

**New York State Department of Health**  
**RFP#: 17965**  
**Medicaid Transportation Management**  
**Long Island Region and Western NY Region**  
**REVISED Questions and Answers**  
**June 28, 2019**  
**August 20, 2019**

For modifications to questions 1-110, deleted language appears in strikethrough (“~~xxx~~”) and added language appears in underline (“xxx”) and red text. Additional questions 111-210\* have been answered and added to this document. The August 20, 2019 Revised Questions and Answers replaces and deletes the Questions and Answers dated June 28, 2019.

Question	Subject	Bidder’s Question	Answer
1	Current Pricing	The current price (enrollee per month) that DOH is paying for the service. Is the enrollee count for a given month the maximum for a given day of the month or some other “counting” method? What has been the amount of money paid each month to the current contractor for 2018. A range is acceptable.	See Section 5.4. Payment. In SFY 2018, the range of monthly management payments based from PMPM bid prices was \$330,000 – \$335,000 in the Long Island Region and \$210,000 – \$220,000 in the Western NY Region.
2	Eligibility	Do you have projected eligibility count for the first year of new contract?	No. The Department cannot anticipate whether enrollment volume will increase or decrease in the future.
3	Eligibility	How did your previous projected eligibility count match-up with the actual eligibility count? A percent (%) difference (plus or minus) would be helpful?	Eligibility counts are not projected, they are calculated on a monthly basis. See response to Question #1 above.
4	Eligibility	What is the degree in eligibility fluctuation in volume throughout the year?	During the SFY 2018-19, the degree of fluctuation in the volume of enrollees was 0.12% in the Western Region and in Long Island Region, it was -0.10%.
5	Computer Software Data	Is the computer software data base that is maintained by your current contractor (vendor) available to us if we are successful in being awarded this contract? What is the format of this data base as to its ease in being downloaded?	No, each of the current contractors have indicated their systems are proprietary and will not be made available to a new awardee.
6	Database	Does the database that is available include the existing local transporters? Their activity? Their performance?	See response to Question #5.
7	Software Products	Is the software product that is being used by current contractor a proprietary product or commercially sold on the open market? If able to be purchased can a name be provided?	See response to Question #5.
8	System Access	What is the length (days or weeks) for a contractor to become eligible to access the required state computer systems?	The Department will work with the contractor and other relative parts of the Department to ensure the awarded contractor will have access to all required systems. The timeframe for receiving access can vary but will be occur during the implementation period.
9	Policies and Procedures	Are current policies and procedures that have been developed by the current or past contractor available to us if awarded the contract?	While current transportation manuals and policies can be found on eMedNY’s website (see link below), the Department will ensure the awarded contractor receives all relevant policies related to non-emergency medical transportation.

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			<a href="https://www.emedny.org/ProviderManuals/Transportation/index.aspx">https://www.emedny.org/ProviderManuals/Transportation/index.aspx</a>											
10	Payment	What has been the states performance in paying applicable contractor for its services and separately performance in payment reimbursement expenses (i.e. days, weeks, months)? In a given month what is an approximate range of money that may have to be paid for reimbursement in a given month by the contractor?	<p>The Department strives to reconcile all claim for payment submissions within 30 days.</p> <p>Please see the table below for a range of payments made to the current contractors during SFY 2018.</p> <p>This information is provided as an indication of past payments and is not a guarantee of future payments. Actual payments may be higher or lower.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2">Region</th> <th colspan="2">Monthly Ranges</th> </tr> <tr> <th>Management</th> <th>Reimbursement</th> </tr> </thead> <tbody> <tr> <td>Long Island</td> <td>\$328,035-333,292</td> <td>\$27,285-\$51,307</td> </tr> <tr> <td>Western</td> <td>\$ 215,664-220,355</td> <td>\$252,801-370,996</td> </tr> </tbody> </table>	Region	Monthly Ranges		Management	Reimbursement	Long Island	\$328,035-333,292	\$27,285-\$51,307	Western	\$ 215,664-220,355	\$252,801-370,996
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	Management	Reimbursement												
Long Island	\$328,035-333,292	\$27,285-\$51,307												
Western	\$ 215,664-220,355	\$252,801-370,996												
11	Current Staffing	What has been the staffing level (number of full-time employees) that has been required (sufficient personnel) for the current contractors?	It is the contractor’s responsibility to determine the sufficient level of staffing required to meet all the requirements of this RFP.											
12	RFP Page 8 Section 4.1.1.	Will the current vendor transfer the current program number? Will greatly reduce issues with enrollee and facility transition?	If the question asked pertains to the current contractor’s existing telephone number, no, the telephone number will not be transferred to the new awardee. If the question asked pertains to an enrollee Medicaid ID number, please refer to Section 4.8 Transition that outlines the responsibilities of the exiting contractor to ensure a seamless transition of services during the transition period.											
13	RFP Page 11 Section 4.1.4.	During the transition will it be possible to grandfather in existing Form - 2015 with time parameters to ease transition and reduce burden on medical providers and enrollees?	Yes. Information pertaining to existing Form-2015s will be included within the required data to be transferred to the new awardee during the transition period.											
14	RFP Page 15 Section 4.1.7.	How often and what size sample for the surveys? Are surveys to cover Enrollees, Medical Practitioners and Transportation Providers?	Surveys are performed at the direction of the Department to solicit responses from enrollees, transportation providers, and medical providers. In 2018, proactive surveys were completed on a quarterly basis.											

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			Typical sample size varies. The Department will work with the awardee to help define the sample size and develop specific survey questions and frequency of the surveys.
15	RFP Page 24 Section 4.8.	At this time are there any planned transitions that will affect the number of enrollees/revenues significantly? If so can you describe?	There are currently no planned transitions.
16	Attachment H	Please provide all the data tables in Attachment H through 2018 and 2019.	<del>The Department does not have this information.</del> <u>See Amendment #5, Revised Attachment H, dated August 20, 2019.</u>
17	Tables 5a and 5b tables 4a and 4b	Tables 5a and 5b do not match the data in tables 4a and 4b. For example, Table 5a for Long Island Region states that Livery trips for 2016 was 16,109 trips. Table 4a for Long Island Region lists a total amount of Livery trips for 2016 of 1,069,319. For example, Table 5b for Western Region states that Livery trips for 2016 was 71,043 trips. Table 4b for Long Island Region lists a total amount of Livery trips for 2016 of 1,008,746. Can you please explain the difference?	See Amendment #2. <del>#5, Revised Attachment H, dated August 20, 2019.</del> <u>#5, Revised Attachment H, dated August 20, 2019.</u>
18	tables 7a, 7b, 8a, and 8b	Please provide tables 7a, 7b, 8a, and 8b, showing monthly data for 2017, 2018, and 2019	<del>The Department does not have this information.</del> <u>See Amendment #5, Revised Attachment H, dated August 20, 2019.</u>
19	Attachment 8 Section IV. Contract Insurance Requirements	Unless otherwise agreed, policies shall be written so as to include a provision that the policy will not be canceled, materially changed, or not renewed without at least 30 days prior written notice except for non-payment as required by law to the DEPARTMENT at the address specified above in this paragraph. Attachment 8 Section IV. Contract Insurance Requirements. The standard is to provide Notice of Cancellation 30 days, 10 Days for Non-payment, the current Cancellation language found on the standard ACORD form is “Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions”. Please confirm that DEPARTMENT will amend the contract to the industry standard.	No. This section will not be modified. The Contract language serves the best interest of the Department.

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20	Attachment 8 Section IV. Contract Insurance Requirements	In addition, if required by the DEPARTMENT, the CONTRACTOR shall deliver to the DEPARTMENT within forty-five (45) days of such request a copy of any or all policies of insurance not previously provided, certified by the insurance carrier as true and complete. Complete copies of policies contain proprietary information (relating to other contracts/customers) which, given the possible exposure for release under the Freedom of Information Act, we are not permitted to release. Please confirm that the DEPARTMENT will accept a Certificate of Insurance evidencing the required coverage as is standard in the industry.	As part of the Bidder’s Certified Statements (Attachment M), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
21	Attachment 8 Section IV. Contract Insurance Requirements.	At least two weeks prior to the expiration of any policy required by this Contract, evidence of renewal or replacement policies of insurance with terms no less favorable to the DEPARTMENT than the expiring policies shall be delivered to the DEPARTMENT. In order to obtain the best possible policy conditions and pricing often renewals are not finalized 15 days prior to expiration. Please confirm that the DEPARTMENT will modify language to read “No less than fourteen (14) days after the expiration, cancellation or termination of any such policy, Provider shall supply the DEPARTMENT with a new and replacement Certificate of Insurance.	As part of the Bidder’s Certified Statements (Attachment M), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
22	Attachment 8 Section IV. Contract Insurance Requirements	Please note additional insured status is not available for Workers Compensation and Employer Liability.	Although no question has been posed, bidders should recognize that the Contract Insurance Requirements do not require Workers Compensation and Employer Liability policies to name an additional insured.
23	liquidated damages	What are the liquidated damages have been assessed to the current contractor for the last three years by category and amount?	The Department has not assessed any liquidated damages to the current contractor in the past three years.
24	MWBE Information	Can you please provide a list of the current minority owned and women owned businesses currently used by the current contractor?	The Department is unable to share this information. A FOIL request for the underlying contract or procurement record containing the requested information, may be made by contacting the Department’s Records Access Officer at <a href="mailto:foil@health.ny.gov">foil@health.ny.gov</a> .

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			Information for submitting FOIL requests can be found at: <a href="https://www.health.ny.gov/regulations/foil/">https://www.health.ny.gov/regulations/foil/</a>
25	Current Contract	What is the dollar amount/percentage amount the current contractor using with minority/women owned businesses?	See response to Question #24.
26	2.0 Overview	Do you have a budget for this initiative? If so, what is it per region?	The Department will not release this information.
27	2.0 Overview	What has the spend been for similar services in the previous three fiscal years, by region?	All State agency contracts, in effect 4/1/12 or later, which includes contracts approved by the Office of the State Comptroller (OSC) and those that don't require OSC approval, including fiscal information, can be found on the Office of the State Comptroller's Open Book New York website of <a href="http://www.openbookny.com">www.openbookny.com</a> .
28	Section 2.1 Introductory Background	Who is the incumbent for each region?	LogistiCare Solutions, LLC is the current Transportation Manager for the Long Island Region. Medical Answering Services, LLC is the current manager for Western NY Region.
29	Section 2.1 Introductory Background	For how long has the incumbent been under contract for both regions?	See response to Question #27.
30	Section 2.1 Introductory Background	What is your average call volume per month per region? Can you provide a breakdown of the types of calls received per region?	<del>The Department does not have this level of detailed information; however, Attachment H reflects the annual average call volume per month per region.</del>  <u>See Amendment #5. Please see Revised Attachment H, dated August 20, 2019, Attachment N, and Attachment O.</u>  <u>The second question is unclear therefore the Department is unable to provide a response.</u>
31	Section 2.0, Overview, Page 4	If a contractor is awarded both regions, can the core management team be the same for both contracts?	If one contractor is awarded both regions under separate contracts, the contractor's core management team would need to identify a Project Manager for each region and maintain a RN and/or MD on staff for each region as defined in the RFP, Section 4.2.1 Core Management Team.

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32	Section 2.1, Introductory Background, Overview, Page 5,	What is the source or location where rules and regulations can be accessed or viewed?	See response to Question #9.
33	Section 2.1, Introductory Background, Overview, Page 5	Can the Department please provide historic volumes available for the Adult Day Health Care population and/or the MLTC population (i.e. the population not approved for FFS transportation benefits)?	<p>The Medicaid Managed Care Enrollment Report (link below) shows the number of Medicaid recipients currently enrolled and the number of Medicaid recipients eligible to enroll in New York State's Medicaid managed care program. The data is presented for each Managed Care Organization by county and Medicaid Aid Category.</p> <p>We have limited data to support MLTC trip volumes, however, in 2018, the MLTC program had approximately 230,000 enrollees statewide. County specific enrollment information is available here: <a href="https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/">https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/</a>.</p> <p>In 2018, the Adult Day Health Care (ADHC) population had approximately 600,000 self-managed ADHC transports statewide. The self-managed ADHC trip volume in Long Island was approximately 73,000 trips and approximately 26,000 self-managed ADHC trips in the Western Region. Self-managed trips are trips not managed by the FFS Transportation Manager.</p> <p>This information is provided as an indication of past volume and is not a guarantee of future volume. Actual volume may be higher or lower.</p>
34	Section 2.1, Introductory Background, Overview, Page 6	What approval process is required when an enrolled transportation provider is unavailable, and an unenrolled provider must be used?	See Amendment #2.
35	Section 2.1 Introductory	Regarding the content that states “At any time during the course of the contract, the contractor must be prepared to assist the	The contractor is expected to meet all transition requirements in Section 4.8 Transition.

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	Background, Overview, Page 6	Department, another Departmental agent or successor contractor with efforts to transition the relevant information to support any new technology to be determined by the Department.”  Could the Department provide details of what type of efforts are expected in the transition?																															
36	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide hourly interval inbound call volumes and interval average handle times for all lines for peak, non-peak and holiday and by language?	<del>The Department does not have this information.</del> <u>See Amendment #5, Attachment O for the Western NY Region Call Data. The Department is not able to provide this level of detail for the Long Island Region in its entirety.</u>																														
37	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide average daily or monthly volume of Urgent Care related transportation requests?	<del>The Department does not have this information.</del>  <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3"><u>Average daily/monthly volume of urgent care trips during 2016, 2017 and 2018 in Long Island Region</u></th> </tr> <tr> <th><u>Year</u></th> <th><u>Monthly Avg</u></th> <th><u>Daily Avg</u></th> </tr> </thead> <tbody> <tr> <td><u>2016</u></td> <td><u>4166</u></td> <td><u>139</u></td> </tr> <tr> <td><u>2017</u></td> <td><u>4153</u></td> <td><u>138</u></td> </tr> <tr> <td><u>2018</u></td> <td><u>4166</u></td> <td><u>139</u></td> </tr> </tbody> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3"><u>Average daily/monthly volume of urgent care trips during 2016, 2017 and 2018 in Western NY Region</u></th> </tr> <tr> <th><u>Year</u></th> <th><u>Monthly Avg</u></th> <th><u>Daily Avg</u></th> </tr> </thead> <tbody> <tr> <td><u>2016</u></td> <td><u>180</u></td> <td><u>6</u></td> </tr> <tr> <td><u>2017</u></td> <td><u>211</u></td> <td><u>7</u></td> </tr> <tr> <td><u>2018</u></td> <td><u>359</u></td> <td><u>12</u></td> </tr> </tbody> </table>	<u>Average daily/monthly volume of urgent care trips during 2016, 2017 and 2018 in Long Island Region</u>			<u>Year</u>	<u>Monthly Avg</u>	<u>Daily Avg</u>	<u>2016</u>	<u>4166</u>	<u>139</u>	<u>2017</u>	<u>4153</u>	<u>138</u>	<u>2018</u>	<u>4166</u>	<u>139</u>	<u>Average daily/monthly volume of urgent care trips during 2016, 2017 and 2018 in Western NY Region</u>			<u>Year</u>	<u>Monthly Avg</u>	<u>Daily Avg</u>	<u>2016</u>	<u>180</u>	<u>6</u>	<u>2017</u>	<u>211</u>	<u>7</u>	<u>2018</u>	<u>359</u>	<u>12</u>
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38	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide what is considered valid documentation?	This question is unclear; therefore, the Department is unable to provide a response.																		
39	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide the length contractor must retain documentation?	Refer to Section 4.3 Record Keeping and Reporting, Management and Utilization Reports and Attachment 8, Appendix A.																		
40	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide average daily or monthly volume of hospital and emergency department discharge requests?	<p>The Department does not have this information-</p> <table border="1" data-bbox="1266 987 1873 1154"> <tr> <th colspan="3" style="text-align: center;"><u>Average daily/monthly volume for hospital/emergency department discharges in Long Island Region During 2018</u></th> </tr> <tr> <th style="text-align: center;"><u>Year</u></th> <th style="text-align: center;"><u>Monthly Avg</u></th> <th style="text-align: center;"><u>Daily Avg</u></th> </tr> <tr> <td style="text-align: center;"><u>2018</u></td> <td style="text-align: center;"><u>2,113</u></td> <td style="text-align: center;"><u>70</u></td> </tr> </table> <table border="1" data-bbox="1266 1243 1873 1409"> <tr> <th colspan="3" style="text-align: center;"><u>Average daily/monthly volume for hospital/emergency department discharges in Western NY Region During 2018</u></th> </tr> <tr> <th style="text-align: center;"><u>Year</u></th> <th style="text-align: center;"><u>Monthly Avg</u></th> <th style="text-align: center;"><u>Daily Avg</u></th> </tr> <tr> <td style="text-align: center;"><u>2018</u></td> <td style="text-align: center;"><u>3,603</u></td> <td style="text-align: center;"><u>118</u></td> </tr> </table>	<u>Average daily/monthly volume for hospital/emergency department discharges in Long Island Region During 2018</u>			<u>Year</u>	<u>Monthly Avg</u>	<u>Daily Avg</u>	<u>2018</u>	<u>2,113</u>	<u>70</u>	<u>Average daily/monthly volume for hospital/emergency department discharges in Western NY Region During 2018</u>			<u>Year</u>	<u>Monthly Avg</u>	<u>Daily Avg</u>	<u>2018</u>	<u>3,603</u>	<u>118</u>
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41	Section 4.1.1 Operate a Primary Call	Could the Department please provide the length the contractor must keep recorded calls?	See response to Question #39.																		



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	Center for Medicaid Eligible Individuals, Scope of Work, Page 8		
42	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Is it the desire of the Department for the new vendor to utilize the existing toll free number or are they amenable to publicizing a new toll free number? The former would be the best to not disrupt the consistency of the enrollees.	Per Section 4.1.1, the selected Contractor must establish their own toll-free number. See response to Question #12.
43	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide the required format relative to file type, publish format and transmission protocol?	A Medicaid Data Warehouse (MDW) eligibility text output file is generated monthly and uploaded to the contractor’s File Transfer Protocol (ftp) designated site. The Department’s contractor also has access to e-PACES and uses an interface to verify eligibility in real time. The contractor will be able to check previously arranged trips nightly via the 270-271 via the FTP and remove any ineligible trips.
44	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide details on how transcribe/transcript requests be sent (i.e. format, delivery method, etc).	See response to Question #49.
45	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please the source or location were rules and regulations can be accesses or viewed?	See response to Question #9.

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46	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide the frequency of the Departments requests for copies of call transcripts - i.e. - monthly, quarterly, on demand, etc.?	The frequency as to when the Department requests copies of call transcripts are episodic or based upon demand. Requests are usually associated as to when the Department may receive a concern or complaint that would require a review of a recorded call or when providing the transcript of a call as a component of a Fair Hearing Waiver Packet being created.
47	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 8	Could the Department please provide details on the current method of receiving information from medical practitioners today - i.e. - fax, email, upload to website, etc.?	Medical practitioners are able to provide information via fax, email and by uploading to the contractor’s website.
48	Section 4.1.1 Operate a Primary Call Center for MK Eligible Individuals, Scope of Work, Page 8	Regarding the content that Departments “The call tracking system shall be able to record and aggregate information by queue and shall be able to produce the reports specified in this RFP as well as ad hoc reports that the Department may request on a daily, weekly, or monthly basis as outlined in Section 4.3 Record Keeping and Reporting. In addition, the contractor will provide designated DOH staff access to view real-time data and generate reports directly from the contractor’s call tracking system.”  Could the Department please provide the format relative to file type, publish format, and transmission protocol?	<del>See response to Question #43.</del> <u>Currently, the data content for the reports are submitted to the Department as CSV files. The format will be specified by the Department upon contract approval. The transmission protocol is via electronic email.</u>
49	Section 4.1.1 Operate a Primary Call Center for MK Eligible Individuals, Scope of Work, Page 9	Regarding the content that Departments “The contractor shall maintain a system to transcribe calls at the Department’s request. The contractor must be able to provide the Department’s the transcript from the call(s) requested within three (3) business days.”  Could the Department please provide how transcribe/transcript requests are sent (for example, format, delivery method, etc.)?	All call transcripts may be sent to the Department electronically in a method agreed upon by the Department.

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50	Section 4.1.1 Operate a Primary Call Center for MK Eligible Individuals, Scope of Work, Page 9	Regarding the content that Departments “The contractor will be able to adequately explain the Department’s published rules and regulations of the Medicaid transportation program to transportation providers, medical practitioners and Medicaid enrollees and refer specific inquiries to the DOH, as appropriate.”  Could the Department please provide the source or location where rules and regulations can be accessed or viewed?	See response to Question #9.
51	Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals, Scope of Work, Page 9	Could the Department please provide the process for authorizing enrollee representatives?	See Amendment #2.
52	Section 4.1.3 Create and Maintain a Public Website, Scope of Work, Page 10	Could the Department please provide the volume of requests for changes to the informational website?	<del>The Department does not have this information.</del>  <u>Long Island Region:</u> <u>There have been approximately 50 changes/updates made to the website since 2015.</u>  <u>Western NY Region:</u> <u>Unknown, this information is not tracked by the current Transportation Manager.</u>
53	Section 4.1.3 Create and Maintain a Public Website, Scope of Work, Page 10	Could the Department please provide details on how the requirement for linking individual transportation provider performance data will be handled at the onset of the contract (prior to aggregation of the first set of semi-annual performance data)?	The Department will work with the awarded contractor to determine how the transportation providers’ performance data will be handled.
54	Section 4.1.3 Create and Maintain a Public	For the section that Departments “The contractor will create and maintain a user-friendly public website with information for enrollees, transportation providers, and medical practitioners about available	1. Please refer to Section 4.1.3 Create and Maintain a Public Website where it requires the awarded contractor to create and maintain a

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	Website, Scope of Work, Page 10	<p>transportation services, Medicaid transportation eligibility requirements, the prior authorization process, and how to access transportation.”</p> <p>1. If a new contractor is awarded, will they have the ability to utilize the existing website address or are they amenable to publicizing a new toll-free number in an effort to not disrupt the consistency of the enrollees. If so, what is the html expiration of the existing website address?</p> <p>2. Will the Department allow a “lift and shift” of the website with any necessary updates to links and contractor information where needed?</p>	<p>user-friendly public website. The new awardee will not be permitted to use the former contractor’s website.</p> <p>The Department does not have the html expiration date of the contractor’s existing website address.</p> <p>2. No. The Department will not allow a “lift and shift” of the current website.</p>										
55	Section 4.1.3 Create and Maintain a Public Website, Scope of Work, Page 10	<p>Regarding the section that Departments “The contractor will make requested changes to the website within three (3) business days of request by the DOH.”</p> <p>Are these changes updates to content and/or functionality?</p>	<p>Updates to the website may be necessary for a variety of reasons including change to content and/or functionality.</p>										
56	Section 4.1.4 Processing Requests for Medical Transportation, Scope of Work, Page 10	<p>Could the Department please provide the average daily and monthly volume of Medical Justification Review forms received and the average handle time to process the form.</p>	<p>The Department does not have this information-</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;"><u>Western NY Region</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>Average Volume of Medical Justification Review Forms Received Daily/Monthly &amp; Avg. Handle Time to Process (2018)</u></td> </tr> <tr> <td style="text-align: center;"><u>Avg. Daily Volume</u></td> <td style="text-align: center;"><u>Avg. Monthly Volume</u></td> </tr> <tr> <td style="text-align: center;"><u>18</u></td> <td style="text-align: center;"><u>556</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>The average handle time to process Medical Justification Review Forms is generally 3-5 days.</u></td> </tr> </table>	<u>Western NY Region</u>		<u>Average Volume of Medical Justification Review Forms Received Daily/Monthly &amp; Avg. Handle Time to Process (2018)</u>		<u>Avg. Daily Volume</u>	<u>Avg. Monthly Volume</u>	<u>18</u>	<u>556</u>	<u>The average handle time to process Medical Justification Review Forms is generally 3-5 days.</u>	
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57	Section 4.1.4 Processing Requests for Medical Transportation, Scope of Work, Page 10	Could the Department please provide any historical statistics on the volume of trip requests that were initiated online vs. telephone?	<p><del>The Department does not have this information.</del></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="4"><u>Western NY Region</u></td> </tr> <tr> <td colspan="4"><u>Online vs Telephone Trip Requests (2018)</u></td> </tr> <tr> <td><u>County</u></td> <td><u>Online</u></td> <td><u>Telephone</u></td> <td><u>Total</u></td> </tr> <tr> <td><u>Total</u></td> <td><u>40,037</u></td> <td><u>385,123</u></td> <td><u>425,160</u></td> </tr> </table> <table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="4"><u>Long Island Region</u></td> </tr> <tr> <td colspan="4"><u>Online vs Telephone Trip Requests (2018)</u></td> </tr> <tr> <td><u>County</u></td> <td><u>Online</u></td> <td><u>Telephone</u></td> <td><u>Total</u></td> </tr> <tr> <td><u>Total</u></td> <td><u>15,514</u></td> <td><u>1,923,154</u></td> <td><u>1,938,668</u></td> </tr> </table>	<u>Western NY Region</u>				<u>Online vs Telephone Trip Requests (2018)</u>				<u>County</u>	<u>Online</u>	<u>Telephone</u>	<u>Total</u>	<u>Total</u>	<u>40,037</u>	<u>385,123</u>	<u>425,160</u>	<u>Long Island Region</u>				<u>Online vs Telephone Trip Requests (2018)</u>				<u>County</u>	<u>Online</u>	<u>Telephone</u>	<u>Total</u>	<u>Total</u>	<u>15,514</u>	<u>1,923,154</u>	<u>1,938,668</u>
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58	Scope of Work, 4.14 Processing Requests for Medical Transportation, Scope of Work, Page 10	Regarding “When a transportation request is made by a Medicaid enrollee, the contractor will interview the individual using a DOH approved script to confirm all relevant information including their normal means of transportation, pickup address, telephone number, location of required medical service, transportation needs...”  Is the Department open to these requests being requested and/or fulfilled via alternative channels that are non-telephone?	In the absence of knowing what alternative channels the requestor is referring to, the Department is unable to provide a response.																																
59	Section 4.1.4, Scope of Work,	Regarding- Processing Requests for Medical Transportation	The awarded contractor will be provided access to real time eligibility verifications utilizing ePACES, a web-based interface and also the X12																																

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	<p>page 10, paragraph 2</p>	<p>At the time of the transportation request, the contractor will confirm the individual’s eligibility status as a Medicaid enrollee utilizing the applicable Department-operated eligibility verification system.</p> <p>What is the name of the Department-operated eligibility verification system?</p> <p>Can the Department provide information regarding the Department system?</p> <p>Is this a web interface system, thin client Citrix platform, or mainframe system?</p> <p>Will the Department allow a network communication using an internet site secure VPN tunnel for accessing the Department system?</p>	<p>270/271 Health Care Benefit Inquiry and Response for Medicaid Eligibility Verification System (MEVS) methods.</p> <p>For general information on ePACES, click here:  <a href="https://www.emedny.org/selfhelp/ePACES/ePACES_GeneralInfo.aspx">https://www.emedny.org/selfhelp/ePACES/ePACES_GeneralInfo.aspx</a></p> <p>The awarded bidder can also utilize X12 270/271 Health Care Benefit Inquiry and Response method. With proper software, an x12 compliant 270 transaction can be created to obtain eligibility. This can potentially be sent real time, which is by definition a single transaction, or batch, which can be up to 5000 transactions per transaction set. Batch methods are intended for large institutions with a high volume of verifications. Companion Guides and sample files can be found here:  <a href="https://www.emedny.org/HIPAA/5010/transactions/index.aspx">https://www.emedny.org/HIPAA/5010/transactions/index.aspx</a></p> <p>More information can be found at:  <a href="https://www.emedny.org/ProviderManuals/5010/MEVS%20Quick%20Reference%20Guides/5010_MEVS_Methods.pdf">https://www.emedny.org/ProviderManuals/5010/MEVS%20Quick%20Reference%20Guides/5010_MEVS_Methods.pdf</a> and here  <a href="https://www.emedny.org/selfhelp/ePACES/ePACES_GeneralInfo.aspx">https://www.emedny.org/selfhelp/ePACES/ePACES_GeneralInfo.aspx</a></p> <p>Please see Question #85 in regard to allowing a network communication using an internet site secure VPN tunnel for accessing this system.</p>
<p>60</p>	<p>Section 4.1.4 Processing Requests for Medical Transportation, Determining Appropriateness of Mode of Transportation,</p>	<p>Regarding this section: “The contractor will determine the appropriate mode of transportation according to the enrollee's needs, level of mobility, and location of their medical service provider. Based on that determination, the contractor will arrange the most appropriate transportation provider capable of meeting those needs at the lowest cost and highest quality.”</p> <p>“The contractor will ensure the enrollee uses the most cost-effective mode of transportation available that is medically appropriate based</p>	<p>Yes. These requirements are clearly defined by the Department in the Medicaid Transportation Manual, see:  <a href="https://www.emedny.org/ProviderManuals/Transportation/index.aspx">https://www.emedny.org/ProviderManuals/Transportation/index.aspx</a>.</p>

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	Scope of Work, Page 11	<p>on the enrollee’s level of mobility and the location of the enrollee’s medical service provider. If the most cost effective and medically appropriate level of transportation is not available, the requested trip will be scheduled at the next higher mode of transportation.</p> <p>“An appropriate vendor may be a friend or neighbor, common carrier (public transit), livery service, ambulette, stretcher van, or non-emergency ambulance. Transportation will be assigned giving appropriate and reasonable consideration to the transportation needs of the enrollee. The contractor shall first require enrollees to use public transit when accessible and appropriate for the enrollee.”</p> <p>Will these requirements be clearly defined by the Department?  Will the Department please provide additional details on how this process currently functions?</p>	
61	Section 4.1.4 Processing Requests for Medical Transportation, Medical Justification Review Verification of Medicaid Transportation Abilities (Form-2015), Scope of Work, Page 11	<p>Is there an expiration date associated with these medical justification forms in Form-2015? If so, how frequently do they need to be renewed?</p>	<p>Yes. The renewal timeframes vary. When the appropriate medical practitioner is completing the Form-2015, they must indicate the anticipated length of time the enrollee would require a higher mode of transportation, typically the time frames are: temporary until XX/XX/XXXX (date assigned by physician), Long Term (9-12 months) or Permanent (subject to periodic review).</p>
62	Section 4.1.4 Processing Requests for	<p>If a Form-2015 is NOT received in the allotted timeframe and/or an incomplete Form-2015 is not completed in the allotted timeframe,</p>	<p>If a Form-2015 is not received by the Transportation Manager in the allotted time frame, the trip will not be “closed”, rather it would be arranged at the most medically appropriate, cost effective mode.</p>

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	Medical Transportation, Medical Justification Review Verification of Medicaid Transportation Abilities (Form-2015), Scope of Work, Page 11	does the transportation request get “closed” or is it scheduled based on the mode of transportation originally identified as appropriate?	If the Form-2015 submitted for review is incomplete, the transportation request would be delayed until the proper review of the medical justification can be conducted.
63	Section 4.1.4, Rides Assignment System, Scope of Work, Tasks/Deliverables, Page 11	Does the Transportation Management Vendor system interface with any transportation provider systems? Are all transportation providers expected to use the Management Vendor system for ride assignment, attestation, and other administrative functions?	Yes. All transportation providers are required to use the contractor’s system for ride assignment, attestation and administrative functions.
64	Section 4.1.4, Rides Assignment System, Tasks/Deliverables, Page 11	Is the contractor responsible for tracking transportation providers in real-time to confirm adherence to ride assignments?	Currently, there is no requirement to track providers in real time. Ride assignments are confirmed via the contractor’s system. Transportation providers are expected to fulfill all ride assignments that they accept.
65	Section 4.1.4, Rides Assignment System, Scope of Work, Page 12	Regarding- Trip Attestation Every trip will have its own distinct contractor-generated trip number and related Medicaid Management Information System (MMIS)-generated prior authorization.  Can the Department please confirm that whether or not a trip was completed will be recorded and found in the MMIS?  Can the Department provide information regarding the MMIS system?	The MMIS will only record claims submitted after a trip has been completed.  Information about the MMIS system can be found at: <a href="https://www.emedny.org/selfhelp/index.aspx">https://www.emedny.org/selfhelp/index.aspx</a>  The MMIS system is a web-based interface system that is utilized by both the transportation providers and the Department’s contracted transportation managers.



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		<p>Is this a web interface system, thin client Citrix platform, or mainframe system?</p> <p>Will the Department allow a network communication using an internet site secure VPN tunnel for accessing the Department system?</p>	<p>The state’s fiscal agent accepts HIPAA compliant transactions as outlined in eMedNY.org such as:</p> <p><u>CPU-to-CPU - Batch</u>  CPU-to-CPU link is reserved for submitters, such as a Service Bureau, who have established that they CURRENTLY submit a high volume of data to eMedNY, on a consistent basis, over a single-source User ID and need a persistent VPN connection to eMedNY.  For more information on CPU-to-CPU requirements email to <a href="https://www.emedny.org/">https://www.emedny.org/</a></p>
66	<p>Section 4.1.4  Processing  Requests for  Medical  Transportation,  Medical  Justification  Review  Verification of  Medicaid  Transportation  Abilities (Form-  2015), Scope of  Work, Page 12</p>	<p>How will the awarded contractor be made aware that a change has been made to an enrollee's health status? What necessitates a change to their mode of transportation (i.e. how will the contractor identify that a new verification is required for a recurring request)?</p>	<p>A contractor may receive notifications to <u>changes</u> in an enrollee’s health status when the enrollee is seeking to obtain a higher mode of transportation than how they normally would be transported to obtain a Medicaid covered service. The request to utilize a higher mode would require the enrollee to have a Form-2015 completed by a Medical Provider that includes a medical justification to support the need for a higher mode of transportation.</p> <p>The Form-2015 requires the Medical Provider to indicate a date or timeframe as to how long the higher mode is needed. The enrollee’s record would be flagged once the date is near expiration, the medical provider would be prompted to renew or indicate the higher mode is no longer necessary at the time of request for transportation is made.</p>
67	<p>Section 4.1.4  Processing  Requests for  Medical  Transportation,  Trip Attestation,</p>	<p>How does the prior authorization get submitted to the contractor (i.e. what is the prescribed service authorization process)?</p>	<p>After trips are completed by the transportation provider they are then required to attest to completion within the Transportation Manager’s (TM) system. Once the attestation has been completed the TM exports completed to trips to the eMedNY system via an API connection to generate a Prior Authorization. After the eMedNY system generates the prior authorization number for billing, the trip is</p>

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	Scope of Work, Page 12		sent back to the TM and is uploaded to the corresponding Transportation Provider’s invoice within the Tm’s system.																				
68	Section 4.1.4 Processing Requests for Medical Transportation, Trip Attestation, Scope of Work, Page 13	What are the Department’s regulations and policies for timeliness of post trip approval?	Please refer to the NYS Medicaid Transportation Manual Policy Guidelines on pages 42-43 (see link below) for the Department’s regulations and policies pertaining to timeliness of post trip approvals. <a href="https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf">https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf</a>																				
69	Section 4.1.4 Processing Requests for Medical Transportation, Department Fair Hearings, Scope of Work, Page 13	Could the Department please provide the daily or monthly volume of Form-2015 denial notices?	<p><del>The Department does not have this information.</del></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;"><u>Western Region</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>Medical Justification - Daily/Monthly Volume of 2015 Form Denials (2018)</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>2015 Form Denials</u></td> </tr> <tr> <td style="text-align: center;"><u>Daily Volume</u></td> <td style="text-align: center;"><u>Monthly Volume</u></td> </tr> <tr> <td style="text-align: center;"><u>14</u></td> <td style="text-align: center;"><u>440</u></td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;"><u>Long Island Region</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>Medical Justification - Daily/Monthly Volume of 2015 Form Denials (2018)</u></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>2015 Form Denials</u></td> </tr> <tr> <td style="text-align: center;"><u>Daily Volume</u></td> <td style="text-align: center;"><u>Monthly Volume</u></td> </tr> <tr> <td style="text-align: center;"><u>30</u></td> <td style="text-align: center;"><u>896</u></td> </tr> </table>	<u>Western Region</u>		<u>Medical Justification - Daily/Monthly Volume of 2015 Form Denials (2018)</u>		<u>2015 Form Denials</u>		<u>Daily Volume</u>	<u>Monthly Volume</u>	<u>14</u>	<u>440</u>	<u>Long Island Region</u>		<u>Medical Justification - Daily/Monthly Volume of 2015 Form Denials (2018)</u>		<u>2015 Form Denials</u>		<u>Daily Volume</u>	<u>Monthly Volume</u>	<u>30</u>	<u>896</u>
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70	Section 4.1.4 Processing Requests for Medical Transportation, Department Fair	Could the Department please provide monthly historical volumes of Department Fair Hearings and telephone conferences?	<p>The monthly historical volumes of Fair Hearing Requests during the 2018 calendar year per region are below. The Department does not have the number of telephone conferences requested.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Hearing Request totals 2018</td> </tr> </table>	Hearing Request totals 2018																			
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	Hearings, Scope of Work, Page 13		<table border="1"> <thead> <tr> <th>Month</th> <th>Long Island Region</th> <th>Western Region</th> </tr> </thead> <tbody> <tr> <td>January</td> <td>3</td> <td>2</td> </tr> <tr> <td>February</td> <td>1</td> <td>0</td> </tr> <tr> <td>March</td> <td>1</td> <td>2</td> </tr> <tr> <td>April</td> <td>2</td> <td>3</td> </tr> <tr> <td>May</td> <td>6</td> <td>2</td> </tr> <tr> <td>June</td> <td>5</td> <td>3</td> </tr> <tr> <td>July</td> <td>3</td> <td>3</td> </tr> <tr> <td>August</td> <td>1</td> <td>10</td> </tr> <tr> <td>September</td> <td>0</td> <td>3</td> </tr> <tr> <td>October</td> <td>2</td> <td>3</td> </tr> <tr> <td>November</td> <td>2</td> <td>2</td> </tr> <tr> <td>December</td> <td>2</td> <td>4</td> </tr> </tbody> </table> <p>This information is provided as an indication of past volume and is not a guarantee of future volume. Actual volume may be higher or lower.</p>	Month	Long Island Region	Western Region	January	3	2	February	1	0	March	1	2	April	2	3	May	6	2	June	5	3	July	3	3	August	1	10	September	0	3	October	2	3	November	2	2	December	2	4
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71	Scope of Work, Section 4.1.6, Education, Training and Outreach Activities, Scope of Work, Page 14	<p>Regarding this paragraph: “The contractor shall also be knowledgeable of the unique challenges faced within the region and should collaborate with local stakeholders to combine available knowledge, expertise, and information across the region(s) they are proposing to provide transportation management services.”</p> <p>Could the Department please provide details on any currently known unique challenge?</p>	The Department does not have this information.																																							
72	Scope of Work, Section 4.1.6, Education, Training and Outreach	Regarding this paragraph: “The contractor will provide, at a minimum, semi-annual training to transportation providers, Medicaid enrollees and medical practitioners; and will afford an option of a semi-annual stakeholder meeting to take place within each county. The contractor will conduct on site visits to transportation providers and medical	There are specific requirements for transportation providers enrolled in in the New York State Medicaid Program. Enrolled providers must meet all applicable State, County and Municipal requirements for legal operation. Please refer to Section I Requirements for Participation within the New York State Medicaid Program’s Transportation Manual Policy Guidelines (available at the link below) for specific																																							

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	Activities, Scope of Work, Page 14	practitioners at their facilities as necessary to provide training or to resolve any issues in need of being addressed.”  Could the Department please provide any specific requirements or SLAs with the current list of available transportation providers?	requirements. <a href="https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf">https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf</a>
73	Scope of Work, Section 4.1.6, Education, Training and Outreach Activities, Scope of Work, Page 14	Regarding this paragraph: “The contractor will train medical practitioners and transportation providers on how to navigate the automated system used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation as outlined in Section 4.1.4 Processing Requests for Medical Transportation.”  Could the Department please provide... How frequently does this training occur? Are there site requirements? Can training be done remotely? Are there some kind of verification requirements for training attendees?	Training on how to navigate the automated system used to manage reservations, scheduling, and efficient routing of requests should be conducted per the Department’s outreach and education requirements. Trainings are conducted on an as needed basis, usually upon request. No, there are no site requirements. Trainings can be conducted on site or remotely utilizing webinars. No, there are no verification requirements for training attendees.
74	Scope of Work, Section 4.1.6, Education, Training and Outreach Activities, Scope of Work, Page 14	Could the Department please provide the frequency the contractor is required to send written documentation to practitioners and enrollees regarding program requirements?	It is the responsibility of the contractor to generate and disseminate information pertaining to program requirements, this includes determining the frequency.
75	Scope of Work, Section 4.1.6, Education, Training and Outreach Activities, Scope of Work, Page 14	Will the Department provide a list of all medical practitioners to be used by the contractor when communicating the 72-hour advance notice?	<del>The Department does not have this information.</del> <u>Yes.</u>

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76	Scope of Work, Section 4.1.6, Education, Training and Outreach Activities, Scope of Work, Page 14	Could the Department please provide current educational materials that are used to educate all eligible Medicaid enrollees regarding transportation?	No, the Department is not able to provide the current educational materials.
77	4.1.7 Quality Assurance, Tasks/Deliverables, Page 15	The RFP indicates that a QA Plan is due within 30 days of an approved contract.  Could the Department please provide an estimated date of contract execution if a non-incumbent bidder is selected?	Please refer to section 1.0 Calendar of Events that indicates the anticipated Contract Start Date for a new vendor and for an incumbent vendor.
78	4.1.7 Quality Assurance, Proactive Surveys and Complaint Resolution, Tasks/Deliverables, Page 15	Regarding this paragraph: “Resolve enrollee, transportation provider and medical practitioner complaints within ten (10) business days from the date the complaint was received. Monthly, the contractor shall report the findings of the complaints to the complainants and the DOH.”  Could the Department please provide... What types of complaints are received? Volume of complaints? What is the mechanism for triggering a complaint; phone, written?	Types of complaints received can be anything negative an enrollee, transportation provider or medical provider experiences throughout the Medicaid transportation process. Some examples include but are not limited to: abusive behavior, misconduct, poor vehicle condition, late pick-up, driver or enrollee no-show, safety issues, possible fraud, and/or incentivizing rides.  The volume of these complaints vary month to month by region. The Department does not currently track this information.  Complaints can be reported in a variety of ways including telephone, email, US postal mail and also by accessing the contractor’s complaint portal on their respective websites.
79	Scope of Work, 4.1.7 Quality Assurance, Tasks/Deliverables, Page 15	Regarding the content “Resolve enrollee, transportation provider and medical practitioner complaints within ten (10) business days from the date the complaint was received. Monthly, the contractor shall report the findings of the complaints to the complainants and the DOH. Take measures to minimize unforeseen complaints and operational issues using, but not limited to, conducting a proactive survey(s) developed	The submission of information in the monthly summary will be agreed upon by the Department and the awarded contractor.

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		<p>by the contractor and approved by the DOH. Provide a monthly summary to the DOH detailing, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>•Outcome of the proactive survey(s);</li> <li>•Other approved measures proposed by the contractor; and</li> <li>•Complaint resolution processes”</li> </ul> <p>Is the report required as a separate file or can it be incorporated with other data feeds?</p>							
80	<p>Scope of Work, Section 4.1.7, Quality Assurance, Transportation Provider Performance, Scope of Work, Page 16</p>	<p>Could the Department please provide statistics on the number of transportation providers currently in the NEMT provider network for each respective region and the percentage who are considered substandard?</p>	<p>The figures in the table below are as of June 27, 2019.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Region</th> <th># of Transportation Providers Enrolled in eMedNY</th> </tr> </thead> <tbody> <tr> <td>Long Island</td> <td>112</td> </tr> <tr> <td>Western</td> <td>215</td> </tr> </tbody> </table> <p>While there are specific requirements for transportation providers enrolled in in the New York State Medicaid Program, the Department does not have information pertaining to providers considered to be substandard.</p>	Region	# of Transportation Providers Enrolled in eMedNY	Long Island	112	Western	215
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81	<p>Scope of Work, Section 4.1.7, Quality Assurance, Transportation Provider Performance, Scope of Work, Page 16</p>	<p>Could the Department provide a threshold for how long a document verification is valid?</p>	<p>The question is unclear; therefore, the Department cannot provide a response.</p>						

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82	Scope of Work, Section 4.1.7, Quality Assurance, Transportation Provider Performance, Scope of Work, Page 16	What constitutes a pattern of substandard performance by a provider requiring submission for Corrective Action for the Department?	<p>See Section I – Requirements for Participation regarding performance expectations and requirements listed on page 4 of 65 of the Transportation Policy Manual, (February 1, 2019).</p> <p>See Section II – Transportation Services, Subsection Services Complaints on page 8 of 65.</p> <p>Link to Manual:  <a href="https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf">https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf</a></p> <p>Examples of concerns may include but not be limited to: a Transportation Provider consistently demonstrating a pattern of substandard performance, there is a dramatic increase in concerns, or if there is a concern that requires immediate action.</p>
83	Section 4.1.10, Standard Operating Written Procedures and Guidelines, Scope of Work, Page 18	Do changes in operating written procedures and guidelines require Department review and approval?	Yes.
84	Section 4.1.11, Project Implementation, Scope of Work, page18, paragraph 1	<p>Regarding- Project Implementation  The contractor will begin managing transportation in the specified region they are awarded on or about June 1, 2020.</p> <p>When is the anticipated contract <u>award</u> date?  What is the expected implementation timeline/duration if a new contractor is chosen to provide services? 03/01/2020 to 06/01/2020?</p>	Yes, see response to Question #77.
85	Section 4.1.11, Project	Regarding-	The current systems supported by the New York State’s Fiscal Agent at eMedNY can accept file-based transactions through the use of a FTP

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	Implementation, Scope of Work, page 18, paragraph 2, bullet 4	<ul style="list-style-type: none"> <li>The necessary system changes have been made to transmit authorization data to the DOH’s Medicaid prior authorization and payment system;</li> </ul> <p>Will the Department allow a network communication using an internet site secure VPN tunnel for accessing the Department system?</p> <p>Can the Department support SFTP (ftp over ssh) for secure data transmission?</p>	<p>connection over Telephone Modem, FTP over VPN, SOAP over Internet and SFTP over Internet connection. Such connections support batch files with large item transactions as well as single transaction files. All transactions must be in an acceptable HIPAA Compliant format as governed by the eMedNY companion guide.</p> <p>The state’s fiscal agent accepts HIPAA compliant transactions as outlined in <a href="http://www.eMedNY.org">www.eMedNY.org</a> such as CPU-to-CPU – Batch and CPU-to-CPU link is reserved for submitters, such as a Service Bureau, who have established that they currently submit a high volume of data to eMedNY, on a consistent basis, over a single-source User ID and need a persistent VPN connection to eMedNY. Instructions related to Transactions can be found by accessing the link below.  <a href="https://www.emedny.org/HIPAA/5010/transactions/eMedNY_Trading_Partner_Information_CG.pdf">https://www.emedny.org/HIPAA/5010/transactions/eMedNY_Trading_Partner_Information_CG.pdf</a></p> <p>See also response to Question #59.</p>
86	Project Implementation, 4.1.11, Scope of Work, page18, paragraph 1, Tasks/Deliverables, Page 18	When can the selected bidder expect to engage with the Department regarding the implementation plan? Will the Department engage with a non-incumbent selected bidder before 03/01/2020 to collaborate on the implementation plan?	If the contract is awarded to a new vendor, the new awardee is not able to commence any contract related work until the 03/01/2020 start date.
87	Project Implementation, 4.1.11, Tasks/Deliverables, Page 18	If the same non-incumbent bidder is selected for both regions, does the Department anticipate working with a single point of contact at the selected bidder for both regions?	See response to Question #31.
88	Section 4.3, Record Keeping and Reporting,	Could the Department please provide details on what is expected within the Field Liaison Activity Report? (what is a Field Liaison)?	Please see Section 4.1.6. A field liaison is a member of the contractor’s staff who works closely with local stakeholder or enrollees in the



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	Scope of Work, Page 20		county and/or throughout the region and would possess knowledge of the Medicaid Program, Policies and necessary operating procedures.  The Field Liaison Activity Report performed by the contractor's staff should include, but not be limited to, examples of outreach efforts and/or trainings conducted, issues that have been communicated from stakeholders or enrollees within a certain geographic area, and any other pertinent information identified by the Contractor.
89	Scope of Work, Section 4.3, Record Keeping and Reporting, Scope of Work, Page 20	Could the Department please provide the procedure for receiving or filing an accident report when an enrollee is in the vehicle?	See Section 4.3. The Transportation Provider Accident Report may be sent electronically to the Department in a method agreed upon by the Department.
90	Administrative Information, 5.9 Subcontracting, Administrative Information, Page 31	Could the Department please confirm staffing agencies are considered a contractor and not subcontractors if we are to use them for call center personnel.	The selected contractor is allowed to use staffing agencies for call center personnel.
91	Section E.11, Project Implementation, Technical Proposal, Page 45	The RFP requests a brief workplan for the full term of the contract with proposal submission. Does the Department anticipate that bidders submit a workplan reflecting daily program operations after implementation is complete in addition to a date-specific workplan focused on implementation?	The Department expects bidders to submit a workplan for the full term of the contract as described the Technical Proposal Section E.11.
92	Method of Award, 8.3 Technical Evaluation, Method of Award, Page 50	The way we read the scoring is that you divide the highest proposal's score by the score of the proposal being evaluated to get to the technical score for the proposal. If the highest technical score is 70 and the next highest score is 62, it seems like the calculated score for the second-highest proposal would either be $70/62 \times 75$ (or 79.03) or $75/62 \times 75$ (90.7).	See Amendment #1.

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		Could the Department please provide any additional information to help us better understand the technical scoring piece?	
93	Section 8.4, Cost Evaluation, Cost Evaluation, Page 51	Could the Department please provide how will a total price be determined for scoring?	Specific evaluation criteria will not be released.
94	16. NO ARBITRATION, Attachment 8, Page 8	Could the Department please provide what is considered as a "competent jurisdiction"?	A court of competent jurisdiction would be a New York State court that has authority to adjudicate the specific matter under dispute and has jurisdiction over the parties.
95	Section III.C, DOH Agreement	Will the Department allow the Contractor a reasonable period (for example, 30 days) to cure any failure to meet Contract requirements prior to termination as noted in Section III.E?	The Department will not offer a contractual cure period.
96	Section III.F, DOH Agreement	Upon cancelation of the Contract by the Department without cause, will the Department add a clarification to this section that it will pay Contractor in full for all services provided to the Department to the cancelation date, except those that are the subject of a good faith dispute?	As part of the Bidder’s Certified Statements (Attachment M), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
97	Section III.F, DOH Agreement	Upon cancelation of the Contract by the Department without cause, will the Department clarify that it will pay Contractor for reasonable, proven and direct costs expended by Contractor solely for the Contract that cannot be recouped?	See response to Question #96.
98	Section IX(E)(5), DOH Agreement	Section IX(E)(5) does not apply to this Contract. Will the Department please add to this section to clarify the Contractor’s ownership rights? Sample text follows: “Notwithstanding anything to the contrary contained herein, any and all intellectual property or other proprietary data owned by Contractor prior to the effective date of this Contract or developed by Contractor outside of the scope of this Contract or in	As part of the Bidder’s Certified Statements (Attachment M), bidders are required to certify that they accept the contract terms and conditions as set forth in the RFP. NYSDOH reserves the right to negotiate terms of the contract that are non-material in nature with the contract awardee, within the scope of the RFP and in the best interests of New York State. Nonetheless, bidders must be fully

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		the course of performance of this Contract but not as a deliverable to the Department (“Contractor Information”) shall remain the exclusive property of Contractor even if such Contractor Information is embedded or otherwise incorporated into the services provided to the Department. Contractor hereby grants the Department a royalty-free, nontransferable license to use the Contractor Information solely to the extent necessary to use the services provided by Contractor under this Contract.	prepared to accept all of the terms and conditions as set forth in the RFP without modification should NYSDOH determine that that constitutes the best interests of New York State.
99	Table 1: Contractor Performance Standards, Call Center: Timeliness Service Level Metrics, Scope of Work, Page 22	Could the Department please confirm that the performance standards for queue time and hold time per call are based on a monthly average measurement base of calls answered in the month?	Please see Section 4.4 Performance Standards.  The first Call Center Compliance area pertaining to a 95% or greater compliance rate, is based upon a monthly average of all calls.  The second Call Center Compliance area pertaining to a 95% or greater compliance rate, is not a monthly average of calls answered, rather it is based on <i>any</i> call placed on hold for 15 minutes or greater.
100	Section IX(J), DOH Agreement	Will the Department consider revising “intentional act or negligence” in this section to read, “negligent actions or willful misconduct?”	This section will not be modified. The Contract language serves the best interest of the Department.
101	N/A, DOH Agreement	The Contract does not contain a limit on Contractor’s liability. We request that the Department insert a commercially reasonable aggregate limit of liability based on contract value, and also exclude liability for indirect and consequential damages, including loss of profit.	The Department will not agree to a limitation on Contractor’s liability.
102	Table 1: Contractor Performance Standards, Call Center: Timeliness Service Level	Could the Department please provide insight into how the hold time, per call placed on hold, is calculated today? For example, is hold time included in the average talk time information provided in Attachment H, Tables 7b, 8a, and 8b? Or is the hold time per call information captured and reported separately?	Please see Section 4.4 Performance Standards.  Hold time is the length of time when a caller is placed on hold after the initial time a live call center operator picks up the call and then places the caller on hold.  Hold time does <u>not</u> include average talk time, nor does it include length of time when a caller is placed on hold, so that a call center

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	Metrics, Scope of Work, Page 22		operator can arrange for his/her transportation or perform other necessary functions to accommodate the enrollee’s needs.																								
103	Reimbursement, Page 6, Paragraph 2	Please provide the total cost public transit for 2016, 2017 and 2018.	<p>See tables below for the total reimbursement costs for public transit during SFYs 2016, 2017 and 2018.</p> <p>This information is provided as an indication of past reimbursement and is not a guarantee of future reimbursement. Actual reimbursement may be higher or lower.</p> <table border="1" data-bbox="1276 751 1845 854"> <thead> <tr> <th colspan="4"><u>Western</u> - Public Transit Reimbursement</th> </tr> <tr> <th>SFY</th> <th>2018-19</th> <th>2017-18</th> <th>2016-17</th> </tr> </thead> <tbody> <tr> <td>Cost</td> <td>\$3,603,546</td> <td>\$3,539,599</td> <td>\$3,156,231</td> </tr> </tbody> </table> <table border="1" data-bbox="1276 883 1845 985"> <thead> <tr> <th colspan="4"><u>Long Island</u> - Public Transit Reimbursement</th> </tr> <tr> <th>SFY</th> <th>2018-19</th> <th>2017-18</th> <th>2016-17</th> </tr> </thead> <tbody> <tr> <td>Cost</td> <td>\$237,287</td> <td>\$214,852.75</td> <td>\$158,335.25</td> </tr> </tbody> </table>	<u>Western</u> - Public Transit Reimbursement				SFY	2018-19	2017-18	2016-17	Cost	\$3,603,546	\$3,539,599	\$3,156,231	<u>Long Island</u> - Public Transit Reimbursement				SFY	2018-19	2017-18	2016-17	Cost	\$237,287	\$214,852.75	\$158,335.25
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104	Reimbursement, Page 6, Paragraph 2	Please provide the total cost of commercial transportation including meals/lodging for 2016, 2017 and 2018.	<p>Please see the table in response to question #10 which breaks down monthly reimbursement costs for each region for SFY 18-19. <del>The Department cannot provide the breakdown of commercial transportation costs.</del></p> <table border="1" data-bbox="1262 1170 1583 1438"> <thead> <tr> <th colspan="2"><u>Long Island Region</u></th> </tr> <tr> <th colspan="2"><u>Commercial transportation costs for meals/lodging during 2016-2018</u></th> </tr> </thead> <tbody> <tr> <td><u>2016</u></td> <td><u>\$64,828.96</u></td> </tr> <tr> <td><u>2017</u></td> <td><u>\$137,067.91</u></td> </tr> <tr> <td><u>2018</u></td> <td><u>\$117,361.75</u></td> </tr> </tbody> </table> <table border="1" data-bbox="1262 1468 1583 1500"> <thead> <tr> <th colspan="2"><u>Western NY Region</u></th> </tr> </thead> <tbody> </tbody> </table>	<u>Long Island Region</u>		<u>Commercial transportation costs for meals/lodging during 2016-2018</u>		<u>2016</u>	<u>\$64,828.96</u>	<u>2017</u>	<u>\$137,067.91</u>	<u>2018</u>	<u>\$117,361.75</u>	<u>Western NY Region</u>													
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			<p style="text-align: center;"><u>Commercial transportation costs for meals/lodging*** during 2016-2018</u></p> <table border="1"> <tr> <td><u>2016</u></td> <td><u>\$41,924.81</u></td> </tr> <tr> <td><u>2017</u></td> <td><u>\$106,973.56</u></td> </tr> <tr> <td><u>2018</u></td> <td><u>\$101,186.60</u></td> </tr> </table> <p><u>***The current Transportation Manager’s system is unable to associate and link commercial travel prepaid costs (Transport &amp; Lodging) with post trip ancillary fee reimbursement (Meals).</u></p>	<u>2016</u>	<u>\$41,924.81</u>	<u>2017</u>	<u>\$106,973.56</u>	<u>2018</u>	<u>\$101,186.60</u>
<u>2016</u>	<u>\$41,924.81</u>								
<u>2017</u>	<u>\$106,973.56</u>								
<u>2018</u>	<u>\$101,186.60</u>								
105	Trip Data, Attachment H, Table 2	Please explain the increase in trip volume between 2016 – 2017, while overall membership decreased those years.	<p>The increase in trip volume is largely at the taxi/livery level of service. Several Department initiatives have led to more Medicaid enrollees accessing more Medicaid covered services. The state has seen an increase in transports to mental/behavioral health and substance abuse treatment services and new initiatives for Medicaid covered services.</p> <p>This information is provided as an indication of past volume and is not a guarantee of future volume. Actual volume may be higher or lower.</p>						
106	Data Points, Attachment H	Will the state please provide current 2018 data for the bidders to review?	<p><del>The Department does not have this information.</del>  <u>See Amendment #5, Revised Attachment H, dated August 20, 2019.</u></p>						
107	Medical Justifications, Attachment H, Table 9a/b	<p>Can the state explain why the numbers for LI medical justification are so much lower than the Western Region when membership is similar?</p> <p>Would the State say they are satisfied with the LI medical justification process?</p>	<p>Differences in the volume of Medical justifications reported in <u>Revised Attachment H, dated August 20, 2019</u> Table 9a and 9b may be attributed to the geographic differences of each region and the enrollee’s transportation needs.</p> <p>This question is not relevant to the development of a proposal under this RFP.</p>						
108	Urgent Care, Scope of Work	Please provide the number of Urgent care/same day request for 2016, 2017 and 2018.	<p><del>The Department does not have this information.</del>  <u>Please see the response to Question #37.</u></p>						

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109	Transportation Providers, Introductory Background	Please clarify the successful bidders’ responsibilities to the States transportation provider network. IE Do we monitor insurance? What happens if the bidder becomes aware that they provider lapsed in their insurance?	<del>This question is unclear; therefore, the Department is unable to provide a response.</del> <u>The transportation manager procured by this RFP has no responsibility to ensure that transportation provider insurance requirements are met.</u>
110	Transportation Providers, Attachment H, Introductory Background	Can the successful suspend transportation providers who are failing to meet timely pick up and drop offs?	Please refer to section 4.1.7 Quality Assurance, subsection Transportation Provider Performance, where it states, “Transportation providers that have demonstrated a pattern of substandard performance will be asked by the contractor to submit a corrective action plan subject to the review and approval by the contractor and the DOH. If the provider continues to deliver substandard services, the information will be referred to the DOH with a recommendation for administrative action.”
<b>*Additional questions numbering 111-210 have been added and are incorporated below.</b>			
111	1.0 Calendar of Events	Can DOH provide the estimated award date? This will help bidders develop the timeline for the implementation plan.	It is anticipated that all bidders will be notified of the outcome of the procurement process prior to the anticipated contract start date stated in the Section 1.0 Calendar of Events.
112	1.0 Calendar of Events	The table outlines 3/1/20 as the anticipated start date for a new vendor, and 6/1/20 as the anticipated start date for the incumbent vendor. Please confirm that this means if a new vendor is selected, 3/1/20 will be the start of the implementation period with transportation services going live on 6/1/20.	The dates listed in Section 1.0 are the anticipated contract start dates for the incumbent vendor and a new vendor.
113	4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals	Will DOH consider allowing “Work from Home” agents within the state of New York to field calls for the program?	No, this is not acceptable.
114	4.1.4 Processing Requests for Medical Transportation	Will DOH provide a weekly/daily eligibility file to the contractor? Or will the contractor be required to confirm each individual’s eligibility by accessing the State-operated eligibility verification system during each reservation call? Please consider providing the information in	See response to Question #43.

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		834 format or 270/271 functionality at least monthly and preferably with daily change files.	
115	4.1.4 Processing Requests for Medical Transportation	Would the new contractor be allowed to grandfather in the current mode of transportation assessed and approved for each member to reduce burden on the member and their medical providers? Even if the new vendor is required to re-verify each member, will DOH supply the new vendor with the Form-2015 currently on file for all members during implementation to facilitate that process?	See response to Question #13.
116	4.1.7 Quality Assurance, Proactive Surveys and Complaint Resolution	How often will the contractor be required to conduct proactive surveys? In our experience, surveys are more effective (higher participation rates and better feedback) when conducted less frequently. Will DOH allow the contractor to conduct surveys on a semi-annual basis?	See response to Question #14.
117	4.1.8 Enrollee and Transportation Provider Fraud	Regarding the 10% pre- and post-verifications, the RFP states that they must be conducted using “a methodology approved by DOH.” Can DOH specify the methodology in use today?	The Department will not provide this information.
118	4.2.2 General Requirements	Can DOH provide the number of staff currently servicing the program in both regions? If possible, please provide a breakdown by full-time/part-time status and work function.	It is the contractor’s responsibility to determine the sufficient level of staffing required to meet all the requirements of this RFP. The Department does not have this information.
119	4.3 Record Keeping and Reporting	Can DOH provide a copy of the past three monthly reporting packages for each of the regions?	The Department will not release this information.
120	4.7 Security	Will DOH consider HITRUST certification and documentation in lieu of vendor completing the System Security Plan (SSP)?	No. The System Security Plan (SSP) is a requirement of the contractor to complete. The awardee may wish to work with an entity to assist in developing the SSP. See Section 4.7 Security for further detail.
121	4.8 Transition	In case of an increase or decrease of work required to perform this contract due to a transition, how does DOH plan to address the compensation adjustment? We are specifically concerned with a change that may move enrollees from one category of eligibility to another without changing the overall member count.	The Department is seeking bid prices from vendors that have the ability to accommodate fluctuations.

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122	5.5 Minority & Woman-Owned Business Enterprise Requirements	Is the current vendor meeting the M/WBE requirements? If so, what services are they subcontracting to meet the goals? If not, what percentage are they meeting?	See response to Question #24.		
123	5.5 Minority & Woman-Owned Business Enterprise Requirements	Can transportation providers be used to meet the M/WBE goals? If so, because actual transportation costs are not included in the bid price, please clarify how the percentage of participation is to be calculated.	No, transportation providers cannot be used to meet the MWBE goals. The 30% MWBE goal applies to the total value of the contract.		
124	7.0 Proposal Submission	The RFP specifies that bidders are not to submit any appendices, and that no appendices will be evaluated. However, the RFP also requests a copy of bidders’ Quality Assurance Plan (page 43), Sample Monthly Report (page 45), Implementation Plan (page 45), and other items that would normally be included as appendices. Will DOH please clarify how bidders are to submit specifically requested documents if not as appendices?	All information requested in the RFP can be submitted within the Proposal sections without the need for Appendices.		
125	Attachment H	The data provided is over a year and a half old. Can DOH please provide full 2018 data at a minimum, and 2019 year-to-date data if available?	See Amendment #5, Revised Attachment H dated August 20, 2019.		
126	General	Does the selected vendor need to submit encounter files to the plan? If so, are these to be in the standard 837 format?	No. As transportation is “carved out” of the mainstream managed care benefit there is no requirement to send encounter files to plans.		
127	General	Can DOH please clarify whether the use of transportation network companies (TNCs) such as Uber or Lyft is acceptable to meet enrollee transportation needs, when the enrollee has been determined capable of using such services?	Transportation is arranged at the most cost effective and medically appropriate mode necessary to meet the basic health needs of the enrollee. If the needs of enrollees are met by utilizing enrolled TNCs, then, yes, using TNCs would be an option.		
128	Attachment H	What is the average number of trips per bus pass issued?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Western NY Region Trip Volume – Avg. Number of Bus Passes Issued per Month (2018)</td> </tr> <tr> <td style="text-align: center;">Avg per month: 6,295</td> </tr> </table>	Western NY Region Trip Volume – Avg. Number of Bus Passes Issued per Month (2018)	Avg per month: 6,295
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			Long Island Region Trip Volume – Avg. Number of Bus Passes Issued per Month (2018)
			Avg per month: 8,460
129	Attachment H	Are public transit totals from 2017 data the total number of one-way trips, or the total number of bus passes issued per month?	Both. See Revised Attachment H, dated August 20, 2019. These figures include public transits scheduled as a 1-way leg, round trip pass, weekly and monthly passes.
130	Attachment H	Please confirm all data points in Attachment H are accurate.	See Amendment #5, Revised Attachment H, dated August 20, 2019.
131	Attachment H	Can NY DoH provide any 2018 data for these 2 regions?	See Amendment #5, Revised Attachment H, dated August 20, 2019.
132	Attachment H	Please confirm call volume during non-peak hours (6:01pm-6:59am) are correct for each region	See Amendment #5, Revised Attachment H, dated August 20, 2019.
133	Attachment H, Table 7a	This table refers to “All Telephone Lines” and a “Reservation Line Only”. Please clarify whether a Reservations Only Line is required.	No, a Reservations Only Line is not a requirement.
134	Attachment 5, Form #4 MWBE	If staff for this contract is hired upon award, can form #4 be submitted after award but before go live? Would NY DoH accept Form #4 completed with current staffing as an example of typical M/WBE staffing of other contracts by the bidder?	Yes, form #4 can be submitted after award but before go live. No, the form is for actual staff working under the contract only. It can be completed once staff are fully identified.
135	Page 4, Section 1.0	Does NY DoH have an estimated contract award date?	It is anticipated that all bidders will be notified of the outcome of the procurement process prior to the anticipated contract start date stated in the Section 1.0 Calendar of Events.
136	Page 4, Section 1.0	Given that this is a comprehensive RFP and extensive transportation benefit program, would NY DoH consider an extension of the due date by 30-days?	See Amendment #4. The Department has extended the proposal due date to September 17, 2019.
137	Page 5, Section 2.1	Is public transit considered a Medicaid Provider, and payment is made directly from NY DoH? Or is the broker responsible for payment for public transit trips?	When public transit entities are enrolled in NYS Medicaid they are considered to be a Medicaid provider and paid when claims are submitted through the MMIS system. For the bus/passes fares purchased by the contractor from non-enrolled public transit entities, the contractor will submit expenses to be reimbursed by the Department.
138	Page 5, Section 2.1	Which public transit agencies are currently part of the transportation network in the Long Island Region and the Western NY Region?	

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			Public Transit Agencies in the Western NY Region	
			County	Agency Name
			Allegany	Access Allegany
			Cattaraugus	Olean Area Transit
			Chautauqua	CARTS, Chautauqua Area Public Bus
			Erie	NFTA
			Genesee	Batavia Bus Service
			Niagara	NFTA
			Wyoming	Attica Bus Service
			Public Transit Agencies in the Long Island Region	
			Agency Name	Suffolk County Transportation: Bus, SCAT, Transfer. MTA: MetroCards and Long Island Rail Road
139	Page 6, Section 2.1	What is the current reimbursement rate?	The Department is unable to share this information. A FOIL request for the underlying contract or procurement record containing the requested information, may be made by contacting the Department’s Records Access Officer at <a href="mailto:foil@health.ny.gov">foil@health.ny.gov</a> .	
140	Page 6, Section 2.1	Do the PA requirements apply to mileage reimbursement claims?	No, PA requirements do not apply to mileage reimbursement claims.	
141	Page 6, Section 2.1	Does payment to the vendor based on PMPM begin with contract execution, estimated 3/1/2020? Or with program ‘go live’, estimated 6/1/2020? In other words, will a new vendor have a 90-day implementation period during which NY DoH will pay the new vendor based on the new vendor’s contracted PMPM CAP rate?	No, see Section 4.1.11 Project Implementation and Section 5.4 Payment.	

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142	Page 8, Section 4.1.1	If submitting a proposal for both regions, can the primary call center be shared for both regions?	Yes. However, the Primary Call center compliance and performance standards would be associated and apply to each contract separately and each individual contract must meet all specifications and requirements specified in the RFP.
143	Page 8, Section 4.1.1	Is the primary call center required to be in the service region?	See Section 4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals.
144	Page 8, Section 4.1.1	Can the back up call center be located outside of NY?	See Section 4.1.2 Operate a Backup Call Center for Medicaid Eligible Individuals.
145	Page 9, Section 4.1.2	Please confirm whether non-peak calls must be answered with a live agent? At the NY Contact Center location?	Yes. Non-peak calls are to be answered by a live agent. See Section 4.1.1 , paragraph 3, whereby it states, "...The contractor shall maintain sufficient personnel to perform the functions required of the call center from the peak-hours of 7:00 a.m. through 6:00 p.m. Eastern Standard Time, Monday through Friday; during non-peak hours (6:01 p.m.-6:59 a.m.) and 24 hours a day on weekends to perform management of all trip requests including for urgent, life sustaining and/or sick visit appointments."
146	Page 11, Section 4.1.4	Does the RN/MD need to be on site at the NY location?	It is expected that the contractor will provide RN(s) and/or MD(s) to fulfill the scope of work of this RFP/contract.
147	Page 11, Section 4.1.4	Does the RN/MD need to be a full time?	The minimum staffing requirements for the Registered Nurse (s) (RNs) and/or Medical Doctor(s) (MDs) can be found in Section 4.2. Core Management Team.  The contractor shall maintain sufficient personnel to perform all functions (Section 4.0 Scope of Work) required to operate the call center during peak and non-peak hours.
148	Page 12, Section 4.1.4	Is a trip attestation required for all trips?	Yes. The Department requires the transportation provider to attest to each trip that has been assigned to them, regardless if the trip is completed or not.
149	Pages 19 & 46	The RFP specifies on page 19 that resumes of core management and medical staff should be included; then on page 46 that resumes should not be included and will not be evaluated. Please clarify.	Resumes for core management team and RNs/MDs are to be provided for Department's review prior to the start of the work. In the

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			technical proposal narrative section, resumes are not required, should not be submitted and will not be evaluated.
150	Page 22, Table 1	Is a HIPAA violation considered a data breach?	A HIPPA violation could be considered a data breach depending on how the information was divulged.
151	Page 24, Section 4.8	What would NY DoH do if they transitioned Members currently managed under MOCs to this transportation program?	If the question was referring to “MCOs”, currently all mainstream managed care transportation benefits are “carved out” of plan and are handled fee-for-service. If MLTC transportation benefits become carved out, the appropriate regional Transportation Manager would manage that transportation.
152	Page 32, Section 5.11	Please clarify what the NY DoH considers proprietary Intellectual Property.	Section 5.11, Freedom of Information Law (“FOIL”) discusses proprietary information. The bidder must clearly and specifically identify any portion of the proposal that a bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law.
153	Page 39, Section E	Please clarify if the questions to be answered in the Technical Proposal are Section 4.0 Scope of Work or in Section 6.2 Technical Proposal.	The Scope of Work, Section 4.0, within the RFP describes the tasks and deliverables the transportation management contractor is required to provide once the contract is in place.  The Bidder should provide a response to each item in the Technical Proposal, section 6.2.
154	Page 45, Section E.12	Is there a defined management structure that needs to be maintained at the NY based Contact Center?	See requirements outlined in Section 4.2 Staffing. The success of the contractor will rely in part on the competence and character of the core management team, the location, and their accessibility of the contracted region(s). See Section 4.2.2 General Requirements. The contractor shall maintain sufficient personnel to perform all functions required to operate the call center during peak and non-peak hours.
155	Page 45, Section E.12	Can key staff, including medical staff, be hired upon notice of award?	It is the responsibility of the contractor to determine. See response to Question #154.
156	Page 48, Section 7.1	Should the Administrative Proposal be submitted separate from the Technical Proposal and Cost Proposal?	Yes. See requirements outlined in Section 6.0 Proposal Content and 7.0 Proposal Submission.

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157	Page 51, Section 8.5	Are there incentives offered by the State of NY for employing a certain class of employees in the NY based contact center?	No.
158	Page 51, Section 8.5	Does NY DoH offer not-for-profit proposers any additional points during evaluation?	No.
159	Page 5	What is the breakdown of programs to be covered under this contract, by enrollment?	See section 2.1 Introductory Background for current Medicaid programs.
160	Page 6	The transportation manager will pay up from for DOH approved enrollee transportation expenses such as mileage reimbursement, public transportation and commercial transportation. What is the currently monthly expenditures for each of these items?	See response to Question #10 for the monthly range of payments during SFY 2018.
161	Page 9	The contractor shall maintain a system to transcribe calls at the DOH's request. Is this a current program requirement?	No.
162	Page 10	The contractor will make requested changes to the website within three (3) business days of request by the DOH. What types of requested changes will be expected to be completed within 3 business days?	See response to Question #55.
163	Page 10	Processing requests for medical transportation: The contractor will interview the individual using a DOH approved script to confirm... Does a sample script currently exist? Can it be shared?	It is the responsibility of the contractor to develop the script for the Department's review and approval. The Department will not provide a sample script.
164	Page 11	How is arranging transportation with the highest quality provider currently achieved?	Please see answer to question #166.
165	Page 11	Transportation will be assigned giving appropriate and reasonable consideration to the transportation needs of the enrollee. Will members historically assigned MOT be provided and can it be continued or will it need to be re-evaluated as part of implementation?	Members' usual method of transportation will be provided. Method of transportation must be periodically reevaluated to ensure appropriateness.
166	Page 11	Rides Assignment System: If no transportation provider preference is expressed by the enrollee, the contractor will assign trips via a simple rotation system approved by the DOH. This appears to conflict with the earlier reference arranging with the provider of the highest quality as a requirement.	The contractor will assign trips via a simple rotation system approved by the Department. The Department has and will continue to impose sanctions against transportation providers that do not meet quality standards. Such sanctions may include, but not be limited to, limiting the number of ad hoc trip assignments, or in the most egregious instances, suspension from the Medicaid system. The Department is

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			considering ways to implement quality ratings into the rotation system and will advise the contractor in the event of any policy change.												
167	Page 11	Upon receipt of the completed Form 2015 the information shall be reviewed by the utilization review team. Is the contractor required to have a utilization review certification/license from NYS?	No, the contractor is not required to have a utilization review certification/license from NYS. However, the contractor is required to have a Registered Nurse or a Medical Doctor on staff to serve in the capacity of a utilization review manager. See Section 4.1.4 Processing Requests for Medical Transportation, subsection, Medical Justification Review Verification of Medicaid Transportation Abilities (Form-2015).												
168	Page 12	With regard to the verification of Medicaid transportation abilities document and the review timeframe, what is the current benchmark? Is the review timeframe expected to change?	See response to Question #56.												
169	Page 13	What is the current volume of fair hearings per X members?	See response to Question #70.												
170	Page 13	What is the annual volume of phone conferences requested by enrollees?	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">Annual volume of phone conferences requested by enrollees during 2018 in Long Island Region</td> </tr> <tr> <td style="text-align: center;">2018</td> <td style="text-align: center;">48</td> </tr> <tr> <td style="text-align: center;">YTD Jan-Jul</td> <td style="text-align: center;">36</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td colspan="2" style="text-align: center;">Annual volume of phone conferences requested by enrollees during 2018 in Western NY Region</td> </tr> <tr> <td style="text-align: center;">2018</td> <td style="text-align: center;">11</td> </tr> <tr> <td style="text-align: center;">YTD Jan-Jul</td> <td style="text-align: center;">5</td> </tr> </table>	Annual volume of phone conferences requested by enrollees during 2018 in Long Island Region		2018	48	YTD Jan-Jul	36	Annual volume of phone conferences requested by enrollees during 2018 in Western NY Region		2018	11	YTD Jan-Jul	5
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171	Page 13	What is the mileage definition of CMMA by county?	There is no mileage definition of CMMA by county, however, the definition of the "Common Medical Marketing Area" is defined as the geographic area from which a community customarily obtains its medical care and services". Refer to Attachment I, 18 NYCRR §505.10(b)(5)																					
172	Page 13	What is the breakdown and current annual volume of Special Transportation Requests?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Current annual volume of Special Transportation Requests in Western NY Region during 2018</td> </tr> <tr> <td style="text-align: center;"><b>Request type</b></td> <td style="text-align: center;"><b>Trip Volume</b></td> </tr> <tr> <td>Standing Orders (SO)</td> <td style="text-align: center;">22,991</td> </tr> <tr> <td>Trips to Day Programs</td> <td style="text-align: center;">17,419</td> </tr> <tr> <td>Trips outside the Common Medical Marketing Area</td> <td style="text-align: center;">4,151</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Current annual volume of Special Transportation Requests YTD Jan-July 31, 2019 in Long Island Region</td> </tr> <tr> <td style="text-align: center;"><b>Request type</b></td> <td style="text-align: center;"><b>Trip Volume</b></td> </tr> <tr> <td rowspan="2" style="vertical-align: top;">Standing Orders (SO)</td> <td style="text-align: center;">pre-scheduled SO: 4,605</td> </tr> <tr> <td style="text-align: center;">trip legs: 747,327</td> </tr> <tr> <td>Trips to Day Programs</td> <td style="text-align: center;">22,187</td> </tr> <tr> <td>Trips outside the Common Medical Marketing Area</td> <td style="text-align: center;">76,651</td> </tr> </table>	Current annual volume of Special Transportation Requests in Western NY Region during 2018		<b>Request type</b>	<b>Trip Volume</b>	Standing Orders (SO)	22,991	Trips to Day Programs	17,419	Trips outside the Common Medical Marketing Area	4,151	Current annual volume of Special Transportation Requests YTD Jan-July 31, 2019 in Long Island Region		<b>Request type</b>	<b>Trip Volume</b>	Standing Orders (SO)	pre-scheduled SO: 4,605	trip legs: 747,327	Trips to Day Programs	22,187	Trips outside the Common Medical Marketing Area	76,651
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173	Page 14	Education, Training and Outreach: What is the current annual volume of correspondence disseminated in furtherance of this requirement?	<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Long Island Region:</th> </tr> <tr> <td colspan="2">TP Alerts are updated on the website and sent by email. Average number of alerts are 10/year including Corrective Action Plans and Medicaid Alerts.</td> </tr> <tr> <td colspan="2">Program Updates are communicated to medical facilities with on-site in-services and webinars conducted by outreach staff, information posted to the website, and via on the Intelligent Voice Response.</td> </tr> <tr> <td colspan="2">Average number of updates are 40/year. Updates may include weather-related changes, eligibility-related issues and updates to the website.</td> </tr> </table> <table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;">Current Annual Volume of Correspondence Disseminated in the Western Region</th> </tr> <tr> <th style="width: 50%;">2018</th> <th style="width: 50%;">YTD (Jan-Jun) 2019</th> </tr> <tr> <td style="text-align: center;">7,323</td> <td style="text-align: center;">4,665</td> </tr> </table>	Long Island Region:		TP Alerts are updated on the website and sent by email. Average number of alerts are 10/year including Corrective Action Plans and Medicaid Alerts.		Program Updates are communicated to medical facilities with on-site in-services and webinars conducted by outreach staff, information posted to the website, and via on the Intelligent Voice Response.		Average number of updates are 40/year. Updates may include weather-related changes, eligibility-related issues and updates to the website.		Current Annual Volume of Correspondence Disseminated in the Western Region		2018	YTD (Jan-Jun) 2019	7,323	4,665
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174	Page 15	Medical practitioners are required to be trained and have access to an automated system. What is the current participation of medical practitioners from a count perspective? What annual volume of transport requests are generated by medical practitioners in this fashion?	<table border="1" style="width: 100%;"> <tr> <th colspan="2" style="text-align: center;"><b>Automated Online Trip Ordering: Trips Generated by Medical Providers Using Automated System (CY2018) in Long Island Region</b></th> </tr> <tr> <th style="width: 70%;">Year</th> <th style="width: 30%;">Sum of Web Requests</th> </tr> <tr> <td style="text-align: center;">2018</td> <td style="text-align: center;">11,772</td> </tr> </table>	<b>Automated Online Trip Ordering: Trips Generated by Medical Providers Using Automated System (CY2018) in Long Island Region</b>		Year	Sum of Web Requests	2018	11,772								
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			<table border="1"> <tr> <td># of Medical practitioners trained and have access to an automated system.</td> <td style="text-align: center;">40</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>Automated Online Trip Ordering: Trips Generated by Medical Providers Using Automated System (CY2018) in Western NY Region</b> </td> </tr> <tr> <td style="text-align: center;"><b>Year</b></td> <td style="text-align: center;"><b>Total Trips Generated</b></td> </tr> <tr> <td style="text-align: center;">2018</td> <td style="text-align: center;">12,040</td> </tr> <tr> <td># of Medical practitioners are required to be trained and have access to an automated system.</td> <td style="text-align: center;">492</td> </tr> </table>	# of Medical practitioners trained and have access to an automated system.	40	<b>Automated Online Trip Ordering: Trips Generated by Medical Providers Using Automated System (CY2018) in Western NY Region</b>		<b>Year</b>	<b>Total Trips Generated</b>	2018	12,040	# of Medical practitioners are required to be trained and have access to an automated system.	492
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# of Medical practitioners are required to be trained and have access to an automated system.	492												
175	Page 15	What is the benchmark target of volume or percent of X for proactive surveying? Can you share the current survey questions?	The Department does not have an established benchmark target or percent for proactive surveying. No, the Department cannot share the current survey questions. The Department will work with the awardee to develop survey questions.										
176	Page 16	How is most efficient route defined? Shortest mileage or shortest travel time?	The most efficient route is not defined, it could either be the shortest in mileage or the shortest distance in travel time, depending upon the circumstances at the time.										
177	Page 17	Of the required 10% of trips that are required to be pre-verified, what percent of providers actually respond to the inquiry.	<table border="1"> <tr> <td colspan="2" style="text-align: center;">Western NY Region</td> </tr> <tr> <td>% of providers responding to inquiry</td> <td style="text-align: center;">100%</td> </tr> <tr> <td colspan="2" style="text-align: center;">Long Island NY Region</td> </tr> </table>	Western NY Region		% of providers responding to inquiry	100%	Long Island NY Region					
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			% of providers responding to inquiry	67.5%						
178	Page 17	What is the current annual volume of transports for enrollees who have been identified as potential abusers and require pre and post validation of transports?	<table border="1"> <tr> <td colspan="2" style="text-align: center;"># of Trip Verifications for enrollees identified as potential abusers during 2018.</td> </tr> <tr> <td>Western NY Region</td> <td>105,389</td> </tr> <tr> <td>Long Island Region</td> <td>14,156</td> </tr> </table>		# of Trip Verifications for enrollees identified as potential abusers during 2018.		Western NY Region	105,389	Long Island Region	14,156
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179	Page 19	Does references to being on staff for the RN and MD require them to be full time, W2 employees of the organization? Is this an existing program requirement?	See response to Question #147.							
180	Page 20	Field liaison activity report. Please define requirements and share a sample.	See response to Question #88. The Department cannot share a sample report.							
181	Page 22	Where are liquidated damages defined? Please share accordingly.	It is the maximum total reduction penalty as outlined on page 22, Table 1 of RFP.							
182	Page 24	The Department provides examples of populations to be carved out. What commitment will the Department make with regard to a % of members who are not voluntarily segmented to an alternative program?	The Department is unable to anticipate what percentage of enrollees may be carved out at any point in the future. The second question is unclear; therefore, the Department is unable to provide a response.							
183	Page 28	Are the transportation provide transport volume and spend eligible to be considered as allocations for MWBE?	No, transportation providers cannot be used to meet the MWBE goals. The 30% MWBE goal applies to the total value of the contract.							
184		What types of special arrangement payments are typically made which fall outside the NYS Specified Medicaid FFS fee schedule?	Circumstances whereby special arrangement payments are made outside the FFS fee schedule may include, but not be limited to instances when a NYS enrolled transportation provider is not available to transport eligible enrollees; trips for NYS enrollees taking place outside of NYS, and extraordinary trips requiring special payment to secure transport.							
185		Documentation supports that payment will only be made when a recipient is actually being transported in the vehicle. Please confirm that no payments are made for “cancel at the door”.	Correct, the NYS Medicaid program will only pay transportation claims when the enrollee is transported to/from a Medicaid covered service. Payments are not rendered for “cancel at the door” trips.							

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186		Does the Department have access to State DMV records to ascertain which enrollees have access to vehicles for transportation?	No.
187		If an interested transportation bidder that has been operating for 4 years but has not yet provided non-medical emergency transportation, are they still allowed to submit a bid for this RFP?  - Is there a required number of transportation vehicles for this RFP?  <a href="https://www.health.ny.gov/funding/rfp/17965/index.htm">https://www.health.ny.gov/funding/rfp/17965/index.htm</a>	No. See Section 3.1 Minimum Qualifications.  No, there is not a required number of transportation vehicles for this RFP.
188	Section 2.1, page 5	For those which are not funded, will it be incumbent on these ADHC Centers to provide a list of enrollees to the Transportation Manager? If not, will DOH provide?	The question is unclear, therefore the Department is unable to answer.
189	Section 2.1, page 5	Would the fee for transportation be the same as standard medicaid rates?	Enrollees within Medicaid programs such as TBI, BHCB Non-Medical, HARP and CFCO are included in the per member per month fee for management of Medicaid Transportation. No additional reimbursement payment will be made.
190	Section 4.1.1 and 4.1.2, page 8	Please confirm that the selected vendor may use the required backup center referenced in section 4.1.2 for periods of excessive call volume, after hours, and weekend calls / reservations.	Yes. The backup call center will be utilized when the primary call center is not fully functional, such as during excessive call volume, emergencies, equipment malfunction or during non-peak hours.
191	Section 4.1.4, Page 10	In addition to the eligibility verification system, will DOH or its intermediary send a daily/monthly eligibility file?	Yes. The Department will send a monthly eligibility file.
192	Section 4.1.7, Page 15	Please clarify what is being required and where it should be placed in the response? Will a schematic be sufficient seeing as a final plan is being required 30 days prior to go live?	The Quality Assurance Plan shall include all the necessary components described in Section 4.1.7 and should be included in the Technical Response to Section E.7, Quality Assurance. The Department is uncertain as to what is meant by schematic and therefore is unable to answer that part of the question.
193	Section 4.1.8, Page 17	10% of all trips represents approximately 140,000 trips per year. Historically, NY DOH has not supported requiring facilities to participate in a monthly attendance report process for standing order clients. In other markets, doing so is one of the most effective ways in which post-verification can be achieved. Considering this is a	The Department is committed to working with the successful bidder to develop the most efficient way of verifying standing order attendance. If the online reporting feature referenced in the question meets all security requirements, the Department would consider supporting this option.

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		performance requirement of this RFP and has possible liquidated damages applied for non-compliance, would the Department consider supporting/requiring facilities to supply monthly attendance data via an online reporting mechanism?	
194	Section 5.11, Page 32	Section 6.1 (D) pertains to <i>Vendors Assurance of No Conflict of Interest or Detrimental Effect</i> . Please confirm the passage should read: Section 6.1 (B). Is there prescribed form or format that bidders should use to identify FOIL information?	See Amendment #3. Bidders are not being asked to identify FOIL information. If the bidder believes a portion of their proposal contains proprietary information entitled to confidential handling, it must be clearly and specifically designated in the bidder’s proposal. There is no prescribed form or format required to identify this information.
195	Section 5.4, Page 28	In Section 2.1, the RFP states that DOH envisions the possibility that a portion of the activities/services may transition in or out of the FFS model. However, Section 5.4 states that the contract price shall remain firm for the lifetime of the contract. If a transition occurs that materially changes the scope of the program, will DOH consider a contract price adjustment?	No. There will be no contract price adjustment.
196	Attachment B1 and B2	In light of the intent of DOH to move membership groups in and out of the Fee For Service model, how does the DOH intend to moderate potential exposure for the broker?	See response to Question #121.
197	Section 5.5, Page 28	Does the 30% MWBE goal apply to the amount spent with transportation providers, or does it only apply to the administrative expenses incurred by the broker, which are mainly personnel expenses?	The 30% MWBE goal applies to the total value of the contract.
198	Attachment H	Can you provide data for 2018?	See Amendment #5, Revised Attachment H, dated August 20, 2019.
199	Attachment H	In the Western Region, membership declined in 2017, while trip volume increased significantly. Can DOH provide an explanation for the trip volume increase in 2017?	See response to Question #105.
200	Section 4.4, Page 22	Are the Performance standards currently in place? Will you please provide the latest 2 years of Liquidated Damages dollars assessed to current Broker? Will you please provide which Performance resulted in penalties?	See response to Question #23.
201	Section 4.4, Page 22	Please provide the 2018 and YTD 2019 Monthly Call Center Reports.	The Department is unable to share this information. A FOIL request for the underlying contract or procurement record containing the

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			requested information, may be made by contacting the Department’s Records Access Officer at <a href="mailto:foil@health.ny.gov">foil@health.ny.gov</a> .  Information for submitting FOIL requests can be found at: <a href="https://www.health.ny.gov/regulations/foil/">https://www.health.ny.gov/regulations/foil/</a>
202	Attachment H	Can you please provide Monthly count of Members and trip volume for 2018 and YTD 2019.	See Amendment #5, Revised Attachment H, dated August 20, 2019.
203	Attachment H	Can you please provide monthly call volume and average talk time for 2018 and YTD 2019.	See Amendment #5, Revised Attachment H, dated August 20, 2019.
204	Attachment H	Table 1a shows 5% decrease in Long Island Region Enrollees and Table 2a shows 2% increase in volume. Table 1b shows 8% decrease in Western Region Enrollees and Table 2b shows a 41% increase in Volume. Can the state provide the key driver(s) for the member YoY decline in enrollees? What are the key driver(s) for YoY Increase in volume?	See response to Question #105.
205	Attachment H	In data provided, we have seen YoY decrease (from 2016 to 2017) in enrollees, has the trend continued in 2018 and beyond? If so, can the state provide YoY percentage decrease? In addition, can the state please provide the reason(s) for the continued decline in enrollees?	If YOY means year over year, see response to Question #105.
206	Attachment H	In data provided, we have seen YoY increase (from 2016 to 2017) in trips, has the trend continued in 2018 and beyond? If so, can the state provide YoY percentage increase? In addition, can the state please provide the reason(s) for the continued increase in trips?	See Amendment #5, Revised Attachment H, dated August 20, 2019. For the reason(s) for a continued increase in trip volume, see response to Question #105.
207	Section 2.1, Page 6	Will you please provide examples of "cohorts" that are being considered for transition? Are substance abuse, mental health, or other high utilization member groups in consideration?	See Section 2.1 Introductory Background, page 6 of the RFP for three bulleted examples of cohorts that may be considered for transition in or out of the FFS model.  The Department is unable to speculate on high utilizations member groups.

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208	Section 4.1.7 Paragraph 3, Page 16	Will you please elaborate on the performance standard and specific data points to measure?	<p>The Department will work with the awardee to set up performance measurables in areas that include, but not limited to:</p> <ul style="list-style-type: none"> <li>• Any incentivizing of enrollees during trips</li> <li>• Driver Safety &amp; Conduct</li> <li>• Heat/AC</li> <li>• Inappropriate Behavior</li> <li>• Late Pick-Up or Return</li> <li>• No Shows</li> </ul>
209	Section 4.1.7 Paragraph 7, Page 16	Will you please elaborate on the consumer satisfaction criteria and specific data points to measure?	<p>Consumer satisfaction criteria is largely based on the enrollee’s experience with the transportation provider. Data points measured should include but be limited to:</p> <ul style="list-style-type: none"> <li>• Any incentivizing of enrollees during trips</li> <li>• Driver Safety &amp; Conduct</li> <li>• Heat/AC working properly within the vehicle</li> <li>• Inappropriate Behavior</li> <li>• Late Pick-Up or Return</li> <li>• No Show</li> </ul>
210	Attachment H	Will you please provide estimates of average monthly membership for the RFP years?	The Department is unable to provide estimates for average monthly membership during the RFP years.