A Request for Proposal for
New York State Medicaid Transportation Management Initiative –
Hudson Valley Region

RFP #16267

QUESTIONS AND ANSWERS

November 19, 2015

REGULATIONS/LAW/POLICY

1. Will the New York State Medicaid Transportation Management Initiative – Hudson Valley Region contract expires as early as June 9, 2017 if the Social Services Law Section 365-h is allowed to expire?

   Response: If SSL 365-h sunsets on June 2017, the Department's Hudson Valley transportation management contract will be terminated. However, we have every expectation that the authorizing language will be renewed as it was previously. Therefore, we expect existing contracts to continue as planned.

2. In that the Social Services Law Section (SSL) 365-h sunsets in June 2017, what implications may that have upon the provision of services under this RFP, should the law not be renewed?

   Response: If SSL 365-h sunsets on June 2017, the Department's Hudson Valley transportation management contract will be terminated. However, we have every expectation that the authorizing language will be renewed as it was previously. Therefore, we expect existing contracts to continue as planned.

3. Please define the Department's expectations of taxi providers within the Hudson Valley Region.

   Response: Taxi providers must meet the Department's regulations 18 NYCRR §505.10 and Medicaid transportation policy, as communicated via the monthly Medicaid Update publication and illustrated in the Transportation Manual Policy Guidelines found online at:
   https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf.

RFP/ PROPOSAL SUBMISSION

4. The appendices don't include Appendix H and X. Per the RFP, we're assuming that both of these appendices are not applicable?

Response: Both Appendix H and Appendix X are included in Attachment N, Sample Standard NYS Contract Language and Appendices provided in the RFP, and will be required as part of the resulting contract.

5. The Executive Summary of the RFP specifies that the core management team be "accessible" to the region being managed. Please define "accessible", is it by specific mileage? By travel time (a day's travel)?

   Response: Section E.1.3 Executive Summary, second paragraph, second sentence states the following: "….Identify the location of the Core Management Team, and explain how this location will allow the management team access to the Hudson Valley Region counties in order to fulfill the requirements of the RFP."

6. The RFP stipulates that semi-annual stakeholder meetings take place within each county. Given the relative small size of certain counties, would the Department consider changing this requirement to semi-annual meetings to cover multiple counties whereas each part of the region could participate with a 25-mile or less drive?

   Response: The wording in Section D.5 Collaborate with Local Transportation Stakeholders of the RFP is "The transportation manager will provide, at a minimum, semi-annual training to vendors, enrollees and medical practitioners; and will afford an option of a semi-annual stakeholder meeting to take place within each county". The Department will work with the contractor to ensure stakeholders in each county are given the opportunity for input to ensure effective Medicaid transportation.

7. Section D.13 on page 16 indicates that the transportation manager the Department selects will begin managing non-emergency medical transportation services for enrollees, on June 1, 2016. Is that correct?

   Response: Yes, that is correct.

8. The RFP states that in the event of a tie, additional factors will be used. Considering the page limitation, where does the Department want the bidders to place the bulleted items that will be used in breaking the tie?

   Response: There are no additional pages needed for the bulleted items.

9. Will DOH confirm that the pricing is to be for administrative services only?

   Response: DOH defines the term "administrative services" as referenced in your question to mean "the management of Medicaid transportation" and therefore, the bid price to be submitted as part of the Cost Proposal Bid Form is for the management of Medicaid transportation only.

The transportation manager does not make any payments to participating transportation vendors. The cost of the delivery of transportation services incurred by a transportation vendor or a Medicaid enrollee is not to be included in the cost proposal. These transportation costs are reimbursed via other mechanisms described in this RFP.

10. Cost Proposal Bid Form - The bid form has two sections for per enrollee, per month cost bid. Section A is 0 -1,000,000 and Section B is 1,000,001 and above. Attachment E has 8/2015 Medicaid enrollees at 1,000,006. Pricing for 1,000,000 Medicaid enrollees would be relatively the same for 990,000 and 1,010,000 enrollees. Since current membership is at 1,000,000, would the State consider adding additional volume level categories?

    Response: No, the Department will not consider additional volume level categories.

11. Performance standards reference to a total reduction not to exceed 10%. Is this in addition to the performance standard reference found on page 17 for a total reduction not to exceed 20% or is the cumulative total not to exceed 10%?

    Response: The total reduction for the month will not exceed 10%.

12. To provide as many record keeping and reporting examples to the Department, is it possible for the Department to define the specific data elements required for each of these reports?

    Response: Section E.1.4.8 Record Keeping and Reporting states "List the management and utilization reports you will make available to the Department of Health including a description of the intent of each report. Include reports described in Section D.10."

13. Please provide the evaluation weighting for each item in Sections E1.1 through E.1.8.

    Response: The specific evaluation criteria will not be provided.

14. This section includes the following: "Include copies of customer satisfaction standards used in any of your organization's current contracts (copies are excluded from page limits)." We have well over 100 separate programs under contract, the majority of which have customer satisfaction standards. May we limit the list to contracts of similar size and scope of work?

    Response: Yes, that is acceptable.

15. Is there a page limit associated with Section E.1.7?

    Response: No.

16. Is there a page limit associated with Section E.1.8?

    Response: No.

AWARD

17. What is the expected award date?

    Response: The Department anticipates that the selected bidder will be notified of award before March 1, 2016.

CONTRACT

18. The RFP stipulates that current the contract expires May 31, 2016. Have all contract extensions been exhausted or is the Department choosing not to extend? If choosing not to extend, could the Department elaborate on the reasons for this decision?

    Response: The current contract period is for 5 years and will end May 31, 2016.

19. Will the resulting contract be classified as a consultant services contract and require the completion of the form described in Section F.12?

    Response: Yes, the winning bidder will be required to provide the completed forms identified in Section F.12.

ELIGIBILITY

20. Will the Transportation Manager be required to confirm eligibility through the State MMIS system?

    Response: The Transportation Manager will confirm eligibility at the time the trip is scheduled. It is the responsibility of the transportation vendor to verify Medicaid eligibility of riders on the service date, in order to determine if that rider is eligible on the service date. If the rider is ineligible, no payment will be made to the transportation vendor.

21. Will the state consider an option for EDI file transactions in substitution of an MMIS look-up? If so, will the eligibility file include county identification?

    Response: No, the Department will not consider an EDI transaction file as a substitute for MMIS lookup. The Department will provide, via a transportation-

manager availed File Transfer Protocol (FTP) site, a monthly file containing each eligible Medicaid enrollee. Yes, the eligibility file will include the county identification.

22. Will an updated eligibility file be provided periodically so that the transportation manager can upload into their system to aid in eligibility status for an individual calling in?

    Response: The Department will provide a monthly eligibility file to the transportation manager.

23. If an updated eligibility file is provided, how often will this be sent? Will it be sent daily? Will it only reflect changes or will it be a complete new master file each time?

    Response: The eligibility file is provided monthly. The monthly file is a complete new file. For daily updates, the transportation manager may pursue a HIPAA-compliant file transfer, called the MMIS ad hoc and/or access eligibility via a MMIS parallel system for providers.

24. Will the state provide daily member eligible file?

    Response: The eligibility file is provided monthly. The monthly file is a complete new file. For daily updates, the transportation manager may pursue a HIPAA-compliant file transfer, called the MMIS ad hoc and/or access eligibility via a MMIS parallel system for providers.

    AUTHORIZATIONS

25. Must each authorization be entered individually into MMIS, or will submitting a periodic, e.g. weekly, file of authorizations for uploading to MMIS be acceptable?

    Response:
    The file is typically uploaded to MMIS daily or several times daily depending on the volume of transactions included therein. The file may contain multiple authorizations.

    POST TRIP VERIFICATIONS

26. Is there a specific form to be used as part of the post-trip verification review?

    Response: No. The transportation manager will be expected to develop their own form and process for post-trip verification review, which will be reviewed and approved by the Department.

27. This section includes the statement: "During the term of the contract, the Department of Health reserves the right to change the percentage of required trip verifications, up to 100% [from 50%], with notification to the transportation manager."

If the Department does increase the required percentage of verifications, will it also negotiate a fair and equitable rate increase for the added work?

Response: The Department does not view this as added work, but rather work that is part of the existing contract with the contractor. Therefore, a rate increase will not be negotiated.

TRANSPORTATION PROVIDERS

28. Will there be a central repository that the broker will need to access in the Department of Health system to verify that drivers have current driver's license or will the transportation manager be expected to obtain and maintain a copy of all the drivers licenses?

    Response: No, the transportation manager will not maintain documentation regarding driver license verification; the transportation provider company must ensure that their drivers have valid driver licenses in the appropriate classification necessary to meet the requirements for lawful operation.

29. Section D.3.g. states that "enrollees are free to choose a transportation vendor within the medically necessary mode of transport and who participates at the assigned fee for the required transport service." Can the transportation provider reject the enrollee for an appropriate and non-discriminatory reasons (e.g., enrollee is outside of the provider's service area; provider's vehicles are scheduled to capacity, etc.)?

    Response: The transportation provider may reject a trip for reasonable reasons, such as the trip is outside of the provider's service area, or they are already scheduled to capacity, provided these reasons are valid. If transportation providers cannot perform a trip, they should notify the manager no later than 24 hours prior to the scheduled pickup time. However, a significant volume of trip denials by a provider may result in a reduction of service area or other trip assignment actions by the Department.

HOSPITAL TRANSFERS

30. Are non-emergency ambulance transfers between hospitals for services such as testing or transfer included in this program?

    Response: No, hospital to hospital transfers are the responsibility of the hospitals.

MEDICAL JUSTIFICATION

31. Section D.3.e. states: "The transportation manager should not seek new medical justification for enrollees where the mode of transportation has already been documented and the determined mode of transport will be long term." Please define "long term". At any point would the vendor renew a long term medical justifications?

Response: Long term transportation is used for enrollees who have chronic conditions that require multiple visits, such as chemotherapy and dialysis. For clarification, however, Medical providers should regularly review the need for a higher mode of transportation (for example, ambulette) and must submit updated medical justification whenever a change in an enrollee's condition warrants a change in the mode of transportation.

Yes, the medical justifications for long term transportation should be reviewed every three months.

MAILINGS

32. Please provide the estimated number of postal-mailed correspondence that the current broker has distributed over the past 12 months to individual practitioners, enrollees and transportation vendors regarding program requirements, corrective action plans and eligibility issues.

Response: The Department does not have an estimate of the number of mailings sent out by the current contractor. The Department expects that electronic mailing to Medicaid individuals and practitioners will be used whenever possible; only when electronic mailing is not feasible should postal mailing be used.

PUBLIC TRANSPORTATION

33. Please explain how public transportation passes/tokens /fares are currently provided to enrollees.

Response: Currently the transportation manager purchases fixed route public transportation passes and distributes them, via mail, to enrollees and/or in bulk to various pre-approved medical sites in the region.

34. The RFP states that public transit is available in most counties. Are county transit agencies required to be DOH-enrolled transportation vendors?

Response: Yes, county transit entities that transport Medicaid enrollees off the fixed route must be enrolled as Medicaid transportation providers.

35. Is the Department satisfied with the level of public transit utilized in the program currently?

Response: The Department continually strives to utilize available public transit whenever it is appropriate and cost effective to do so. We have also taken initiatives where possible, to maximize public transit ridership.

36. The RFP states that public transit is available in most of the 24 counties. Which counties do not have public transit? How does the member utilization in those counties compare to those with public transit?

    Response: Public transit is prevalent in urban centers (cities/towns/villages) such as Poughkeepsie, Glens Falls, Kingston, Newburgh, Amsterdam, Gloversville, Albany, Schenectady, Troy, and New Rochelle. Public transit is limited in rural outlying areas surrounding these urban centers (cities/towns/villages) including Hudson Falls, Elizabethtown, Ticonderoga, Saratoga Springs, etc. In areas where there is limited or no public transit, the Medicaid program uses the medically appropriate, available modality, typically a taxi network provider.

37. Please provide the monthly mass transit volume by county for the period of January 2014 through September 2015.

    Response: The Department's Medicaid Transportation Unit does not have this information.

    ENROLLMENT

38. From 2013 to 2014, the unduplicated Medicaid enrollees using fee-for-service transportation has grown 11%. Is this growth due to membership growth or existing members utilizing fee-for-service transportation?

    Response: The Department has seen significant membership growth in recent years. Medicaid transportation management contracts are paid based on enrollment volume, not by utilization of transportation services.

39. Cost Proposal Bid Form - The bid form has two sections for Per Enrollee, Per Month Cost Bid. Section A is 0 -1,000,000 and Section B is 1,000,001 and above. Attachment E has 8/2015 Medicaid enrollees at 1,000,006. Does DOH anticipate any material membership changes either up or down during the firm pricing period of 3 years?

    Response: The Department has seen enrollment grow recently; however, the Department cannot anticipate if enrollment will continue to grow or decline in the future.

40. Please provide monthly the unduplicated Medicaid enrollees for 2013, 2014 and 2015.

Response: Please see Table 1:

Table 1

Hudson Valley Region Medicaid Transportation Eligibles			
	2013	**2014**	**2015**
Jan	741,838	748,186	936,490
Feb	745,246	774,186	940,841
March	749,595	787,937	973,649
April	752,975	832,008	978,694
May	756,127	836,128	973,750
June	757,505	866,898	981,447
July	762,697	868,596	985,172
Aug	762,421	863,886	1,000,006
Sept	756,900	893,316	997,323
Oct	744,368	915,720	999,221
Nov	723,923	916,699	
Dec	731,596	931,792	

41. Please provide monthly Medicaid Enrollees for 2013, 2014 and 2015.

Response: Please see Table 1.

42. Please provide a monthly breakdown by county by population (or category) of Medicaid enrollees for the period 2013, 2014, 2015.

Response: The Department's Medicaid Transportation Unit does not track or maintain the monthly enrollment by county by category.

CALL VOLUME

43. Please provide monthly incoming call volume for the region over the past 12 months.

Response: See Table 2:

Table 2

Hudson Valley Region	
month/year	call volume
11/14	211,844
12/14	222,485
1/15	325,858
2/15	274,962
3/15	244,248
4/15	213,568
5/15	209,724
6/15	230,681
7/15	209,746
8/15	183,959
9/15	195,342
10/15	206,652

44. Please provide call volume data for 2014.

   Response: See Table 3:

   Table 3

Hudson Valley Region	
month/year	**call volume**
1/14	208,924
2/14	183,194
3/14	201,109
4/14	188,804
5/14	192,916
6/14	193,278
7/14	190,716
8/14	195,745
9/14	228,765
10/14	206,652
11/14	211,844
12/14	222,485

45. Is there data available related to the number of calls received in the call center annually, including: average speed to answer, average call time and average hold time?

   Response: The Department does not track this information on an annual basis. The contract will require that calls are answered within three rings. Recent data indicate that currently, average call time is about 7 minutes 30 seconds; and average hold time is estimated at 1 minute and 10 seconds.

46. Please advise how the Department defines excessive call volume.

   Response: Excessive call volume is call volume that is significantly higher than what is expected during the period in question. The historic call volume is provided in response to Question #40.

   UTILIZATION

47. Please provide monthly public transit utilization data over the past 12 months.

   Response: The Department's Medicaid Transportation Unit does not have this information.

48. Please provide monthly Friends and Family Mileage Reimbursement utilization data over the past 12 months.

Response: The Department's Medicaid Transportation Unit does not have this information.

49. Please provide monthly urgent trip requests data over the past 12 months.

Response: The Department's Medicaid Transportation Unit does not have the monthly urgent trip request data over the past 12 months. However, the total number of urgent trip requests over the past year has been approximately 625,000.

50. Attachment E: Medicaid Transportation Data - Is there information available which would further stratify the one way trips by mode of transport?

Response: Table 4 shows one-way trips in Calendar Year 2014 by mode of transportation. Note, this does not include relative public transit and personal vehicle trips.

Table 4

County	Ambulance	Ambulette	Taxi
ALBANY	2,093	34,804	192,608
BROOME	177	28,437	85,324
CAYUGA	245	11,248	31,665
COLUMBIA	735	7,584	58,489
DELAWARE	103	4,449	25,159
DUTCHESS	3,455	28,139	229,501
ESSEX	180	1,124	19,886
FULTON	556	14,780	39,462
GREENE	348	5,777	55,481
MONTGOMERY	663	14,369	43,816
ONEIDA	1,840	23,997	97,441
ONONDAGA	539	94,234	398,264
ORANGE	2,631	41,528	426,665
PUTNAM	473	6,875	44,710
RENSSELAER	1,063	22,552	131,382
ROCKLAND	3,509	38,175	93,151
SARATOGA	981	9,899	84,171
SCHENECTADY	987	16,326	128,372
SCHOHARIE	139	2,967	11,679
SULLIVAN	1,003	13,663	103,831
ULSTER	1,966	18,334	127,445
WARREN	505	2,409	31,318
WASHINGTON	442	748	31,740
WESTCHESTER	7,912	151,249	434,850

51. Attachment E: Medicaid Transportation Data - does the one way trip information include the use of public transportation and personal vehicles?

Response: The number of one way trips indicated in Attachment E does not include the use of public transportation or personal vehicles.

52. In the Medicaid Transportation Data section, DOH provided # of enrollees, unduplicated riders and non-emergency one way trips by year. Will DOH provide this by level of service by month?

Response:
The Department of Health does not have this data by month, only by calendar year. See response to Question 47.

53. What is the volume and value of public transportation and personal vehicles respectively?

    Response: The Department's Medicaid Transportation Unit does not have the volume of pass through trips by mode. For the value of pass through expenses for 2013 and 2014, see Table 4.

54. Please provide the total number of trips by month by mode of transportation including the dollar amount and volume of trips for pass-thru reimbursed trips for 2013 and 2014.

    Response: The Department's Medicaid Transportation Unit does not have the number or volume of pass through trips by mode. For the value of pass through expenses for 2013 and 2014, see Table 5.

Table 5

2013	Mileage/Travel Reimbursement	Public Transit	Commercial Travel
January	$ 43,376	$192,777	$ 13,099
February	$ 42,650	$202,600	$ 4,589
March	$ 45,846	$205,500	$ 13,897
April	$ 50,200	$222,130	$ 15,319
May	$ 57,456	$228,182	$ 16,514
June	$ 30,283	$207,337	$ 8,612
July	$ 62,290	$207,376	$ 14,139
August	$ 43,444	$210,566	$ 20,304
September	$ 47,437	$201,327	$ 11,325
October	$ 60,210	$216,011	$ 13,417
November	$ 47,049	$251,684	$ 9,682
December	$ 61,999	$201,939	$ 11,331

2014	Mileage/Travel Reimbursement	Public Transit	Commercial Travel
January	$ 35,721	$210,935	$ 9,351
February	$ 46,498	$209,200	$ 20,549
March	$ 49,991	$233,625	$ 17,376
April	$ 74,438	$252,235	$ 11,592
May	$ 70,667	$235,493	$ 14,022
June	$ 61,283	$232,488	$ 7,999
July	$ 62,304	$257,075	$ 13,057
August	$ 66,215	$265,570	$ 9,286
September	$ 58,662	$265,582	$ 21,719
October	$ 89,437	$310,432	$ 15,527
November	$ 56,155	$296,621	$ 16,567
December	$ 58,522	$265,957	$ 6,100

55. Please provide monthly the non-emergency one way trips for 2013 and 2014.

Response: The Department's Medicaid Transportation Unit does not have monthly one-way trip data for calendar years 2013 and 2014.

56. Will DOH please provide a monthly breakdown by county by population (or category) by mode of transportation (or level of service) of non-emergency one way trips for the period 2013, 2014, 2015?

Response: The Department's Medicaid Transportation Unit does not stratify its transportation data based upon enrollee eligibility category.

57. Will DOH please provide a breakdown by county of trips that are Standing Order and Demand Trips?

Response: The Department's Medicaid Transportation Unit does not have a breakdown of trips that are Standing Order and Demand trips by county.

58. What percentage of 2013, 2014, 2015 non-emergency one way trips are Standing Orders?

Response: The Department's Medicaid Transportation Unit does not have this information.

59. What percentage of trips are urgent trips (trips with less than 24 hour notice)?

Response: The Department's Medicaid Transportation Unit does not have this data.

60. Can you please provide the volume, miles, base rate cost and mileage cost by level of service by county for the period of January 2014 - September 2015?

Response:
The Medicaid Transportation fee schedule is available online at
http://www.emedny.org/ProviderManuals/Transportation/index.html.

COMPLIANCE

61. The RFP discusses a number of performance penalties associated with the program. How many penalties were assessed each year over the past 3 years and for what were the penalties assessed?

Response:
The RFP does not discuss penalties. The Contractor must meet certain performance standards which are set forth in the RFP. If they fail to meet those performance standards, contractor payments may be reduced.

This question is not relevant to the development of a proposal under this RFP #16267.

REIMBURSEMENT

62. For 2015, the IRS limit for mileage reimbursement is 57.5 cents per mile. We understand that anything above that, the recipient must receive a 1099 form.

Attachment G indicates a 58 cents per mile rate. Please clarify how this is currently handled.

Response: Mileage reimbursement will be paid according to the current IRS mileage reimbursement rate, currently 57.5 cents per loaded mile for volunteer drivers and 23 cents per loaded mile for self-drivers, or drivers who are in-home caregivers or friends.

Attachment G, the Medicaid Transportation Program's general policy regarding reimbursement of travel-related expenses, is a general document that is periodically updated. The Transportation Manager will use this to develop a document specific to the region they are managing.

63. What are the expectations as to the payment terms for reimbursing providers and mileage reimbursements once becomes a clean claim?

Response: The transportation manager does not pay transportation providers who are enrolled in Medicaid. However, the transportation manager will directly pay for certain "pass through" transportation expenses, for example appropriate commercial and enrollee personal expenses, such as personal vehicle mileage. The transportation manager will submit these expenses to the Department of Health for reimbursement. The Department of Health will review the submission and reimburse the transportation manager for those expenses that are legitimate.

64. Will DOH provide the base rate and mileage rate by county that the State is using to reimburse current vendor?

Response:
The DOH establishes the base and mileage rates that the State uses to reimburse transportation providers. There is no base rate and mileage rate paid to the current vendor.