provided in the RFP and information in these responses, the information in these responses shall control.

1. **Question:** Page 12, Section 3.1: When it states the vendor will conduct a functional assessment of all members: does that simply mean we will ask questions at call intake and follow the level of need process when necessary?

Response: Yes.

2. **Question:** Page 14, Section 3.2: Will the vendor receive a medical provider file so we know we are setting trips to Medicaid participating providers?

Response: Yes, the vendor will have access to the Medicaid provider file.

3. **Question:** Page 15, Section 3.2: If a member has an appointment per Vendor's confirmation; does this mean we must confirm all appointments prior to setting transportation?

Response: It is the vendor's responsibility to describe their program integrity efforts to ensure appropriate services delivery. If all appointments are not verified in advance, then the vendor should describe their verification sampling methods to ensure trips result in the member receiving a Medicaid covered service from an approved Medicaid provider for trips provider under the capitated arrangement.

4. **Question:** What is the current fee schedule for RIPTA: The Ride Program: private wheelchair and ambulatory vans: and taxis and PMV's?

Response: As of 7/1/12 the rate for Ride van trips is \$22.67 plus a 1.5% boarding fee. The rate for private wheelchair and ambulatory vans can be found at the RI DHS website:
http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Fee%20Schedule/a_codes.pdf. In addition, ambulatory trips are paid at \$22 per trip. Tolls are paid at \$1 per unit, up to 4 units per day. Taxis are paid on the meter rate as established by the RI Public Utilities Commission and can be found at: www.ripuc.org.

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5. **Question:** When will EOHHS provide the list of certified Medicaid NEMT providers?

Response: See Attachment Z.

6. **Question:** Please identify the contractor that took over the call center services in July 2011. How many staff do they employ to field calls for NEMT services? Do they also field calls for senior transportation services? Please provide call information for the past year: such as calls per month: average handle time: speed to answer: abandonment rate: etc.

Response: Our fiscal agent, HP, subcontracted with a vendor to handle the call center in July 2011. We are not at liberty to disclose the name of the subcontractor. However, see Attachments X & Y for call center details. The Ride Program handles requests for elderly transportation directly. No call volume details are available for elderly transportation.

7. **Question:** Please verify that this project is not considered a public works related project: and as such: does not require a "public copy."

Response: A "public copy" of the proposal is not required at the time of submission. This is a competitive negotiation process in accordance with R.I. Gen. Laws § 37-2-19, and not sealed competitive bidding in accordance with R.I. Gen. Laws § 37-2-18 which would require the submission of a "public copy." Therefore, at the submission date, pursuant to State Procurement Regulation 6.3.1.3, only the names of the Offerors submitting proposals will be disclosed publicly. However, at the time of award, any proposal may be subject to disclosure in accordance with the Rhode Island Access to Public Records Act, R.I. Gen. Laws § 38-2-1 et seq.

8. **Question:** Please resend the attachments; there are several problems with the copies:

- a. Missing a portion of the far-right column on Attachment 1 – page 49
- b. Mission headings on Attachment 3 – page 50
- c. Appear to be missing text at the tops of pages 52: 54: 56: 57: 58: and 62.
- d. Page 59 is completely blank.
- e. Missing headings on Attachment 8 – page 61

Response: See Updated RFP Attachments in posted Addenda.

9. **Question:** Is mileage reimbursement considered a mode of transportation for Medicaid recipients: i.e. will vendor be responsible to reimburse recipients for gas when using a vehicle or if a friend or family member transports them?

Response: No, member mileage reimbursement is not a RI NEMT mode of transportation.

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10. **Question:** Are transportation providers considered subcontractors?

Response: Yes, transportation providers are considered subcontractors.

11. **Question:** Are certificates of insurance required with the submission of the RFP response?

Response: No, they will be required at the time of contract execution.

12. **Question:** Would you consider relaxing the 75 page limit to the response: to allow a vendor to more fully respond to the 8 pages of questions? If not: do we need to include the text of the questions we have to respond to on pages 34-42? This will take up a significant portion of our response. If we need to include: can we at least single space this text?

Response: Yes: See RFP Addendum #1.

13. The RFP timeline is extremely compressed for a statewide proposal of this magnitude: will you consider extending the due date of the response?

Response: See RFP Addendum 2;
<https://www.purchasing.ri.gov/RIVIP/StateAgencyBids/7457984A2.pdf>

14. **Question:** Page 5/Section 1: Is a Letter of Credit an acceptable alternative to an actual bond?

Response: Yes, a Letter of Credit, subject to approval by the Rhode Island Division of Purchases, would be an acceptable alternative to a performance bond in this situation.

15. **Question:** Page 8 Section 2.1:

Please define what you mean by establish Medical necessity?

Response: Medical necessity refers to the vendor establishing that the Medicaid client needs NEMT services and has determined the appropriate level of NEMT given the client's medical condition.

Medical necessity would also include verifying that the member is Medicaid eligible and is going for a Medicaid covered service from a Medicaid approved provider.

Please define what you mean by conducting a functional assessment?

Response: Functional assessment refers to determining what level of transportation is best suited for an individual given his/her medical condition and limitations (including medical and cognitive impairments): needs (e.g. if a person

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is able to walk up to ½ mile and does not have any other functional limitations, then the expectation is that the person can take the bus if the bus stop is within ½ mile of the origin and destination address).

It is common in the Paratransit/ADA world to perform physical functional testing for members in order for them to become eligible. However: in the Medicaid NEMT world: members spread geographically through the state making such testing difficult. Please explain in detail how the functional assessments are conducted in today's program?

Response: In-person Functional Assessments are not currently conducted. The State encourages vendors to describe how they will conduct functional assessments in-person or through clinical verification with the client's medical provider(s) or both.

Will the agency entertain alternative methods for conducting functional assessments?

Response: Yes

16. **Question:** Page 9, Section 2.2: We acknowledge that unlimited Medicaid transportation must be made available if certain criteria are met (eligibility/covered services: etc.). As it relates to the Elderly Non-Medicaid transportation services: is there a priority for the types of transports that should be offered foremost and are there any self-applied volume limitations: by day: by week: by hour that the current program operates under?

Response: See link to NEMT Transportation Regulations 0300.20.05.30.
<http://sos.ri.gov/documents/archives/regdocs/released/pdf//EOHHS/6902.pdf>

17. **Question:** Page 9, Sec. 2.2: Will you please provide Brokers with a list of transportation companies currently enrolled with or supporting the "Ride Program"?

Response: RIPTA provides direct Ride transportation service in four areas of the state and subcontracts with Northwest for the northern part of the State and Maher Center for the Aquidneck Island area of the State.

18. **Question:** Page 10, Section 2.3:

Are these members currently traveling along with other Medicaid members to similar facilities / services?

Response: Ride is available to the public including Medicaid members and can accommodate multiple passengers per trip.

Is there a list of services that are available to them?

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Response: If “them” refers to non-Medicaid elderly, they are eligible for transportation to doctor’s appointments, dialysis/cancer treatment, adult day care and meal sites as stated in the RFP.

Is there a list of destinations not covered for these Elderly Non-Medicaid members?

Response: Transportation is only available to in-state doctor’s appointments, dialysis/cancer treatment, adult day care and meal sites.

How many members have been serviced through this program over the last three years? Can you provide the number of Elderly Non-Medicaid Members by year?

Response: See Attachment III. In FY 2010, 3,164 unique non-Medicaid elderly riders were served. In FY2011, 3,466 unique non-Medicaid elderly riders were served. In the first six months of FY2012, 2,337 were served.

Is there a budget into the future: i.e. next three years: of the number of members expected to be served under this program

Response: Analysis of elderly transportation indicates a shift in fewer elderly non-Medicaid trips and an increase in CNOM and Medicaid elderly trips. For example, in August 2012 there were 3,691 CNOM trips and 8,226 non-Medicaid elderly trips, as compared August 2011 when there were 957 CNOM trips and 12,455 non-Medicaid elderly trips. In July 2012 there were 3733 CNOM trips and 7441 non-Medicaid elderly trips, as compared July 2011 when there were 921 CNOM trips and 11,154 non-Medicaid elderly trips. This is due to improved data matching to identify CNOM and Medicaid clients who were previously identified as non-Medicaid.

19. **Question:** Page 10, Section 2.3: This section states that there are three major state human services programs; Medicaid transportation: transportation for developmentally disabled individuals: and elderly individuals. Please answer the following:

Is the broker responsible for servicing all three programs?

Response: Yes. The vendor will be responsible for providing transportation for each of these populations as described in the RFP. Page 10 of the RFP describes the NEMT populations as Rite Care, Aged/Blind/Disabled and Elderly Non-Medicaid transportation

Will the agency provide separate roster of those members eligible for each one of these services programs?

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Response: Eligibility files will be available for all Medicaid eligible members including Rite Care, ABD and CNOM populations. Since any Rhode Island resident, age 60 and above is eligible for non-Medicaid transportation, no roster is available.

How frequently with the Broker receive the updated rosters?

Response: Eligibility files will be available daily.

20. **Question:** Page 10, Section 2.3: Are the Rite Care and Rite Share populations only entitled to Mass Transit level of service?

Response: No. As indicated in Addendum I Rite Care and Rite Share populations are currently eligible for a range for several modes of transportation depending on the client medical need. The vendor will be responsible for the determining which mode is most medically appropriate and providing that form of transportation.

21. **Question:** Page 12, Section 3.1: It is standard industry practice for Brokers to verify a percentage of the appointments to Medicaid-covered services for which transportation has been requested. Please confirm that this will be acceptable practice in the Rhode Island program as well.

Response: Yes. See response to question #3.

22. **Question:** Page 13, Section 3.1: What is the difference, if any, between an urgent visit and a sick visit?

Response: Urgent care includes sick visits and is generally defined as care needing medical attention within 24 hours.

23. **Question:** Page 14, Section 3.1: What is the current process for distributing bus passes?

Response: See page 61 of the original RFP.

24. **Question:** Page 15, Section 3.2: Is there an eligibility file for the Elderly Non-Medicaid population?

Response: See response to question # 19.

25. **Question:** Page 15, Section 3.2: Section 3.1 indicates that the Broker will accept daily member eligibility files including Medicaid and CNOM members from the State. This is the preferable means for a broker to access eligibility data. However: this section indicates that the vendor must verify eligibility via the MMIS. Please confirm that a daily eligibility file will be provided.

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Response: Yes, RI's Fiscal Agent will provide a daily eligibility file to the Transportation broker. In addition, eligibility can be verified through the provider portal on MMIS.

26. **Question:** Page 15, Section 3.2: If the member does not schedule his/her trip within the proposed advance scheduling time: will the trip request be denied?

Response: Yes, however: there may be mitigating circumstances in certain situations. See Section 3.2.2.

27. **Question:** Page 16, Section 3.2: This section indicates that the vendor may not deny transportation services because a member exhibits challenging behavior, including: threatening, dangerous and illegal behavior. A transportation Broker cannot agree to transport members who are behaving in a way that is dangerous or threatening to drivers and other passengers and certainly cannot transport any member who is exhibiting behavior that is illegal. Will the State consider modifying this requirement?

Response: CMS regulations dictate that all members must have access to transportation to attend medical appointments. For the safety of the driver and all passengers, there must be policies in place to address unruly/threatening member behavior. The State will work with the broker to establish this policy.

28. **Question:** Page 16, Section 3.2:

Who currently provides the attendants?

Response: An attendant can be provided by the member or an escort (in place of the parent) to accompany the member to a medical appointment. The attendant can be provided by the client or if none are available then the transportation provider must provide the attendant.

Who currently covers the cost for attendants?

Response: The broker is responsible for paying for the cost of attendants provided by the transportation provider.

29. **Question:** Page 16, Section 3.3:

This section indicates that materials must include culturally sensitive materials produced in English and Spanish. We presume that the prevalent languages throughout the state are English and Spanish. Please confirm.

Response: Yes. The Broker will also be responsible for ensuring systems are in place to communicate with members who speak other languages as well.

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What communication materials is the agency using today?

Response: Currently the State has web-based materials regarding NEMT services.

Realizing that the more outreach sessions are conducted and the more communication pieces are distributed, the more likely utilization will increase. How often are these educational materials distributed?

Response: Education materials should be distributed during the roll-out phase and then subsequently as needed. We encourage the vendor to describe their plans for distribution materials.

30. **Question:** Page 17, Section 3.3: This section states the vendor is responsible for developing the initial member notification. Are you requesting that ALL Medicaid members be notified in addition to the material being created under 3.3 or are you referring to an outreach effort to all those unduplicated members that have accessed the system over the last year so they can best understand how to continue to access the program?

Response: An initial communication with all current unduplicated members apprising them about the NEMT broker/new operations/procedures should occur. Subsequent communication may be more targeted depending on the message. Mailings to targeted provider groups will also be required.

31. **Question:** Page 18, Section 3.4: Does the State have specific requirements for NEMT drivers and vehicles (e.g.: criminal background checks: drug tests: vehicle inspections: etc.)?

Response: Yes, the vendor shall review the CMS website for the List of Excluded Individuals and Entities (LEIE) and the State Medicaid Fraud Control Unit. Additionally the vendor must follow background check procedures governed by the Bureau of Criminal Investigations, www.riag.ri.gov/bci. Vehicles must be properly inspected, registered and insured.

In general, previous work experience and personal background of every NEMT driver should include:

- Verification of past work experience
- Motor vehicle record for the past five years
- Work-related driving verification for the past ten years
- CANTS (DCYF child abuse) background check
- National Criminal database search

32. **Question:** Page 18, Section 3.4: Are BLS/ALS or CCT levels of service included in the scope of this RFP?

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Response: Driver qualifications include first aid and CPR: a course in passenger assistance: sensitivity training: etc. This RFP doesn't include emergency transportation; however, if BLS/ALS/CCT services are needed for non-emergency purposes then they are included in the scope of work.

33. **Question:** Page 18, Section 3.4. What is the Rhode Island law regarding "Car Seats"?

Response: Children under age eight years old: less than fifty-seven (57) inches (4 feet: 9 inches) tall and weighing less than 80 lbs. (max weight limit of a booster seat) must be transported in any rear seating position of a motor vehicle and properly restrained in a child restraint system. Children between the ages of 8 through 12 as a passenger in any seating position shall be properly wearing a safety belt. See link <http://www.dot.state.ri.us/programs/safety/laws.asp>

34. **Question:** Page 18, Section 3.4. Please describe the current process for prepayment of co-pays for (Non Medicaid) elderly persons.

Response: This process will be developed by the broker. Currently the non-Medicaid member pays the Ride Van driver pays the co-pay directly to the Ride van driver. However, we encourage the Broker to work with Ride and others to develop a cashless payment system.

35. **Question:** Page 18, Section 3.4: Please describe the SAFETEA-LU grant and what is meant by "the State may not claim FFP for those services."

Response: When NEMT services are funded by a SAFETEA-LU grant, and the State uses Medicaid matching funds as part of the state match: the State may then not claim FFP for those services
CMS requires states to affirm that Medicaid match cannot be used by a public transit agency as state match to draw down SAFETEA-LU funds. See link: <http://www.fhwa.dot.gov/safetealu/summary.htm>

36. **Question:** Page 19, Section 3.4: Can a broker management company that has sister/financial ownership/relationships with transportation companies (taxis: ambulance companies) bid on this management contract?

Response: No. "The Vendor may not subcontract with or refer to an entity with which it has any type of financial relationship including "sister" relationships."

37. **Question:** Page 30, Section 3.10: Has EOHHS drafted proposed quality standards, and if so, please provide those draft standards?

Response: Some quality standard examples include but are not limited to:

- On-time performance,
- Pick-up within 15 minutes, and
- Call answer times.

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Additional quality standards will be developed in conjunction with the vendor. The State encourages the Vendor to propose its own quality metric standards.

Question: Page 30, Section 3.10: Which performance standards will be measured to assess the % holdbacks?

Response: This will be negotiated with a successful vendor.

38. **Question:** Page 30, Section 3.10: Will you please provide a copy of the service contract in order to gauge the amount of risk the broker will be taking on? Also: please provide details or thoughts surrounding what type of communication to the vendor will be involved with the holdback: cure period and release of such funds withheld?

Response: This will be negotiated with a successful vendor.

39. **Question:** Page 32, Section 4.2: Do these requirements exclude transportation providers to be used in the contract?

Response: No, all subcontractors must be identified. It is the vendor's responsibility to ensure all subcontractors comply with all state and federal regulations. This includes ensuring that subcontractors and their employees are not on any federal exclusion list (MED, LEIE, EPLS, etc.)

40. **Question:** Page 35, Section 5.3.1. This section indicates that the vendor may include its most recent financial statements in a separately sealed envelope. Is just one copy sufficient?

Response: Please provide 6 copies plus one original.

41. **Question:** Page 43, Section 5.4

In the first paragraph: last sentence it says: "Should the Contractor costs exceed 3% of the annual reimbursement amount the State may impose penalties". Please elaborate on the purpose for this. This appears to be an at risk contract at a set PMPM so how and when would the State be paying the broker more than the set amount?

The only items that the broker could see generating an Agency budget issue is the number of Medicaid members enrolled which the contractor has no control over: please provide examples of how this could occur.

Response: The statement: "Should the Contractor costs exceed 3% of the annual reimbursement amount the State may impose penalties" was mistakenly included in the document, Please disregard this statement.

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42. **Question:** Page 43, Section 5.4: This section refers to Appendix X, which was not received as part of the RFP documents. Please provide this Appendix.

Response: Please refer to Attachment 1 & 2 not Appendix X.

43. **Question:** Page 43, Section 5.4: This section refers to Appendix A: Section I: Box I: Column C. This appendix was not received as part of the RFP documents. Please provide this Appendix.

Response: Please refer to Attachment 1 & 2, instead of Appendix X.

44. **Question:** Page 44, Section 5.4.3: The addenda provided included member information for FY10, FY11 and FY12. Please answer the following:

Do these members represent Medicaid eligibles whether they have NEMT benefits or not?

Response: The column labeled eligible members refers to the entire population of Medicaid members, regardless of whether they use NEMT services or not. The PMPM will be based on the entire population of Medicaid eligibles.

Are these Medicaid eligibles the basis for calculating the PMPM or will the agency be removing certain populations that do not receive NEMT benefits and then paying the contractor on the remaining?

Should the DD Adult members be removed since they do not receive NET services?

Response: In August 2011 transportation for developmentally disabled clients to day program or supported employment programs was 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.

45. **Question:** Page 44, Section 6.3: There are no points allocated to Section 5.3.1 Executive Summary: although this section contains significant information the State will certainly consider before awarding a contract: specifically the five required references and the bidder's financial position. Please confirm that it is EOHHS's intent to award no points to this section.

Response: We will include the scoring of the Executive Summary within the experience and corporate resources technical approach and resource allocation sections.

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46. **Question:** Page 47, Section 7.1 i: Will you please share what the current Commercial General and Auto Insurance limits are? There are other statutes that may govern the policy limits for an industry (such as taxis): as long as the transportation company is carrying what has been established as regulatory required: would that be sufficient? Otherwise: applying these higher standards may eliminate certain transportation providers and increase the cost to the program.

Response: See guidelines established by PUC for taxis.

47. **Question:** Page 49, Attachment 1: Can you confirm that you are looking for a separate PMPM rate for each population shown in this attachment? What are you looking for in the total capitated contract price cell of this attachment?

Response: Yes, we want vendors to provide separate PMPM based on each population. The total capitated price represents the sum total of each PMPM multiplied by the applicable population. This total is an approximate overall cost to the State for NEMT services.

48. **Question:** Page 53, Section 4.2.: In other states: non-ambulance transportation providers are not required to have NPI numbers. Can this requirement be waived for such providers or is it a Rhode Island specific regulation that ALL transportation providers of NEMT have NPI numbers?

Response: If a NPI is not provided there would have to be some common element to identify the provider. The common identifier would be included in the encounter file.

49. **Question:** Page 64, Addendum 1: In the SFY 2011 table at the bottom of the page: Bus Pass cost and trip volume is not included in the Totals. Will you please explain? Should the bus pass costs and trip volume be included?

Response: The Totals in questions are specific to costs associated with per-ride services excluding Bus Passes. This section is delineated as total excluding Bus Pass, Bus Pass, and Grand Total including Buss Pass.

50. **Question:** Page 66, Addendum: In each SFY data table there are figures located to the right of the Grand Total table heading.

Can you please explain what these figures represent?

Response: These represent the sum of costs expressed on a PMPM basis, multiplied by the member months.

If these figures represent the sum of cost in each population: the RIte Care line item in each table does not tie to the corresponding figure on the right. Can you explain?

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Response: As an example: For 7/1/10-6/30/11, the total is comprised of Rlite Care "Paid" + "Boarding Fee" costs, yielding a PMPM \$0.55, + Total Bus PMPM of \$4.01, for a total PMPM of \$4.57 x 143,141 (members) x 12 (months) = \$7,845,459. (Note: there may be some rounding differences in the calculations).

51. **Question:** Page 66, Addendum 1: There is cost and trip volume information under the "Transportation" section for each Population/Aid Category; however: there are no total costs and trip volume under the "Bus Passes" section. Can you please provide the actual cost and trip volume associated with the bus pass program?

Response: Trip volume for Bus Pass is not available. Instead, types of passes and number of passes have been provided for consideration. Yearly totals associated with Bus Passes may be obtained by multiplying the Total Bus Pass PMPM by the member months (eligible members x 12 months).

52. **Question:** Page 66, Addendum 1: There is no data for the DD Adults members. Can you please provide?

Response: See answer to question #46.

53. **Question:** Page 66, Addendum 1: Will you please define "Boarding Fee"?

Response: The fee/charge to board is an administrative charge imposed by RIPTA.

54. **Question:** Page 66, Addendum 1: Page 7 of the RFP states that EOHHS is currently spending approximately \$25 million annually. The SFY 2011 table at the bottom of page 66 shows \$20,641,601. Can you explain the difference?

Response: Overall spending on NEMT services has ranged between \$20.6M to \$25.6M over the past few years although more recent overall costs have declined due to a number of transportation initiatives as described in the Attachment 9.

55. **Question:** Page 66; Addendum 1: Will you please provide all cost data in Excel format?

Response: Yes see revised formats.

56. **Question:** General Question: Do you expect any significant growth in membership in any of the specific populations covered under this RFP in 2013?

Response: No, not in 2013 for now.

57. **Question:** Page 4, Preparation of Proposal: Item #3: **Item** states the cost proposal should be limited to 15 double spaced pages using a Times New

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Roman font not smaller than 12 point **not** including attachments. The Cost Proposal requirement requires Attachment 1 & Attachment 2. Can the Department identify specific any specific requirement(s) in the 15 page Cost Proposal?

Response: The page limit has been removed. Also see section 43 section 5.4.1.

58. **Question:** Page 5, Performance Bond: Requiring a performance guarantee will limit the level of competition and/or raise the cost of providing the services. Will the Department consider a percent holdback of monthly payments in lieu of a performance guarantee?

Response: No, a performance bond or a Letter of Credit is required.

59. **Question:** Page 7, Section 1.1: Background includes the following statement "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.**" Can the Department identify the population type which is included in the non-Medicaid eligible seniors and is this transportation benefit to be included in the capitated per member per month price?

Response: See page 10 section regarding elderly non-Medicaid transportation. payment for this population will not be captivated but will be paid separately. See page 42 under cost proposal.

60. **Question:** Page 7, Background: Regarding the co-pay mentioned in the second to last paragraph: is this enforceable co-pay that must be paid in order for transport? How much is the co-pay?

Response: The co-pay is currently \$2 each way. Elderly persons/passengers are strongly encouraged to pay the co-pay, however, elderly passengers are not denied transportation

61. **Question:** Page 7, Background: Regarding the co-pay mentioned in the second to last paragraph: please verify this is only required for the non-Medicaid eligible seniors that will be using the \$2.9 million referenced on page 42.

Response: Yes.

62. **Question:** Page 8, 2.1 Overview of NEMT Solution: Regarding the functional assessment: how is this process done today?

Response: See response to Question #15.

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Question: Page 8, 2.1 Overview of NEMT Solution: Regarding the functional assessment: is the Contractor going to be able to conduct this process over the phone or will an application be required? Or: is the Department requiring an in-person functional assessment?

Response: See response to Question #15.

63. **Question:** Page 8, Section 2.1 Overview of NEMT Solution: includes the following statement “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.” Is the price proposal to include all trips: including bus service: or only those trips that would exclude bus?

Response: The vendors are expected to pay for bus transportation as well as other NEMT services.

64. **Question:** Page 10, and pricing for the Elderly Non-Medicaid Transportation population? Is the requirement that the price stay within the fixed budget of approximately \$2.9 million?

Response: Yes, it is expected that the vendor will manage the elderly non-Medicaid transportation population within the approximately \$2.9M budget.

65. **Question:** Page 12, 3.1 Transportation Network Overview: Please verify that language in the first paragraph that states NEMT service must be available and provided 24 hours a day: seven days a week applies to urgent trips only and that normally scheduled routine appointments for transportation services should be only during normal business hours.

Response: Yes, in general this is true. However, clients may access doctor appointments, labs and other testing on weekends if prescheduled.

66. **Question:** Page 14, 3.1 Transportation Network Overview: #12: Please clarify if the Vendor is responsible for paying for this out-of-state travel since the language says “coordinate”. If the Vendor is responsible for paying: who pays for the meals and lodging?

Response: Yes, the vendor is responsible for paying and providing out-of-state NEMT travel. Members are not reimbursed for meals and lodging.

67. **Question:** Page 19, 3.4.2.1 Provider Service Agreement Requirements: Please confirm that the Vendor may not subcontract with any provider that has a financial relationship: including “sister” relationships: with the provider: which

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may include private wheelchair: ambulatory vans: taxi's: public motor vehicles or ambulances.

Response: Correct

68. **Question:** Page 25, 3.6 Business Requirements: 3.6.1 Staff: Included in Attachment 3 has a large number of individuals that if the Vendor plans to open a local call center: will likely not be filled within the short time frame of this RFP. May the Vendors include a job description/position narrative if the position is not filled: similar to how Section 5.3.3.4 is worded?

Response: Yes, however, the state would prefer resumes for key personnel if possible.

69. **Question:** Page 26, Section 3.6.1.2 Key Staff: Is the General Manager that is referenced in this paragraph the same person as the Project Director?

Response: Yes, the general manager is the same as project director.

70. **Question:** Page 26, 3.6.2 Administrative Office: Can the Department specify the mileage preferred to the EOHHS Office currently located in the Pastore Complex in Cranston RI and/or what is meant by "reasonably accessible"?

Response: The state prefers to have a vendor with offices located within 60 miles of the Pastore Complex.

71. **Question:** Page 32, Section 4.1 Vendor Requirements: Requiring the Vendor to have 10 years of experience will greatly limit the vendors who can submit proposals. Please consider allowing the management team to have this experience in order to increase the number of proposals that can be submitted.

Response: The State will consider proposals from vendors who demonstrate a management team or key staffing with at least 10 years of experience.

72. **Question:** Page 37, Section 5.3.2.11: Please describe in more detail what is meant by "Statewide NEMT Management System".

Response: The Statewide NEMT management system is the entire scope of work that the vendor will provide to the state under as described in the RFP.

73. **Question:** Page 42, Section 5.4 Cost Proposal: Regarding the \$2.9 million to fund the elderly transportation program: is this a fixed cost? If so: are trips allowed to be denied if the funding has been used within the year?

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Response: The vendor will be at risk for managing utilization and costs within the approximate \$2.9 million budget. Trips cannot be denied unless the DHS Director specifically authorizes the vendor to do so.

74. **Question:** Page 43, Section 5.4 Cost Proposal: Regarding the sentence that states the State may impose penalties if the contractor costs exceed 3% of the annual reimbursement amount. Please describe the reasoning behind this provision and how it will be measured.

Response: See response to Question 41.

75. **Question:** Page 53, Section 4.2 Providers: Please provide a contact list of current Medicaid Certified RI NEMT Providers.

Response: See Attachment Z.

76. **Question:** Page 53, Section 4.2 Providers: Please verify that the selected Contractor will be able to negotiate with providers who are not currently Medicaid certified.

Response: Yes.

77. **Question:** Page 50, Key Personnel Table: Is the experience listed the Department's suggestion or are these the Department's requirements?

Response: Vendors with significant experience such as that described on page 50 will receive more points in the evaluation. The state experience listed on page 50 is strongly desired.

78. **Question:** Please provide the major trip generators or major population centers for the claims for State Fiscal Year 2011.

Response: The majority of medical services are located in urban areas, such as the greater Providence area. The average trip length is approximately 8 miles.

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

Response: Trip data is not captured by county level. The state expects the vendor to develop a sufficient provider network.

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

Response: No. The information is stored in a proprietary file.

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81. **Question:** Are encounters to be delivered to the state in the 837 professional EDI transaction set?

Response: Yes

82. **Question:** Does the state have a test process for testing the 837 professional EDI transactions?

Response: Yes

83. **Question:** Has the state fully migrated to use of the 5010 transaction sets?

Response: Yes

84. **Question:** When are encounters due?

Response: Submission dates will be discussed and agreed upon in discussions with vendor, State, and HP.

85. **Question:** Are response files such as TA1: 999: and 835's generated in order to remediate encounters?

Response: Yes

86. **Question:** Will the agency require data exchange through a secure agency hosted resource or is the Vendor required to provide a secure data exchange resource such as a secure FTP (SFTP) location?

Response: Yes.

87. **Question:** Does the agency require any additional file encryption/compression of files other than those provided by data being exchanged over a secure socket layer (SSL)?

Response: The SFTP protocol will guarantee all PHI/HIPAA required security protocols are met. No additional encryption requirements beyond established guidelines.

88. **Question:** Does the Agency have any enrollment projections for Medicaid eligibles for FY2013 or subsequent years?

Response: Not at this time, although we do expect the Medicaid population to grow with health care reform implementation in 2014.

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89. **Question:** Can the Agency provide call statistics: including number of calls received: answered: abandoned: average wait time and average answer time for the last fiscal year or any time period where this information has been gathered?

Response: See Attachment X & Y Monthly Performance Report Card

90. **Question:** How many Personnel are handling the incoming calls to provided NET services currently? Please break out the staff persons by duty: such as Customer Service Operators: Accounting Personnel: Administrative Support: Management: etc.

Response: See Attachment X & Y. The state expects the vendor to propose sufficient staffing levels.

91. **Question:** Does the Agency currently allow individuals to utilize a mileage reimbursement program? If so: what is the mileage reimbursement rate? Also, if eligibles are reimbursed for mileage: where are the trips and costs included in the NEMT data in Attachments 1 and 2?

Response: No, members are not eligible for mileage reimbursement.

92. **Question:** If the member has access to a vehicle in the household: it is operable: and the member is capable of driving: is the member denied state-funded transportation services today?

Response: In general, yes. Certain exceptions are made if client can't afford gas or if the vehicle doesn't work or isn't medically appropriate.

93. **Question:** Is any complaint information available? If so: will the Agency please provide this information to potential vendors?

Response: Generally, the nature of complaints is for late pick-up and provider no shows.

94. **Question:** Attachment 1 & Attachment 2: Cost Response Tables. The Table includes CNOM (Costs Not Otherwise Matchable) of 1,286 average monthly enrollment for Fiscal Years 2013 – 2016. Is this population excluded from the approximately \$2.9M annual funding?

Response: Yes.

95. **Question:** Attachment 1 & Attachment 2: Cost Response Tables. What population is included in the CNOM category?

Response: The CNOM population is elderly clients with incomes below 200% FPL, but who are not eligible for Medicaid. These clients receive access to

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limited services such as adult day care, home care and transportation so they can be maintained in the community.

96. **Question:** Addendum 1: FY10-FY2 NEMT Data. The six month period from 7/1/11 – 12/31/11 reports the CNOM spending at \$3,166,657. How does that correlate with the annual requirement of \$2.9M for this population: i.e. is this population spending reporting double the \$3.1M for the entire fiscal year?

Response: CNOM is stated at \$236,526. Elderly Non-Medicaid is stated as \$3,166,657. In both instances the figures were annualized. All the final figures (total dollars) for 7/1/11-12/31/11 were annualized to allow for easier year-over-year comparisons.

97. **Question:** Addendum 1, FY10-FY2 NEMT Data. The total spend: excluding the CNOM population: for FY 10 was \$23,825,512 and FY 11 was \$22,694,069. The spend for the six month period from 7/1/2011 – 12/31/11 reports \$17,474,944. Is the Department on track to spend almost \$35M annually for the twelve (12) months ending June 30, 2012?

Response: The stated figures – total dollars in the far right of the table for 7/1/11 – 6/30/11 are on an annualized basis, no further projections are necessary. The Department does anticipate spending \$35 million for SFY 2012.

98. **Question:** Addendum 1, FY10-FY2 NEMT Data. Can the Department provide and include in the responses this data in excel format for referencing trends and clearer legibility?

Response: See Update Addendum 1.

99. **Question:** Addendum 1, FY10-FY2 NEMT Data. Can the Department define Trips as reported? Are the trips reported one-way trips or round trips?

Response: Trips reported are one-way

100. **Question:** Addendum 1, FY10-FY2 NEMT Data. Can the Department identify the number of Eligible Members for the Elderly (Non-Medicaid) population for the FY 10, FY 11 and the period July 1, 2011 through December 31, 2011?

Response: There no definitive registry of members because the service is available to anyone in RI who is 60 or older.

101. **Question:** Addendum 1, FY10-FY2 NEMT Data. Are the amounts paid listed in the data for direct transportation costs only? Do the dollars paid include any administrative costs?

Response: Amounts paid are for direct transportation costs.

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102. **Question:** Addendum 1, FY10-FY2 NEMT Data. Can the Department provide updated data for the six (6) month period January 1, 2012 through June 30, 2012 as provided on Page 66?

Response: This data is not available in time for this RFP.

103. **Question:** Addendum 1 FY10-FY2 NEMT Data. Were there trips and riders for the 7/1/2011 – 12/31/2011 period for “DD Adults” since in the Attachment on Page 66 no trip data is reported? If so: can this data be updated to include this information? Can the updated data be provided in Excel format? If not: can the Department provide an explanation why there are no DD Adult trips for this period and if any trips reported for the six (6) months thereafter? Will the DD population continue to have trips?

Response: As indicated on page 62, trips for DD clients attending day or supported employment were transitioned to BHDDH in 2011 and no longer part of this budget as of Aug 2011. However, medical trips for DD clients are captured in the ABD line and will be the responsibility of the Broker.

104. **Question:** Addendum 1, FY10-FY2 NEMT Data. Please identify specific expenses that are included in “Boarding Fee” for each period.

Response: The boarding fee is charged by RIPTA to cover expenses for the provision of NEMT services.

105. **Question:** Addendum 1, FY10-FY2 NEMT Data. Utilization is defined as the number of one-way trips taken divided by the total member population to calculate utilization rate. Can you confirm the total overall utilization rate for the annual period of 7/1/2010 – 6/30/2011 is 22.5 percent (22.5%): or total annual trips of 516:189 divided by annual eligible members of 2,297,196?

Response: Total member months for SFY 2011 is 2,297,196. Total trips taken excluding the Elderly Non-Medicaid is 516,189.

106. **Question:** Is there specific trip data for FY 10 and FY 11 that can be released for the following spent on transportation services, such as:

Response: See data included in RFP Addendum 1&2.

107. **Question:** Total mileage travelled: by taxi: wheelchair van and ambulatory van?

Response: In general the average trip length is 8 miles. Also see attachments X and Y. A more refined breakout is not available.

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108. **Question:** Total trips that were provided out of the state for the last two (2) years?

Response: Tracking system maintained for trips over 50 miles and available going back to SFY12.

SFY 12 – Q1 = 37

SFY 12 – Q2 = 18

SFY 12 – Q3 = 50

SFY 12 – Q4 = 42

109. **Question:** Total airline trips that were purchased for the last two (2) years?

Response: None

110. How far in advance are the riders required to call in advance to schedule a trip?

Response: 48 hours.

111. How long are the current providers required to wait at the rider's pick up location when the client is not there before they are allowed to leave?

Response: 15 minutes from the scheduled pick-up time.

112. **Question:** Can the Department provide annual trip level detail for FY 10: FY 11 and the period July 1: 2011 through December 31: 2011 broken down by the following mileage tiers:

- a. 10 miles or less
- b. 11 miles to 25 miles
- c. 26 miles to 50 miles; and
- d. 51 miles or greater

Response: See answer to Question #107 and 108.

113. **Question:** Please provide a contact list: including contact name: phone or email: for all transportation providers that are operating within the system today.

Response: See answer to Question #5. See Attachment Z.

114. **Question:** What are the current rates that are being paid to the transportation operators today by transportation mode: such as taxi and wheelchair?

Response: See response to Question #4.

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115. **Question:** Are any Annual Reports that cite any data: barriers: goals: etc. for transportation services available? If so: will the Agency please provide these reports to potential vendors?

Response: Not at this time.

116. **Question:** There appears to be no identified individual with whom to send the RFP Response to: shall the responses be sent to the attention of Mr. Daniel Majcher: Esq. who is referenced on the first page?

Response: Please direct the proposals to the Rhode Island Division of Purchases and make sure to include RFP # 7457984 -**Non-Emergency Medical Transportation Services Brokerage Project.**

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

- a. Any investigative or audit or similar findings or charges of proposer or proposal principle's fraud: malfeasance: anti-trust violation: civil violation: violation of transportation regulations: criminal activity or fine including those agreed to by settlement;
- b. Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies;
- c. Detailed information on all proposer lawsuits for issues pertaining to contract performance: payments: or other obligations under the prime contract agreement or under agreements to transportation subcontractors

Response: The Rhode Island Vendor Certification Form is required as part of the proposal submission. This form requires certifications and disclosures by Offerors. With that said, in addition to anything required by the Vendor Certification Form, all vendors shall disclose: 1) a list of any contracts terminated for cause in last seven years with the Offeror; and 2) a list of any lawsuits involving contract performance involving the Offeror.

118. **Question:** Please provide call information for FY 2011:

- a) Number of calls received;
- b) Average call duration;

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c) Percentage of calls abandoned.

Response: See Attachment X & Y Monthly Performance Report Card

119. **Question:** Page 64, 7/1/20011-12/31/11 table: Is the Executive Office of Health and Human Services anticipating the transportation costs to be approximately forty (40) million dollars for the complete fiscal year based on actual costs presented in table?

Response: No, the presented figure was an annualized number to facilitate year-over-year comparisons. The estimated total annual spend for SFY 2012 is \$20,641,600.

120. **Question:** Page 64, 7/1/20011-12/31/11 table: Please identify the data missing on the "DD Adults" line in relation to the two (2) other tables presented on the page.

Response: See response to Question # 103.

121. **Question:** Page 22, Sec. 3.5: Please clarify the approximate number of mailings, and the number of pieces to be mailed that the broker is required to provide to transportation providers and/or members.

Response: The State expects the vendor to do an initial mailing to all Medicaid recipients regarding how to access transportation services. Targeted follow up mailings may also be required. The broker will also be expected to outreach (including mailings) to provider groups such as adult day care center, dialysis centers, methadone providers, meal sites, etc.

122. **Question:** Page 8, Sec. 3.2: Please advise if the agency will supply an Eligibility File and if so how often. If so, will it be 5010 HIPPA834 Format? Who will be responsible for the EDI conversion of the file?

Response: HP would anticipate continuation of current file exchange – Daily; proprietary format with file layout information. HP will work w/ vendor for this exchange.

123. **Question:** Page 42, Sec. 5.4: Please clarify the vendor risk for the non-Medicaid/non-CNOM transportation which has projected funding of approximately \$2.9 million. The actual activity for the six months ending December 2011 per Attachment 9 (page 70) suggests an annual need in excess of \$3.1 million.

Response: See response to Question 18.

124. **Question:** Page 64, SFY 2011 table: Why is the entire group of Rite Care members not eligible for both Rhody 10 bus passes and monthly bus passes?

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Response: The Rite Care population consists of both TANF and non-TANF members. The TANF/Rite Care population is eligible for the monthly pass while the non-TANF/Rite Care population is eligible for the Rhody 10.

125. **Question:** Page 64, SFY 2011 table: Please identify how many members are eligible for wheelchair van and ambulance van service? Table does not indicate the number of eligibles by category for wheelchair van and ambulatory van.

Response: Data is not captured in this format. In addition a person's clinical condition may change where he/she may need an ambulatory van one month and wheelchair van another month.

126. **Question:** Please provide the number of public transportation trips performed for Rite Care members.

Response: Data is not captured in this way. Data is only available based on the # of passes.

127. **Question:** Are non-emergency ambulance services part of transportation services to be provide to members?

Response: See response to Question # 32.

128. **Question:** Based on RFP calendar and requirements and the need to review and incorporate the answers to questions asked: will EOHHS extend the submittal date for an additional thirty (30) days?

Response: Please see addendum #7457904A2, on the DOA website.

129. **Question:** It appears that quite a number of pages are cut-off in the PDF file available on the State's website. This applies particularly to: Appendix 1 & 2 – Cost Response Tables; pages 50-62; and the entirety of Addendum 1- FY10-FY12 NEMT Data. Please provide a complete copy of the RFP. Please also provide the FY10-FY12 NEMT Data in Microsoft Excel format.

Response: Yes: See updated RFP Addendum #1

130. **Question:** Please provide an electronic copy of Appendix 1 & 2 – Cost Response Tables so we can be sure to respond in the pricing format desired.

Response: Electronic forms will be posted via a RFP Addendum. See updated Attachments 1 &2.

131. **Question:** Given the issues with the availability of the RFP: as well as the extremely short time frame allowed before a response date of September 19th: we respectfully request an extension of the proposal due date by at least two (2) weeks.

Response: See revised deadline on RFP Addenda.

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132. **Question:** Page 3, #15: Does the State’s MBE goal of 10% participation apply to this procurement? If so: how is that reflected in the Evaluation Criteria listed on pp. 45-46?

Response: Yes. As indicated on page 46, the “vendor or subcontractor status as an MBE will also be considered” as part of the experience and corporate resources section.

133. **Question:** Page 8, Sec. 2.1: The RFP states: “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.” May the Broker assume:

- a) that using bus service is the appropriate mode of transportation unless documentation is received from the individual’s physician or through the Broker’s functional assessment process that indicates that the individual is unable to use bus service: and
- b) that if an individual owns or has access to a personal vehicle: that they would not be eligible for NEMT services?

Response: In general, yes. In addition, if a person’s origin or destination address is more than ½ mile from a bus stop, the person would exempt from using the bus. See response to Question 15.

134. **Question:** Page 12, Sec. 3.1.3.c: Please provide a more complete explanation of the requirement to “conduct a functional assessment of the member”. Does this mean that the Broker is expected see each member in person and assess their physical & mental abilities in order to determine the appropriate mode of transport?

Response: See response to Question #15,

135. **Question:** Page 14, Sec. 3.1.13: “Vendors are encouraged to offer strategies to improve the current bus pass distribution process.” Please describe the current process and the types of improvements desired.

Response: Currently there is not an automated way to distribute disabled bus passes. It is being done through a paper-based system. Also, the State encourages vendor to consider dispensing bus passes on an “as-needed” basis, rather than 10 passes at a time, as is currently done with the Rhody Ten passes. This way passes can be linked more directly to medical appointments and the number of bus passes can be customized to the member’s needs, by distributing more or less passes as necessary.

136. **Question:** Page 14, Sec. 3.2.1: The RFP states that service is only allowed when “delivered by a Medicaid provider”. Is it correct that the Broker will not be responsible for trips to service not billed to Medicaid?

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Response: The capitated portion of the contract between the State and the Broker is for trips to Medicaid approved providers. However, the Broker will also be responsible for trips to non-Medicaid providers for the elderly transportation program under the current rules, as specified in the RFP.

137. **Question:** Page 15, Sec. 3.2.1: In the 3rd bullet: is the Broker required to verify 100% of all appointments prior to scheduling transportation?

Response: See response to Question 3.

138. **Question:** Page 15, Sec. 3.2.1.1: Will the State be able to provide eligibility files on a monthly: weekly: or daily basis assuming that the Broker establishes a protocol for secure file transfer with the MMIS? Or must the Broker access the MMIS and verify eligibility for each member individually? Please provide more information about how this process will work.

Response: The State's fiscal intermediary will provide daily eligibility files to the broker.

139. **Question:** Page 15, Sec. 3.2.2: "The member must contact a Vendor to request NEMT services within a reasonable period prior to a non-urgent: scheduled appointment." What will be considered reasonable? Many other states use two business days.

Response: See answer to Question #110.

140. **Question:** Page 16, Sec. 3.2.5: Is the Broker allowed to refuse transportation to those members that may pose harm to themselves or others once documented and reported to EOHHS? Please describe any processes in place or anticipated to cover such individuals.

Response: See response to Question 27.

141. **Question:** Page 15, Sec. 3.2.6: "Who is responsible for providing Attendants when one is deemed necessary for safe transport?"

Response: See response to Question 28.

142. **Question:** Page 17/Sec. 3.3.1: Can you provide any estimate of the number of direct mail member information pieces either at the inception of the program or on an annual basis? Will the State be distributing these: or is distribution the responsibility of the Broker?

Response: See response to Questions 30 and 121.

143. **Question:** Page 42, Sec. 5.4: Regarding the \$2.9M to fund the elderly transportation program...is it expected that this amount will adequately cover the total utilization and payment of services for this program? What provisions will

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be made if the population or utilization increases such that the costs to provide services for the elderly (non-Medicaid / non-CNOM) exceed this amount?

Response: See answer to Question # 75.

144. **Question:** Page 43, Sec.5.4: Please explain further what is meant by the last sentence in this paragraph. Should the Contractor costs exceed 3% of the annual reimbursement amount the State may impose penalties?

Response: This sentence was inadvertently included in the RFP—Please ignore.

145. **Question:** Page 47, Payment: How will EOHHS determine the "point in time" in the month that the population will be determined for PMPM payment and what method will EOHHS use to determine population? Also: approximately when can the Broker expect to receive payment each month? For example: if services commence on Jan. 1: 2013: will the Broker receive a payment in January based on December's population - or will the first payment be made in February based on January's population?

Response: Eligibility will be based on the weighted averages for each eligible person during the month. Capitation payment will be issued no later than the 20th day of the following month.

146. **Question:** Page 47, Insurance: Please explain the rationale for the Broker to carry \$1M CSL in auto liability. Is it the State's intent that the Broker's insurance function as "excess" to the limits carried by the transportation providers? What statutory limits must the providers carry?

Response: The intent of the requirement is not to have the transportation broker provide excess auto liability insurance above the transportation provider. It is not necessary for the broker to carry auto liability insurance themselves since they won't be transporting anyone. However, the NEMT Broker would require this insurance of any NEMT vendor they contract with instead.

147. **Question:** Attach 1 & 2, Does EOHHS expect the population figures to remain the same for each program for the entire initial term of the contract (3½ years) without any growth? What population estimates should be used to price the three option years?

Response: Assume population estimates remain flat. As noted at the bottom of Attachment 1 and 2, the impact of the Affordable Care Act on monthly enrollment has not yet been calculated, and therefore not included in the table.

148. **Question:** Page 50 on...Since the remainder of the RFP has many pages that are cut off, please allow another chance to ask further questions once we have a chance to review them.

Response: Reformatted pages have been provided in the RFP Addenda.

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149. **Question:** Page 51, Attach 4.1.3: Since each State typically has some different fields required in its 837 or 5010 electronic claims: please send us an outline of the various data fields we will need to capture and report for this process (or preferably a sample claim report).

Response: The file layout and data dictionary will be provided to the successful bidder.

150. **Question:** Page 62, The RFP mentions HP's NEMT call center handling 400-500 calls per day: and then goes on to mention that HP hired a subcontractor to operate a Medicaid call center. Who operates this call center now? What is the average daily call volume? Please provide any performance metrics for the call center in terms of average hold time: call processing time: abandonment rate: etc.? Are there any statistics regarding the overall call volume or the number of trip requests on a daily or monthly basis?

Response: See answer to Question #6. Statistics can be found in Attachments X & Y.

151. **Question:** Page 51, Attach 4.1.3: If possible: we would appreciate the opportunity to review a sample week's worth of trip data for the entire program: to determine any significant operating efficiencies that we might be able to generate with advanced automated routing/scheduling software. We are not requesting any HIPAA-protected information such as passenger name: medical diagnosis: etc. Are you able to provide the following for a sample week?

- Trip Date
- Pick-Up Time
- Pick-up Address
- Mode of Transport
- Drop-off Time
- Drop-off Address

Response: This information will be provided to the winning vendor.

152. **Question:** Page 4, #3: The RFP is requesting detailed responses throughout the RFP. With this requirement would the State consider removing the double spacing requirement? If that is not possible could the page limits be increased to 125 double spaced pages? With each question requiring a detailed description: and the page limit the bidders will be forced to have exorbitant amount of attachments.

Response: Yes, see RFP Addendum #1

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153. **Question:** Page 8, Section 2.1: Does the state currently perform functional assessments? If yes who performs the assessment?
- a) Please define Functional Assessment. Does the state expect the successful bidder to perform in-person functional assessments: or can the successful bidder work with the member's medical provider to determine the appropriate mode of travel?

Response: See answer to Question #15.

154. **Question:** Page 10, Elderly non-Medicaid Transportation: States that a fixed budget of approximately \$2.9 million will be available for these transports. What happens if the budget is exhausted and no funds are left before the end of year? Will the successful bidder be responsible for trips after all funds are exhausted?

Response: See answer to Question # 18.

155. **Question:** Page 12/Section 3.1: 3.b: Will a statically valid sampling of pre-trip appointment verification suffice to meet this requirement?

Response: See answer to Question #3.

156. **Question:** Page 13, Section 3.1, 7.b: If the answer to # 4 is "no", will Rhode Island provide the successful bidder with automated MMIS access to match with trip requests?

Response: See answer to Question #25.

157. **Question:** Page 13, Section 3.1 #5 States that members can request transportation 48 hours in advance. On page 15, however, Section 3.2.2 states that "Vendors are encouraged to propose an advance scheduling timeframe to which they optimally respond ..." These two sections seem to conflict with each other. Please clarify.

Response: Please use the 48 hour advance notice request as the standard.

158. **Question:** Page 14, Section 3.1, #11: Would the state consider allowing the successful bidder to perform a post and pre random auditing process instead of 100% appointment verification?

Response: See answer to Question #3

159. **Question:** Page 17, Section 3.3.1: Will mailings be sent to unique users or to the entire Medicaid population?

Response: See answer to Question #30 and 121.

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160. **Question:** Page 32, Section 4.1: Will the state reduce the 10-year qualification of the bidder? Ten years seems excessive and exclusionary in nature. Industry standard is between 3-5 years of experience.

Response: See answer to Question #71

Attachment X

Monthly Performance Report Card

July 2011 - December 2011

Category	Description	Jul	Aug	Sep	3rd QTR Total	3rd QTR Average	% of Total	Oct	Nov	Dec	4th QTR Total	4th QTR Average	% of Total
Members	Members Served	3029	2931	2988	8,948			2897	2872	2755	8,524		
	Enrollment	50,000	50,000	72,568	172,568			72,434	75,522	73,344	221,300		
Advance Notice	Same Day Trips	463	133	76	672	224	0.8%	85	112	65	262	87	0.3%
	Excessive Mileage	12	9	16	37	12	0.0%	12	2	4	18	6	0.0%
Utilization	Gross Reservations	41,549	31,814	30,267	103,630	34,543		29,589	30,116	28,801	88,506	29,502	
	Cancellations	5,358	5,654	4,262	15,274	5,091	14.7%	3,549	4,901	4,145	12,595	4,198	14.2%
	Completed Trips	36,191	26,160	26,005	88,356	29,452	85.3%	26,040	25,215	24,656	75,911	25,304	85.8%
	Utilization Rate	72.4%	52.3%	35.8%		53.5%		35.9%	33.4%	33.6%		34.3%	
Trip Mode	Ambulatory	28,229	19,609	19,176	67,014	22,338	75.8%	19,290	18,316	17,989	55,595	18,532	73.2%
	Wheelchair	7,962	6,551	6,829	21,342	7,114	24.2%	6,750	6,899	6,667	20,316	6,772	26.8%
Call Center	Calls Received	7,594	9,458	9,776	26,828	8,943		9714	10344	9411	29,469	9,823	
	Avg Speed to Answer	01:04	01:29	01:17		01:17		01:16	02:22	01:48		01:49	
	Average Talk Time	06:04	04:51	04:43		05:13		04:33	05:17	04:55		04:55	
	Abandonment Rate	4.4%	3.64%	7.0%		5.00%		6.58%	13.26%	9.99%		9.94%	
Quality Management	Complaints - Total	16	8	11	35	12	0.0%	9	12	18	39	13	0.0%
	Provider Late	2	5	7	14	5	40.0%	5	6	11	22	7	56.4%
	Provider No Show	7	1	4	12	4	34.3%	2	3	4	9	3	23.1%
	Provider Issue	4	1		5	2	14.3%	-	1	1	2	1	5.1%
	Other	3	1	-	4	1	11.4%	2	2	2	6	2	15.4%
	Member No-Shows	-	688	559	1,247	416	1.2%	476	255	267	998	333	1.1%

Attachment Y

Monthly Performance Report Card

January 2012 - June 2012

	Category	Description	Jan	Feb	Mar	1st QTR Total YTD	1st QTR Average	% of Total	April	May	Jun	2nd QTR Total	2nd QTR Average	% of Total
Members	Members Served	Number of unique members utilizing transportation	2795	2687	2709		2,730		2716	2740	2464		2,640	
	Enrollment	Total number of eligible members	73,421	73,432	73,432		73,428		73,432	73,316	73,664		73,471	
Advance Notice	Same Day Trips	Trips scheduled with less than 24 hr notice	96	49	53	198	66	0.3%	42	58	30	130	43	0.2%
Excessive Mileage	Trips over 50 miles	Trips scheduled exceeding 50 miles	10	16	24	50	17	0.1%	16	14	12	42	14	0.1%
Utilization	Gross Reservations	All Reservations taken including cancelled trips	29,116	27,780	28,277	85,173	28,391		27,170	28,961	26,492	82,623	27,541	
	Cancellations	Number of cancelled trips	3,599	4,023	3,601	11,223	3,741	13.2%	3,288	4,596	3,037	10,921	3,640	13.2%
	Completed Trips	Number of completed trips (see Trip Mode)	25,517	23,757	24,676	73,950	24,650	86.8%	23,882	24,365	23,455	71,702	23,901	86.8%
	Utilization Rate	Transportation utilization rate	34.8%	32.4%	33.6%		33.6%		32.5%	33.2%	31.8%		32.5%	
Trip Mode	Ambulatory	Trips provided by sedan	18,868	17,393	17,799	54,060	18,020	73.1%	17,200	17,134	16,650	50,984	16,995	71.1%
	Wheelchair	Trips provided by vehicle equipped to transport wheelchair	6,649	6,364	6,877	19,890	6,630	26.9%	6,682	7,231	6,805	20,718	6,906	28.9%
Call Center	Calls Received	Measures number of calls received	10,921	9,718	9,596	30,235	10,078		9952	9871	8631	28,454	9,485	
	Avg Speed to Answer	Goal: ≤ 30 seconds quarterly average	03:06	02:32	01:38		22:25		01:49	02:11	01:42		41:54	
	Average Talk Time	Measures average amount of talk time per call	04:22	03:30	03:41		23:51		03:42	03:28	03:25		23:32	
	Abandonment Rate	Goal: ≤ 5% quarterly average	15.1%	9.69%	8.71%		11.17%		9.97%	11.30%	8.23%		9.83%	
Quality Management	Complaints - Total	Measures the number of valid complaints Goal: 1% or less	15	21	15	51	17	0.1%	9	13	11	33	11	0.0%
	Provider Late	Transportation Provider arrived more than 15 minutes after scheduled pickup	4	11	6	21	7	41.2%	3	1	1	5	2	15.2%
	Provider No Show	Provider failed to show for scheduled pickup	3	2	5	10	3	19.6%	3	1	2	6	2	18.2%
	Provider Issue	Member issue with Transportation Provider	1	1	-	2	1	3.9%	3			3	3	9.1%
	Other	Other	7	7	4	18	6	35.3%		11	8	19	10	57.6%
	Member No-Shows	Number of member no-shows	90	52	72	214	71	0.3%	46	47	48	141	47	0.2%

Attachment Z

List of RI NEMT Ambulance Providers

Access Ambulance Service

Airport Car Express

Alert Ambulance Service

Care 1st Transportation

Genesis Transportation

Lifestar Medical Transportation

Med Tech Ambulance

New England Ambulance Service

Northwest Transportation Services

Professional Ambulance

Southcoast Emergency Medical Services

The Ride Program – who also arranges NEMT services through taxi companies on behalf of Medicaid

Universal Ambulance Service

Westerly Ambulance

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			
	average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM	*estimated average monthly enrollment	Vendor's Per Member per Month price (PMPM)	Average monthly price PMPM	average annual price PMPM
population	141,855				141,855				141,855				141,855															
Rite Care																												
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	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 a 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