



**Solicitation Information
May 23, 2017**

RFI# 7551694

TITLE: Rhode Island Non-Emergency Medical Transportation (NEMT) Services

Submission Deadline: June 20, 2017 at 10:30 AM

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **June 1, 2017 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

**David J. Francis
Interdepartmental Project Manager**

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

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

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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1.0 INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Executive Office of Health & Human Services (EOHHS), is soliciting responses from qualified entities regarding the daily functions of the Rhode Island Non-Emergency Medical Transportation Program (NEMT). The NEMT Program provides transportation to Medicaid enrolled recipients, individuals eligible for the Rhode Island Non-Medicaid Elderly Transportation Program and individuals participating in Temporary Assistance to Needy Families (TANF)/RI Works.

This is a Request for Information (RFI). No award will be made as a result of this solicitation.

1.1 INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the response.
2. The State invites feedback from the community on any questions posed in this RFI. Please note it is not a requirement to answer all questions.
3. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFI are solicited.
4. This is a Request for Information (RFI), and as such no award will be made as a result of this solicitation.
5. All costs associated with developing or submitting responses to this RFI, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for any costs.
6. Responses misdirected to other state locations, or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of Purchases.
7. Respondents are advised that all materials submitted to the State for consideration in response to this RFI will not be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island. The responses may only be released for inspection upon RFI once an award of a subsequent procurement has been made, as long as the release will not place the State at a competitive disadvantage in its sole discretion.
8. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFI.

9. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation

10. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).

11. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov .

2.0 Request for Information

This RFI outlines the type of information being solicited from potential respondents and includes guidelines for content and format of responses.

2.1 REQUIREMENTS AND DEADLINES FOR QUESTIONS AND RESPONSES

2.1.1 QUESTIONS

Questions concerning this RFI may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this RFI. Please reference RFI # 7551694 on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this RFI. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-8100.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties regarding this RFI should be attempted.** Responses to this RFI should be submitted on or before the date listed on the cover page. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, may not be considered.

2.1.2 RESPONSES

Submit one (1) original and five (5) copies, and two (2) electronic copies of responses by the date and time stated on page one of this RFI. Submissions should be single spaced on 8 ½" by 11" pages with 1" margins using Times Roman 12 font. Responses longer than twelve (12) pages (not including charts, tables, images, and attachments) will not be considered.

Responses (an original plus five (5) copies and two (2) electronic copies) must be mailed or hand-delivered in a sealed envelope marked "**RFI# Rhode Island Non-Emergency Medical Transportation (NEMT) Services**" to:

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

NOTE: Responses received after the above-referenced due date and time will not be considered. Responses misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Responses over twelve (12) pages will not be considered.

Responses faxed or emailed to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases. Based on the responses, Rhode Island may invite a vendor to present their approach and demonstrate their technical solution.

2.2 Introduction

The Rhode Island Division of Purchases (Division of Purchases”), on behalf of the State of Rhode Island (“State”, “Rhode Island”, or “RI”), is issuing this Request for Information (“RFI”) to solicit information regarding the Non-Emergency Medical Transportation (NEMT) program.

2.3 Purpose of this Request for Information

RI is currently considering various models of organization and contracting strategies as it enhances its NEMT program. The purpose of this RFI is to solicit feedback and insight from interested parties about the strengths and limitations of the current program and to obtain recommendations for any alternative approaches to the current delivery system.

RI envisions that its NEMT program will achieve the following goals:

1. Increase available capacity by improving efficiencies within transportation delivery system;
2. Improve overall consumer satisfaction with services provided;
3. Leverage the latest technology to ensure an efficient and customer-focused service;
4. Support residents staying in community-based settings to further the State’s health system transformation goals.
5. Improve service management and monitoring to prevent fraud, waste and abuse;
6. Ensure cost-effective transportation, streamlining and standardizing the program and broker management requirements and contracts, and more fully utilize vehicles and resources within a coordinated delivery system;
7. Enhance consumer safety by developing comprehensive standards;
8. Refine service requirements and performance standards;
9. Develop and enhance the existing transportation provider network;
10. Create alternative options for transportation, including services provided by volunteer networks, community-based organizations or local transportation programs, community health teams, voucher systems, telemedicine, on-demand transportation, etc.; and
11. Ensure close collaboration with Medicaid Managed Care Organizations (MCOs)¹ and Accountable Entities (AEs).²

¹ A Medicaid Managed Care Organization is an insurer, health care center, or other organization that provides, offers, or arranges for coverage of health services needed by plan beneficiaries and uses utilization review and a network of participating providers to administer the provision of health care.

² An Accountable Entity (AE) is Medicaid’s version of an Accountable Care Organization (ACO) where a provider organization is accountable for quality health care, outcomes and the total cost of care of its population.

2.4 Background of NEMT in Rhode Island

Under State law, the Executive Office of Health and Human Services (EOHHS) serves as “the principal agency of the executive branch of state government” (R.I.G.L. § 42-7.2-2) responsible for managing the departments of: Health (DOH); Human Services (DHS); Children, Youth and Families (DCYF); and Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). Under federal regulation, states are required to provide transportation to Non-Emergency Medicaid-funded services for Medicaid eligible individuals with no other means of transportation. Ensuring transportation to necessary non-emergency medical appointments is a critical aspect of delivering medical care to the Medicaid population. Medical care is broadly defined as care necessary for the prevention, diagnosis, cure or treatment of a health-related condition. It is inclusive of care needed for physical health, as well as behavioral health conditions.

Rhode Island is also obligated to provide transportation to eligible elderly residents under the State’s Non-Medicaid Elderly Transportation Program. This program provides transportation to adults 60 years of age and older to non-emergency medical appointments, adult day care, meal sites, dialysis/cancer treatment and the “INSIGHT Program.” This Program is both federally and state-funded and subject to eligibility criteria and restrictions as noted in [Rhode Island Rules and Regulations Section 1360: Transportation Services](#). This program is available to eligible elderly residents as a benefit to help residents remain in community-based settings and access medically necessary appointments.

The State is looking for information from partners, customers and other impacted parties on how the broker NEMT model has worked to meet their health needs and how the transportation service can be improved upon to be responsive and accountable in offering safe, high-quality and efficient transportation to beneficiaries.

2.5 Current NEMT Broker Model and Utilization

Under the current broker model in state fiscal year (SFY) 2016, the transportation program logged over 1.9 million trip reservations and issued 71,000 bus passes for the Medicaid population and provided an additional 208,000 trips for the Non-Medicaid Elderly Transportation Program. The current broker model has enabled the State to receive detailed utilization data for the populations served and the types of services rendered in the transportation program. This detailed data has allowed the State to analyze trends, including key drivers of utilization and cost. The State is interested in learning more about additional modes of transportation, broker cost arrangements (e.g., risk-share arrangements) and how to integrate different models into a comprehensive transportation program. For example, one option the State is considering is a possible voucher program to meet the growing demand of services, while promoting a system of accountability to ensure the service is medically necessary.

The brokered model has also allowed the State to see the growth in overall utilization of the program. This has been significant growth in the utilization of the Non-Medicaid elderly

population. The Medicaid population has also grown over the course of the initial brokerage model contract, increasing overall costs of the transportation program. The State is interested in savings for both the Medicaid and Non-Medicaid Elderly Transportation Program based on the growth of the eligible populations and increased usage.

The budget for the Non-Medicaid Elderly Program has a capped amount of \$2.4 million. Based on current usage and costs, the State is aware that this is insufficient funding to continue the program at the current level of service. Under current program utilization, the program would only be able to provide 60% of rides in a given year to Non-Medicaid Elderly program riders. The State is interested in methods to reduce costs through targeted programmatic and cost-effective changes to the program's design. The State needs to determine how best to allocate funding to cover the Non-Medicaid Elderly Program to meet the goals of the program. The State is seeking innovative approaches and ideas to help meet the demands for this program.

As the State looks to improve and expand access to care while reducing costs within Medicaid transportation services, it is also interested in innovative approaches for the Medicaid population that will achieve high-quality transportation more efficiently and reduce overall costs.

2.6 Covered Populations

Rhode Island currently covers three populations in the NEMT program:

1) Medicaid Eligible and Enrolled Beneficiaries

The Rhode Island Medicaid NEMT program is a federally required service offered to all Medicaid beneficiaries who need medical services and have no access to safe and reliable transportation. It provides non-emergency transportation services for beneficiaries to medical appointments and other Medicaid covered services from a Medicaid-enrolled provider. This service is offered as a last resort when the Medicaid beneficiary is not able to provide his/her own transportation or receive transportation from a family member, friend or other party.

Eligible Medicaid beneficiaries include adults and children who qualify for Medicaid and live in a community-based setting receiving medical assistance benefits through Rhode Island Medicaid's managed care or fee-for-service programs.

2) Non-Medicaid Elderly Population

The Non-Medicaid Elderly Transportation Program, pursuant to RI EOHHS Rules and Regulations Section 1360.06–1360.08, provides transportation for individuals aged 60 years and older who are not Medicaid eligible and who are not getting transportation from the RIPTA Ride Program. The transportation broker is responsible for screening all elderly who request services under this program to assess their eligibility for the program. This service is provided when those eligible for RIPTA Ride Program are not permitted to use this program or are not able to use the RIPTA Ride Program because they live outside of,

or their medical appointment is outside of, the busing corridor. The RIPTA Ride Program currently requires a \$4 copayment per leg, and the State is considering an increase of the copayment for the Non-Medicaid Elderly Transportation Program from \$2 dollars per leg to \$4 to match the copayment for the RIPTA Ride program. The State is looking at various control methods, strategies and technologies that would allow the driver to collect the copayment from all Non-Medicaid Elderly riders.

The State is looking for input and solutions to the development of this program. The State solicits ideas to efficiently deliver and target services for the Non-Medicaid Elderly Program, as well as, explore expansions to the program should more funding become available.

3) Temporary Assistance for Needy Families (TANF)

All recipients of the TANF Program (also known as RI Works) are eligible to receive a monthly bus pass. This bus pass is provided to assist these recipients in pursuing employment opportunities or job training.

2.7 Types of Services Covered

The following are the covered services for each of the program's populations:

1) Medicaid Population

Recipients eligible for Medicaid are eligible to receive transportation from any of the following modes, as appropriate to the needs of each individual: public motor vehicle, public transportation (bus), private car, multi-passenger van and wheelchair van. Public transit is the preferred mode of transportation when both the beneficiary and the provider are located within one-half (1/2) mile of an established bus route.

When necessary, Medicaid recipients can also be transported by ambulance, including stretcher van, Basic Life Support (BLS), and Advanced Life Support (ALS). The broker may request documentation of medical necessity from the recipient's medical/behavioral health provider when these higher levels of service are requested.

2) Non-Medicaid Elderly Population

The Non-Medicaid Elderly Transportation Program is for Rhode Island residents age 60 years and older who are not Medicaid eligible and who are not getting transportation services from the RIPTA Ride Program. The Program covers transportation to 5 service types:

- Dialysis or Cancer Treatment
- Adult Day Care

- General Medical Care, defined as any medical/health services that are part of a total patient plan of care designated by a health care professional. These services include general medical care, behavioral health care, dental care, testing and other medically necessary services.
- INSIGHT Program for recipients over sixty-five (65) years of age over with a sight impaired condition and/or registered with the INSIGHT Agency
- Senior Nutrition to congregate meal sites for the elderly.

3) Temporary Assistance for Needy Families (TANF)

This population is eligible for monthly bus passes only. TANF customers in need of transportation services for non-emergency medical care are eligible to receive transportation under the Medicaid transportation benefit.³

2.8 Levels of Service

The current program offers two levels of service, curb-to-curb and door-to-door. The State is interested in learning about other covered services (i.e., hand-to-hand) that would assist Medicaid beneficiaries and Non-Medicaid Elderly residents in successfully maintaining community-based living arrangements and accessing medically necessary care. The levels of service provided are:

2.8.1 Currently Covered Services

Curb-to-curb service is a level of service provided to beneficiaries who need little if any assistance between the vehicle and the door of the pick-up point or destination.⁴

Door-to-door service is a higher level of service than curb-to-curb provided to beneficiaries with cognitive or mobility impairments or disabilities who need assistance to safely move between the door of the vehicle and the door of the passenger's pick-up point, e.g. residence.⁵

2.8.2 Possible New Service: Hand-to-Hand Level of Service

The State understands that some populations need a higher level of service to ensure safety and ability to get from their home to medical appointments. The State has researched hand-to-hand service provided in other states and how this level of service could help beneficiaries with disabilities, or mobility or cognitive impairments utilize the NEMT

³ Note: All TANF recipients are eligible for Medicaid.

⁴ In curb-to-curb level of service, the driver shall provide assistance according to the beneficiary's needs, including assistance as necessary to enter and exit the vehicle. The driver shall remain at or near the vehicle and not enter any buildings.

⁵ In door-to-door level of service, the driver will accompany the beneficiary to the door of the vehicle and assist the passenger in entering the vehicle. The driver shall assist the passenger throughout the transport and to the door of the destination. The driver does not enter any building under this level of service.

program safely.⁶ There is significant interest in learning about the business practices needed to provide this level of service. The State would also like to learn about other programs that have incorporated this level of service at a reasonable cost.

2.9 Management Oversight Controls, System Accountability and Broker Performance Standards

2.9.1 Management Oversight

The current broker model is overseen by EOHHS with frequent face-to-face meetings with the transportation broker, as well as, day-to-day interactions to manage the program and troubleshoot complaints in real-time. Customers are able to call a complaint line, managed by the broker, which provides information to resolve issues. The State is interested in ways to design a complaint structure that serves the needs of the beneficiaries and allows for timely responses and solutions to issues.

Current oversight includes:

- Monitor beneficiary access and complaints to ensure that transportation is timely and that transportation provider personnel are licensed, qualified, competent, courteous, and able to transport beneficiaries in a safe manner.
- Regular auditing and oversight to ensure the quality and timeliness of the transportation services provided and that beneficiaries can access required medical care and services when needed.

The State welcomes feedback and insight on how to provide better management and oversight of the transportation program. The State is considering the development of a consumer advisory group composed of riders to provide guidance on quality improvement and increase rider satisfaction with transportation services. The group could serve as an independent to help provide critical feedback. The State is looking for suggestions and support to form a potential structure for this group.

2.9.2 Complaint Verification

Under the current contract EOHHS and the transportation broker track and manage complaints filed against the transportation delivery system. These include both driver- and rider-related complaints. Driver-related complaints are related to an error of the driver or the transportation broker. For example, the driver is late to pick up the rider or the driver does not offer the quality of service the rider expected. An example of a rider-related

⁶ In hand-to-hand level of service, the driver would meet the beneficiary at the entrance to his/her apartment or home, assist him/her to the vehicle and provide assistance as needed, including entering/exiting vehicle. The driver would escort the beneficiary into the reception area of the provider's office and deliver the beneficiary to the provider, staff member, family member or other responsible party. The transportation broker may request documentation from the medical provider documenting the need for hand-to-hand transportation.

complaint is that the rider does not show up to the pick-up location or the rider's conduct in the vehicle is unacceptable. During SFY16, the broker logged 11,868 complaints, representing roughly less than 1% of all trip reservations. Below is the breakdown of driver and rider related complaints in SFY 2016.

SFY16 Driver Complaints		
Type of Complaint	Reported Incidents	Percentage of Complaints
Transportation Provider Late	3122	56.90%
Transportation Provider No Show	754	13.80%
LogistiCare Employee Issue	183	3%
No Vehicle Available (NVA)	132	2.40%
Transportation Provider Early	125	2.30%
Transportation Provider (possible) Fraud & Abuse	80	1.50%
LogistiCare Issue	69	1.20%
Injury	44	0.80%
Vehicle Issue (e.g., AC, heat, etc.)	23	0.40%
Issue with a Facility	13	0.23%
Rerouted out of time	11	0.20%
Wheelchair tie down issue	7	0.10%
Transportation Provider (not one of the above)	920	16.80%
Total	5483	100%

SFY16 Rider Complaints		
Rider Complaints	Reported Incidents	Percentage of Complaints
Rider No Show	5199	81.40%
Rider Issue (Complaint about Rider)	1098	17.20%
Rider Fraud and Abuse	88	1.40%
Total	6385	100%

The State is investigating methods for an independent entity to validate and certify that all complaints are properly addressed and resolved by the broker. To address driver-related complaints, the State welcomes suggestions and innovations to help alleviate these complaints and provide greater accountability of the broker. Lastly, the State would support innovative solutions to address rider-related complaints related to tardiness and no-shows which slows down system performance.

2.9.3 Performance Standards

Currently the State may hold back up to 2% of monthly payments if broker's performance does not meet the quality standards set in the initial contract, including but not limited to the standards listed below:

Activity	Standard
Average speed of answering call per month	Cannot exceed 3:00 minutes
Percent of calls abandoned per month	Cannot exceed 20%
Percent of trips unfulfilled per month	Cannot exceed 5%
Percent of trips with valid complaints per month	Cannot exceeds 5%

The State welcomes additional performance measures and industry standards measurements and/or protocols to ensure broker performance and to guarantee that beneficiaries receive the highest quality services.

2.10 Technological Innovation and Alternatives to Transportation

Over the last several years there have been many new services in the transportation industry with the addition of mobile-based transportation providers, such as *Uber* and *Lyft*, to offer on-demand transportation services. These technology platforms could support the expansion of the types of services available in the NEMT transportation program. These technological innovations have the possibility to greatly improve beneficiary experience, particularly around will-call rides at the conclusion of medical appointments. All new service delivery options must comply with program regulations, for example relating to fraud, waste and abuse audits. The State is interested in learning how the NEMT program could leverage these newer technologies and adapt them to fit the needs of the program. This is of particular interest as a way to improve services for customers and achieve cost savings. The State welcomes feedback and insight to help with the inclusion of technological innovation in the field of NEMT to utilize these cost-effective platforms.

In addition, the State is seeking to explore other types of strategies and solutions to allow care to take place at the beneficiary's home. For example, the development of community health teams (CHTs) and telemedicine, all of which can be provided in a beneficiary's home, can be alternative strategies to help lessen the need for transportation to a provider setting. The State welcomes feedback, insight and information related to the development of alternatives to the delivery of medical care that could decrease the demand on the current transportation delivery system.

2.11 Coordination and Quality of Care for Special Populations

The NEMT program serves a diverse population with a wide range of needs. This includes different services necessary to serve beneficiaries with physical disabilities, cognitive or mobility impairments or other special considerations. The State is interested in how the NEMT program can adequately meet the needs of all populations served and how to best match beneficiaries with the correct levels of service. The State welcomes feedback and information on the support of special populations, for example, the possible implementation of the multistate elderly Liberty Mobile Now model for populations with limited mobility in rural areas. The State welcomes feedback on how to coordinate and improve the quality of care for special populations.

3.0 Content of Response

The following outline is intended to minimize the effort of the respondent and structure the response for ease of analysis. The listed questions can be used to guide responses; please note that an answer to each question is not required. **Concise responses** are appreciated. **Please, no more than twelve (12) typed pages. Anything over this limit (not including charts, tables, images and attachments) will not be considered.**

Section 1: Vendor Profile

1. Please provide a brief description of your organization. Please be sure to include your organization's interest in this project (if applicable), experience with NEMT, healthcare, transportation services, or why you are an interested party.

Section 2: NEMT Program Design and Program Implementation

2. What are some best practices and industry standards for improving efficiency and capacity in the transportation delivery system described in the goals of this RFI? How can the State work with its existing MCO and AE structure to leverage cost-effectiveness and accountability in the transportation broker model?
3. Substance abuse disorder treatment and adult day care account for a sizable percent of trips for the Medicaid Eligible program; 48% of trips in SFY 16 were to substance abuse providers and 24% to adult day care. What are alternative transportation strategies or solutions for these trips to lessen costs?
4. The current program requires trip reservations to be made in advance (48 hours). How would you propose moving towards on-demand trips? And specifically how would you place the necessary fraud, abuse and waste provisions in place in the event of a post-service audit conducted by the State?
5. What would be the business practices around a voucher system to verify that the vouchers were used for medical-related trips? These trips would need to meet the requirements of a post-service audit conducted by the State.

Section 3: Budget and Cost Controls

6. Given the budget constraints of the Non-Medicaid Elderly Program, how can the service be more efficient and effective in delivering services to the elderly?
7. How can the State realize the savings of the broker transportation model? Are there alternative forms of contracting (e.g., risk-share agreements) that can be used to realize savings to the State?
8. The State is looking for innovations, technologies and strategies to help collect the copayment for the Non-Medicaid Elderly Program. How could a system be instituted

that would efficiently collect the copayment without being too cumbersome for the elderly population and drivers?

Section 4: Technology and System Innovation

9. How can the NEMT program capitalize on the growing ride share market and technology, such as *Uber* and *Lyft*, to improve quality and efficiencies and result in savings for the State?
10. What other system innovations and/or technology platforms should the State consider in improving the quality and satisfactions to beneficiaries of NEMT services? For example, telemedicine, volunteer drivers, community health teams, mileage reimbursement, home visits by advanced practice nurses or physicians, etc.

Section 5: Customer Service and Performance Standards

11. What are some strategies and methods that can be used to provide greater oversight of the transportation broker by the State? How would a consumer advisory group provide guidance for rider satisfaction and broker performance and quality measures (in conjunction with the State)?
12. What other types of performance measures should the State use to evaluate the performance of the transportation broker? Are there any industry standards the State should consider in developing these performance measures?
13. How can the State lower rider complaints and rider dissatisfaction of transportation services? How can the State lower driver-related complaints? How does the State lower rider-related complaints of no-shows?

Section 6: Working with Special Populations

14. How should the State consider the inclusion of hand-to-hand level of service for those with the highest service level needs considering the cost restraints of both the Medicaid and Non-Medicaid Elderly Program?
15. Given the State's priority to maintain community-based living as much as possible, what types of transportation services could be offered to better meet the health needs of populations with limited cognitive and mobility abilities?
16. What other services should the State consider in working with Rhode Island's most vulnerable and at-risk populations (e.g., behavioral health and developmental disability) in providing non-emergency medical transportation?

Section 7: Other

17. How can the healthcare providers, MCOs and AEs offer greater oversight of riders to better coordinate NEMT transportation to attend their medical appointments?

18. Describe any other issues or considerations not otherwise covered in this RFI that can assist in informing the future of the NEMT program in RI so that it meets the goals of the State and the needs of its residents.

Disclaimer

This Request for Information is solely for information and planning purposes and does not constitute a Request for Proposal. All information received in response to the RFI and marked as “Proprietary” will be handled accordingly. Responses to the RFI cannot be accepted by the State to form a binding contract. Responses to the RFI will not be returned. Respondents are solely responsible for all expenses associated with replying to this RFI.

END