



Department of Health

Request for Proposals

RFP# - 17965R

New York State Non-Emergency Medical Transportation Brokerage Services

Issued: 8/2/2021

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Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

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1.0 CALENDAR OF EVENTS

RFP 17965R	
NEW YORK STATE NON-EMERGENCY MEDICAL TRANSPORTATION BROKERAGE SERVICES	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals (“RFP”)	August 2, 2021
Deadline for Submission of Written Questions	August 20, 2021 4:00 p.m. ET
Responses to Written Questions Posted by the New York State (“State”) Department of Health (the “Department” or “DOH”)	On or About Responses Posted By September 14, 2021
Deadline for Submission of Proposals	October 15, 2021 4:00 p.m. ET
<i>Anticipated</i> Contract Start Date	August 1, 2022

2.0 OVERVIEW

DOH is seeking competitive proposals from qualified bidders to enter into a contract to provide non-emergency medical transportation brokerage management services for persons enrolled in the Medicaid program (“NY Medicaid”) and who receive transportation services from NY Medicaid under the authority and provision of [Section 365-h\(4\)\(b\) of the Social Services Law](#).

This RFP was authorized as part of the State Fiscal Year 2020-21 enacted budget and as further detailed in [Section 4.0](#) (Scope of Work). Through this RFP, DOH will award contracts on a regional basis. DOH may award one contract for each of the two regions, indicated in the chart below, or may award one contract for both regions (also found in Section 6.0, Proposal Content). A qualified bidder may submit proposals for one or both of the regions.

The Upstate and Downstate Regions are defined as follows:

CONTRACT REGION	COUNTIES
Downstate	New York, Kings, Queens, Bronx, Richmond, Nassau, Suffolk, Putnam and Westchester
Upstate	All other counties of New York State not specifically included within the Downstate region.

The selected transportation management broker(s) (a “Transportation Broker” or “Contractor”) will be reimbursed in two ways: (1) an administrative fee on a per member per month (“PMPM”) basis for each NY Medicaid enrollee that is eligible to have their non-emergency medical transportation services managed by the Contractor; and (2) a risk-sharing arrangement, by which the Contractor may be held responsible financially depending on how the Contractor performs against a target budget for the non-emergency medical transportation services being managed by the Contractor. Further information on this can be found in Sections 4.20 – 4.22.

2.1 Introductory Background

As the federally recognized single-state Medicaid agency, DOH is responsible for ensuring the availability of non-emergency medical transportation for NY Medicaid enrollees in the State.

Enrollment and Non-Emergency Transportation Services

As of September 2020, NY Medicaid covers over 6.3 million New Yorkers, with more than 4.3 million individuals enrolled in Medicaid Managed Care Organizations (“MMCOs”) and with the balance receiving benefits through the Medicaid fee for service program.

Medicaid enrollment data by month and county can be found here:

https://www.health.ny.gov/health_care/medicaid/statistics/.

Enrollment by MMCO type, plan and county can be found here:

https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/.

Federal law requires NY Medicaid to ensure access to Medicaid-covered services and provide the necessary mode of transportation to obtain such services. The non-emergency medical transportation service benefit is authorized under Section 1902(a)(70) of the Social Security Act and 42 C.F.R. § 440.170 and requires that NY Medicaid: (a) ensure necessary transportation to and from providers; (b) use the most appropriate form of transportation; and (c) include coverage for transportation and related travel expenses necessary to secure medical examinations and treatment. Consistent with these federal requirements, NY Medicaid covers medically necessary non-emergency medical transportation services provided via non-emergency ambulance, ambulette, taxi, livery, public transit, personal vehicle, commercial travel (e.g., airplane, bus, train) and other modes as needed by the individual enrollee. This RFP does not include transportation for emergency medical services, as defined 10 NYCRR § 800.3(d).

Current Administration of Non-Emergency Transportation Services

Currently, DOH contracts with two (2) professional transportation management companies (“Transportation Managers”), through five (5) contracts spanning six (6) regions, to manage the non-emergency medical transportation benefit. The transportation managers are not at risk for transportation volume or cost but rather assume members are matched to the appropriate mode of transportation based on their medical need. DOH reimburses the Transportation Managers through a monthly management fee for every Medicaid eligible enrollee in the NY Medicaid fee-for-service program or who receives Medicaid benefits through a Mainstream MMCO, regardless of whether the enrollees access non-emergency medical transportation services.

Medicaid-covered individuals who are enrolled in Managed Long Term Care Plans (“MLTCPs”) currently receive non-emergency medical transportation benefits through these plans; however, with the exception of individuals enrolled in Programs of All-Inclusive Care for the Elderly (“PACE”) and certain adult day health care providers, New York anticipates that it will transition the non-emergency medical transportation benefit to the NY Medicaid fee-for-service program consistent with **Social Services Law § 365-h** and Section 2 of Part LL of Chapter 56 of the Laws of 2020, which was enacted as part of the State Fiscal Year 2020-21 budget (see below).

Contractual relationships are not permitted between the current Transportation Managers and transportation providers. Transportation providers are enrolled in Medicaid through DOH and they submit claims for transportation services payment directly to eMedNY, which is NY Medicaid's claims payment system. The managers arrange transportation for approximately 25 million trip legs (i.e., "one-way trips") annually. Detailed information on these trips is shown in Attachment H.

State Fiscal Year 2021 Enacted Legislation

Social Services Law § 365-h and Section 2 of Part LL of Chapter 56 of the Laws of 2020, which was enacted as part of the State Fiscal Year 2020-21 budget, granted the Commissioner of Health authority to contract with one or more transportation management *brokers* to manage non-emergency medical transportation services at risk on a statewide or regional basis, as determined by the Commissioner, and in accordance with the federal Social Security Act.

Modification of Included and Excluded Enrollee Cohorts under Broker Management

In accordance with Social Services Law § 365-h(4)(b)(vi), the non-emergency medical transportation benefit within MLTCPs will be "carved out" from these plans beginning April 1, 2021 and it will be the responsibility of the Transportation Broker to provide non-emergency medical transportation to individuals enrolled in these plans. The carve out of the MLTC population will coincide with the regional rollout of the Transportation Broker. The Transportation Broker will not be providing non-emergency medical transportation to individuals enrolled in PACE, which is required to cover non-emergency medical transportation under federal requirements specific to PACE.

DOH expects that the Transportation Broker services procured through this RFP process will result in the delivery of high quality services to Medicaid enrollees in a manner that fully complies with federal and State law; achieves significant efficiencies through innovative initiatives sponsored by the Transportation Broker(s); improves quality assurance standards and reporting; achieves productive relationships with transportation providers and other stakeholders; responds to the requests of DOH; and provides a robust transportation-related data profile.

2.2 Important Information

The bidder is required to review, and is encouraged to have legal counsel review, [Attachment 8](#), the DOH Agreement, as the bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the bidder be selected for contract award. Please note that this RFP and the awarded bidder's proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between the Department and the successful bidder. By submitting a response to the RFP, the bidder agrees to comply with all the provisions of Appendix A.

2.3 Term of the Agreement

This contract term(s) are for a period of five (5) years, inclusive of any phase-in periods, commencing on the date shown on the Calendar of Events in Section 1.0, subject to the availability of sufficient funding, successful Transportation Broker(s) performance, and approvals from the New York State Attorney General ("AG") and the Office of the State Comptroller ("OSC").

The terms "Operational start date" and "Implementation period" are used frequently throughout this RFP and are defined as follows:

The Operational start date is the date when the selected Transportation Broker successfully completes all requirements outlined in Section 4.2.19 Operational Start Date Requirements and Readiness Testing. Once the Operational start date has been achieved, the selected Transportation Broker will begin to assume all transportation management functions outlined in this RFP.

The Implementation period is defined as the period of time it takes the Transportation Broker(s) to assume transportation management services across all of the counties in the Transportation Broker’s assigned region. This period is expected to occur over four (4) distinct Phases for both FFS and MLTC as outlined in the chart below. The dates in the chart are estimations and are subject to change based on the Broker’s Operational start date. The Department expects the Transportation Broker(s) to complete the implementation period for all assigned counties within the overall estimated period of time outlined in the chart below.

FFS Phase (Date Range)	Upstate Region (Counties/Boroughs)	Downstate Region (Counties/Boroughs)
Phase 1 August 1, 2022 - October 31, 2022	Albany, Broome, Cayuga, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Montgomery, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington	Putnam, Westchester
Phase 2 November 1, 2022 – January 31, 2023	Allegany, Cattaraugus, Chautauqua, Genesee, Wyoming, Erie, Niagara,	New York, Staten Island
Phase 3 February 1, 2023 - April 30, 2023	Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Yates, Chemung, Chenango, Cortland, Madison, Oswego, Otsego Schuyler, Steuben, Tioga, Tompkins	Brooklyn, Bronx
Phase 4 May 1, 2023 – July 31, 2023	Clinton, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Saint Lawrence	Queens, Nassau, Suffolk

MLTC Phase (Date Range)	Upstate Region (Counties/Boroughs)	Downstate Region (Counties/Boroughs)
Phase A February 1, 2023 - April 30, 2023	Albany, Broome, Cayuga, Columbia, Delaware, Dutchess, Essex, Fulton, Greene, Montgomery, Oneida, Onondaga, Orange, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington	Putnam, Westchester
Phase B May 1, 2023 - July 31, 2023	Allegany, Cattaraugus, Chautauqua, Genesee, Wyoming, Erie, Niagara	New York, Staten Island
Phase C August 1, 2023 –October 31 , 2023	Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Yates, Chemung, Chenango, Cortland, Madison, Oswego, Otsego, Schuyler, Steuben, Tioga, Tompkins	Brooklyn, Bronx
Phase D November 1, 2023 – January 31 , 2024	Clinton, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Saint Lawrence	Queens, Nassau, Suffolk

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

The Department will accept proposals from organizations with the following experience :

- A minimum of five (5) years of experience performing non-emergency medical transportation management services for a state Medicaid program, which may include experience serving as a (1) prime contractor with a state Medicaid program performing non-emergency medical transportation management services or (2) material subcontractor to a prime contractor performing non-emergency transportation management services. A material subcontractor is an organization who performed a vast majority (over 75%) of non-emergency transportation management services serving as a subcontractor.

The term “prime contractor” shall mean an organization that has a contract with a state Medicaid agency for administering non-emergency medical transportation management services and has full responsibility for complete contract performance under the terms of such contract; provided, however, such prime contractor is not precluded from contracting (and managing) one or more subcontractors to carry out specific parts of such contract.

and

- A minimum of five (5) years of experience utilizing a HIPAA compliant browser, software or mobile-based platform when performing transportation management services of non-emergency medical transportation for Medicaid enrollees.

Experience performing non-emergency medical transportation management services and experience utilizing a HIPAA compliant browser can be acquired concurrently.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and will be eliminated from consideration.

4.0 SCOPE OF WORK

This section describes the Transportation Broker services that are required to be provided by the selected bidder(s). The selected bidder(s) must be able to provide all of these services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms “bidders”, “vendors” and “proposers” are also used interchangeably. For purposes of this RFP, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties.

The Transportation Broker(s) are responsible for the following:

- Obtaining all relevant trip data from outgoing contractor(s), including but not limited to: enrollees and their established level of service, standing orders, letters of medical necessity, medical provider and destination data, transportation provider data, and any other information needed to ensure uninterrupted transition of services.
- Operating a call center with adequate staff and facilities to effectively and efficiently manage the transportation benefit.
- Establishing a Prior Approval process consistent with DOH regulations and policies which includes:
 - verifying enrollee eligibility
 - ensuring use of the most cost-effective, medically appropriate mode of transportation based on documented medical need and the availability of the needed mode.
- Establishing a network of Medicaid enrolled providers; provided however, that in developing such network, the Transportation Broker(s) shall evaluate the qualifications of current Medicaid transportation providers for participation in its network, and leverage reputable transportation providers with a satisfactory record of serving Medicaid beneficiaries with high-quality services.
- Ensuring compliance with transportation provider network driver and vehicle requirements. (See Section 4.2.13).
- Conducting outreach to Medicaid enrolled providers to assess and resolve service quality issues.
- Developing mandatory corrective actions for any Medicaid enrolled provider who fails to meet quality performance standards. (See Section 4.2.16)
- Implementing technologies to effectuate efficient transportation services, such as but not limited to GPS, rideshare services and reloadable public transit fare systems.
- Establishing fees or alternative value-based payments to reimburse enrolled Medicaid transportation providers.
- Interfacing with eMedNY for the adjudication and payment of claims submitted by enrolled Medicaid transportation providers.
- Adjudicating and paying claims outside of those processed by eMedNY submitted by enrollees for personal travel expenses and/or transportation providers not enrolled as a vendor in the Program.

- Reporting on performance encompassing all aspects of the transportation program, including but not limited to NY Medicaid beneficiary complaints, the length of time to make a complaint, wait times related to the receipt of services by a recipient, and tracking medical justifications to modes of transportation provided.
- Informing and educating NY Medicaid enrollees concerning the Medicaid transportation program and process.
- Collaborating with NY Medicaid beneficiaries and enrollee groups to identify and resolve issues to increase enrollee satisfaction.
- Coordinating trip status information with MMCOs; MLTCPs, local (county) social services districts counties, Indian tribes, community service providers, and other organizations as needed.
- Working with the Department and MMCOs and MLTCPs to assist with developing value-based payments for transportation services either through value-oriented payment for standalone transportation services and/or assuring that transportation costs and quality measures are included (or remain included) in total cost of care contracts between health plans and downstream value based payment contractors.
- Developing and implementing a Quality Assurance Monitoring Plan.
- Interacting directly with the Department, the Department's Fiscal Agent (i.e., CSRA), eMedNY, and any other contractors authorized to work on behalf of DOH to provide the services detailed throughout the RFP.
- Assessing transportation access needs on an ongoing basis to assure no gaps in needed access for Medicaid enrollees.
- Arranging and paying for DOH approved enrollee transportation expenses, such as enrollee mileage reimbursement, public transportation, and necessary commercial transportation.

In addition to the services above, the Transportation Broker(s) are required to:

- Have oversight procedures to monitor Medicaid beneficiary access and complaints, as well as ensure that enrolled Medicaid transportation providers are licensed, qualified, competent and courteous.
- Be subject to regular auditing and oversight by DOH and other state and federal agencies in order to ensure the quality of the transportation services provided and adequacy of Medicaid beneficiary access to medical care and services.
- Comply with requirements related to prohibitions on referrals and conflicts of interest required by the federal Social Security Act.

Overview of Transportation Broker Responsibilities

The awarded Transportation Broker(s) will be responsible for the management of overall day-to-day operations necessary for the delivery of non-emergency transportation services, and the maintenance of appropriate records and systems of accountability, as required by the Department for the contract region(s) that it has been awarded.

The Transportation Broker(s) will arrange and assure delivery of high-quality transportation services by:

- Negotiating service agreements with NYS Medicaid enrolled transportation providers, including ambulance providers, taxi, livery/blackcar, ambulette, transportation network companies/high-volume-for hire-service (rideshare), and volunteer drivers' associations who are enrolled as Medicaid transportation providers.
- Approving and arranging access to public transportation when the enrollee has the capacity to use such service consistent with guidelines established by the DOH and found within this RFP, as may be updated from time to time.

- Providing mileage reimbursement according to Department policy found in Attachment D of this RFP where the enrollee or their representative provided the transportation.

The Transportation Broker(s) will be responsible for arranging and securing transportation for eligible enrollees at the most medically appropriate cost-effective mode. These services shall be delivered in a responsive and timely manner in accordance with Section 4.2.5 and provide opportunities and incentives to improve overall cost-effectiveness and program integrity.

The Department will oversee the delivery system of the Transportation Broker(s) to ensure policies are followed and goals and standards are being met, and to establish clear lines of responsibility, commitment, and accountability.

The Transportation Broker(s) shall be responsible for the following non-emergency medical transportation services:

- Non-emergency Ambulance (ground and air);
- Ambulette (wheelchair van or van with stretcher-carrying capacity);
- Taxi/livery;
- Ride Share;
- Public transportation;
- Ancillary travel expenses such as lodging, meals, tolls, and parking;
- Commercial travel such as Greyhound, Amtrak, ferries, rental cars, and commercial airlines;
- Personal vehicle mileage reimbursement.

Emergency ambulance service, as defined in 18 NYCRR Part 505.10 and in 92 ADM-21 (see Attachments F and I), is not covered under this contract.

The provision of these services also includes reimbursing an enrollee's travel related costs incurred, (meals and lodging) in accordance with the Department's Medicaid Transportation Travel Reimbursement Policy Manual. See Attachment D.

The Transportation Broker(s) shall arrange transportation, within the state and out-of-state, as appropriate and necessary for an individual enrollees' medical needs.

The Transportation Broker(s) will be responsible for collaborating with all public transit entities and authorities to purchase and distribute fares to ensure access to public transit, when public transit is the most medically appropriate mode for the enrollee. The Transportation Broker(s) will work with public transit entities to leverage automated fare solutions (e.g., MTA OMNY and CDTA Navigator) and other innovative approaches to maximize public transit ridership.

The Transportation Broker(s) will be responsible for maintaining a transportation provider network, determining the appropriate mode of transport, utilizing the most medically appropriate cost-effective mode to transport enrollees, and developing a quality assurance program to ensure access to medically appropriate, cost effective mode of transportation. The Transportation Broker(s) will be responsible for negotiating fees and service level agreements directly with network transportation providers. Network transportation providers will bill claims directly through the DOH eMedNY system.

While the Transportation Broker(s) shall develop and maintain a robust network of transportation providers, the Transportation Broker(s) shall also develop strategies to maximize the use of public transportation whenever it is more economical and medically appropriate. The Transportation Broker(s) shall be familiar with schedules of "fixed route" public transportation where it is currently available and where it becomes available during the term of the contract and adjust new routes when economically

feasible. Accordingly, the Transportation Broker(s) will be responsible for the distribution of public transit passes to Medicaid enrollees in a manner approved by the Department.

Currently there are programs within NY Medicaid, including some Adult Day Health Care (ADHC) and most developmental disabilities facilities and programs, that provide medically supervised services for individuals with physical or mental impairment (examples: children, people with dementia, or AIDS patients). Some of these programs include payment for transportation of enrollees to and from the programs within their Medicaid reimbursement rates and will not be the responsibility of the Transportation Broker(s).

During the term of the resulting contract(s), the Department envisions the possibility that a portion of activities/services that are typically provided by the Transportation Broker(s) to manage transportation services may transition in (more likely) or out of the broker model, which may affect the volume of eligible enrollees managed by the Transportation Broker(s).

The Transportation Broker(s) will be located within the United States and shall maintain its primary call center within the State of New York to provide management and coordination of non-emergency transportation to Medicaid covered services for Medicaid enrollees eligible to receive transportation.

4.1 Surety Bonding

Pursuant to Social Services Law § 365-h(4)(b)(iii), the Transportation Broker(s) is required to obtain the following surety bond issued by an insurer authorized to write fidelity and surety insurance pursuant to Insurance Law § 1113(a)(16):

A contract performance bond in the amount of six (6) months of the estimated annual administrative (PMPM) contract amount, as determined by the Department, with the Department as obligee. This bond must provide that bond payments shall reimburse the State for its actual costs in connection with a breach of the Transportation Broker(s)' performance obligations and the transition to a new Transportation Broker or Transportation Brokers, and any third party payments owed for transportation services not reimbursed by the Department through eMedNY.

The bond must be submitted to the Department for review and approval within thirty (30) calendar days after the contract has been approved by the New York State Comptroller. The Department has the right to reject the terms of the bond and/or require the selected Transportation Broker(s) to negotiate the terms of the bond until the Department is satisfied that State interests are protected. Once the bond is approved by the Department, the selected Transportation Broker(s) shall deliver the fully executed bond to the Department.

For any claims or payments not reimbursed by the Department through eMedNY, the selected Transportation Broker(s) must inform its transportation provider network and other entities such as public transit and out of state providers, and include language in its network service agreements or other documentation, that the surety bond is the sole source of recourse for payment of services provided by the network providers if the Transportation Broker(s) becomes insolvent. Insolvency shall mean: (1) a determination of insolvency by the Department or the Department of Financial Services; (2) a legal determination of insolvency by a court with competent jurisdiction; (3) proceedings are instituted by or against the Transportation Broker(s) for corporate reorganization or the dissolution or liquidation of the Transportation Broker(s); (4) if the Transportation Broker(s) makes an assignment for the benefit of creditors; or (5) substantially all of the assets of the Transportation Broker(s) are seized or attached.

No payment shall be due and payable to the Transportation Broker(s), even if the contract has been performed in whole or in part, until the bonds have been delivered to and approved by the Department.

4.2 Tasks/Deliverables

The Transportation Broker(s) is to find the best quality, most cost-effective transportation available, while ensuring that recipients arrive at the designated destination on time, safely and are treated with respect and dignity. The Transportation Broker(s) will develop policies and procedures for authorizing, scheduling, managing, and making payment for all transportation services, which shall be subject to the review and approval of the Department, in all instances, and the Office of the Medicaid Inspector General (OMIG), where applicable.

The Transportation Broker(s) shall:

- a) Provide quality non-emergency transportation services to all eligible recipients.
- b) Ensure Medicaid enrollees are using the most medically appropriate mode of transportation based on documented medical need, including the use of public transportation.
- c) Telehealth visits are encouraged when available and medically appropriate.
- d) Fulfill all verified trip requests and ensure that all trips are completed safely and on-time.
- e) Ensure transportation providers allow for the freedom of choice meaning enrollees can select the transportation mode when providing services to all recipients within the transportation provider's authorized service area.
- f) Collaborate and communicate with the State's MMCOs and MLTCPs and any other eligible entities to provide safe, timely, coordinated and medically suitable transportation to medical care, including behavioral health care.
- g) Ensure program integrity by creating and implementing a system/process that identifies and prevents fraud, waste, and abuse, which shall be subject to review and approval by the Department and OMIG, for the duration of the Contract, such system/process once approved by the Department and OMIG shall remain in compliance with any guidance issued by the Department or OMIG, as applicable.
- h) Develop policies and procedures for authorizing, scheduling, and managing non-emergency medical transportation.
- i) Contract via service agreements with transportation providers and ensure access to efficient transportation services in all areas of the State.
- j) Maintain sufficient providers and vehicles to provide trips for enrollees for full continuity of services in the case of an emergency.
- k) Adopt and implement an effective compliance program consistent with the requirements of Social Services Law § 363-d, 18 NYCRR Part 521 and other resulting regulations, policy and guidance.
- l) Preserve and retain all records and information relating to the Transportation Broker(s)'s performance for in accordance with Section 4.3 and Appendix A. The Transportation Broker(s) will furnish such records and information, upon request, to the Department, OMIG, the Secretary of the United State Department of Health and Human Services, and the Deputy Attorney General for Medicaid Fraud Control.

The Transportation Broker(s) shall be knowledgeable of existing local transportation resources, the unique challenges and practices in their service area's urban and rural areas. The Transportation Broker(s) shall establish and maintain collaborations with local stakeholders, including but not limited to local Transportation Broker(s) will ensure staff are assigned to work cooperatively and continuously with medical providers and transportation providers to determine how to streamline the request for transportation and documentation practices and resolve issues that could present barriers to the efficient routing, provision and authorization of transports through consultation with the Department and relevant stakeholders.

4.2.1 Staffing

The Transportation Broker(s) are required to establish and maintain a core management team whose primary activities and direct responsibilities are to oversee the day-to-day operations of the Medicaid Transportation Broker services. The core management team shall be physically present in New York State; and shall be located in the Transportation Broker(s) region(s). Should one (1) Transportation Broker be selected to manage both the Upstate and Downstate region, the Transportation Broker shall have a field office in both regions. If one (1) Transportation Broker is selected to manage both the Upstate and Downstate region, the Broker is only required to staff one core management team.

The core management team shall include a Project Manager (or equivalent title) who is responsible for the overall direction and oversight of the Agreement and other staff responsible in aggregate for the direction, implementation, and operation of the contract. Should a vacancy occur in the core management team, the Transportation Broker(s) will fill the vacancy within 60 days. The Transportation Broker(s) will seek DOH approval prior to filling any core management positions.

In addition to the core management team, the Transportation Broker(s) will be required to maintain sufficient clinical staff including the following to oversee clinical determinations made by the Contractor:

- Registered Professional Nurse (“RN”), Nurse Practitioner or Physician Assistant: Currently licensed, registered, and in good standing in New York State, and
- Physician (as defined under the State Education Law): Currently licensed to practice medicine and registered in New York State.

These clinical staff will supervise a utilization review team who are responsible for reviewing medical justification forms (Form-2015) and Common Medical Marketing Area (CMMA) forms (Form-2020).

The Transportation Broker(s) will submit resumes of the RNs, nurse practitioner, physician assistant and physician(s), and proposed core management team members being considered under the terms of this contract for the Department’s review within 30 days after contract approval. The Transportation Broker(s) proposed core management team members, RNs, and physicians are subject to the Department’s approval. Should a vacancy occur in the core management team, the Transportation Broker(s) will fill the vacancy with individuals of equal ability and qualifications within sixty (60) calendar days from the date notification was received that the vacancy will occur.

The Transportation Broker(s) shall maintain sufficient levels of other supervisory and support staff with appropriate training and work experience to perform all contract requirements for the duration of the contract term.

The Transportation Broker(s) will provide the Department with direct contact numbers for core management team staff (without having to contact the call center) in the case of an urgent situation. The core management team staff shall be available to answer these calls twenty-four (24) hours a day and seven (7) days per week throughout the term of the Contract.

The Transportation Broker(s) shall remove any staff member that is reasonably determined by the Department to be non-cooperative, inept, incompetent, or otherwise unacceptable, after such problematic behavior has been documented by the Department, and the Transportation Broker(s) have been given reasonable time, not less than thirty (30) calendar days, to remedy the problems identified with the staff member and has failed to do so. If a staff person is removed pursuant to a request by the Department, the Transportation Broker(s) will fill the vacancy within sixty (60) calendar days with another employee with acceptable experience and skills subject to the prior written approval of the Department.

Organizational Chart

The Transportation Broker(s) will provide an organizational chart(s) indicating the number and geographic location of all staff that will perform duties under the contract, including Transportation Broker and subcontractor staff within 30 days after contract approval and submit updates within 30 days of a change. Core staff members, off-site (i.e., location other than the Transportation Broker's call center facility) staff, and subcontractor staff should be clearly identified as such on each organizational chart. The Transportation Broker(s) will provide a revised organizational chart, within 30 calendar days, at any time during the contract period that a change is made in the organizational structure.

4.2.2 Maintain a Call Center

The Transportation Broker(s) will provide a call center that will be located and operated in the State of New York. If one (1) Transportation Broker is selected to manage both the Upstate and Downstate regions, only one (1) call center is required.

The Transportation Broker(s) will establish and maintain:

- A trip reservation system available for customer service representatives to schedule trips on behalf of callers.
- A browser and mobile application accessible transportation request system for online users.
- Toll-free telephone numbers and other voice and telecommunications devices, including devices appropriate for the hard-of-hearing, prior to the operational start date.
- Oral interpreting services available free of charge to Medicaid enrollees in accordance with New York State Executive Order 26, which directs executive state agencies that provide direct public services to offer language assistance services (translation and interpretation) to people with Limited English Proficiency (LEP).

The Transportation Broker(s) shall maintain sufficient personnel to perform all the functions required of the call center 24-hours a day, 7-days a week, throughout the term of the contract. This would include hospital and emergency department discharge requests.

The Transportation Broker(s) shall maintain telephone routing and response procedures, with options for the enrollee to stay in the queue to reach a staff person, return to telephone routing, or opt to enter a telephone number to be used to return the call to the enrollee. The Transportation Broker(s) will meet the standards outlined in Section 4.4 Performance Standards.

The Transportation Broker(s) shall maintain a call tracking system recording the details outlined in Section 4.3 Record Keeping and Reporting – Monthly Call center Telephone Compliance Reports for each call related to transportation. The Broker shall provide electronic recordings of any specified call at the request of the Department. Minimally, the call tracking system will be able to retrieve calls based on incoming telephone number, date of call, enrollee's Medicaid ID Number and Transportation Broker(s) staff answering the call. Callers shall be advised that calls are monitored and recorded for quality assurance purposes. 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 Transportation Broker(s) will provide designated Department staff access to view real-time data and generate reports directly from the Transportation Broker(s)'s call tracking system.

The Transportation Broker(s) shall maintain a system to transcribe calls at the Department's request. The Transportation Broker(s) will provide the Department the transcript from the call(s) requested within three (3) business days.

The Transportation Broker(s) will maintain a system that can receive transportation requests similar to the volumes outlined in Attachment H – Medicaid Transportation Data through telephone calls and other on-line, mobile application-based or electronic methods (agreed to by the Department), from Medicaid eligible enrollees, their representatives, or a medical practitioner for Medicaid transportation in the primary call center. The volumes in Attachment H are based on historic volume and do not guarantee current or future service levels. The actual volume may be higher or lower.

The Transportation Broker(s) call center staff will be able to adequately explain the Department's published regulations and policies of the Medicaid transportation program to transportation providers, medical practitioners and Medicaid enrollees and refer specific inquiries to the Department, as appropriate.

The Transportation Broker(s) shall operate a call center for enrollees, transportation and healthcare providers, and other stakeholders that meet all of the following criteria:

- Intake and process requests for Medicaid transportation services for enrollees.
- Resolve problems that may arise during a trip.
- Respond to reports of fraud, waste and/or abuse.
- Respond to other telephone, written or electronically submitted inquiries from enrollees and their representatives, healthcare providers, transportation providers, and other stakeholders.
- Develop operational procedures, manuals, forms, and reports necessary for the efficient operation of the call center.
- Comply with all Federal and State confidentiality policies and procedures in the operation of the call center.
- Develop protocols/scripts for call management use and for responding to telephone and/or online inquiries and submit to the Department for review and approval.

The Transportation Broker(s) shall provide all call center staff with Department-approved training that includes, but is not limited to, Medicaid transportation policy, call center procedures, HIPAA, PHI, cultural sensitivity training, customer service skills, and training for handling difficult callers. The Transportation Broker(s) will ensure that:

- All callers are treated with dignity.
- The caller's right to privacy and confidentiality is respected.
- Emergency requests are referred to 911 or an appropriate local emergency (ambulance) service.
- There is available, sufficient and qualified staff on each shift to communicate with callers who speak Spanish and Russian and shall have available interpretive telephone service (language lines) for other foreign languages required by the Department at no cost to enrollees.

The call center will implement and maintain an automated call/contact management tracking system that tracks call/contacts with basic identifying information, including, but not limited to:

- Time and date of call/contact.
- Unique number or ID for each recorded call or contact.
- Caller name and Medicaid Client ID number (CIN), if applicable.
- Nature and details of the call/contact.
- Type of inquiry (telephone, written, email).
- Customer service representative unique identifier.
- Response given by customer service correspondent and the format in which the

- response was given (written, telephone, email).
- Status of inquiry (closed, follow-up needed).
- Capacity for free form text to describe problems and resolutions.

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

The Transportation Broker(s) shall populate Department-defined extract files (Call Reports) that contain summary information on all calls/contacts received during a specified timeframe and generate other reports and data, as required and at a time pre-determined by the Department, that are available in the format specified by the Department with export and import functions.

4.2.3 Maintain Backup Reservation Capability

The Transportation Broker(s) will maintain backup reservation capabilities operated in the Continental USA.

The backup reservation capacity will be utilized when the primary call center is not fully functional, or in the event of emergencies, pandemics, equipment malfunction, or other force majeure, and in the event of atypically high demand.

The Transportation Broker(s) shall ensure all backup reservation capabilities allow for continuity of all telephonic and online operations of the call center. The Transportation Broker(s) will continue to perform all transportation management services and adhere to all performance standards of the RFP while the backup reservation capabilities are operational.

Thirty (30) days after contract approval by OSC, the Transportation Broker(s) shall provide a formal plan in reference to the narrative above for the backup reservation capability which is subject to Department approval. The plan will include a telework option, which is specific to support backup capacity or in the event of a declared emergency.

4.2.4 Create and Maintain a Public Website

The Transportation Broker(s) will create and maintain a user-friendly public website and mobile application with information for enrollees, transportation providers, and medical practitioners about available transportation services, Medicaid transportation eligibility requirements, the prior authorization process, and how to access transportation. Both the public website and mobile application will have the ability for enrollees to request transportation and receive feedback from the Medicaid community (including medical practitioners and enrollees; and accept communication from enrollees and/or their agents, transportation providers, and medical practitioners). The public website and mobile application shall follow all laws and regulations, including but not limited to HIPAA compliance and Americans with Disabilities (ADA) compliance.

The Transportation Broker(s) will make requested changes to the website within three (3) business days of request by the Department.

At a minimum, the following information (or links to sites containing the information) will be included on the website and mobile application:

- Glossary of terms related to Medicaid transportation and Medicaid transportation program standards.

- All DOH policies related to Medicaid transportation.
- Listing and description of all Medicaid transportation levels of service.
- A searchable and up-to-date list of transportation providers in the Transportation Broker's network, including the current address and telephone number of each transportation provider, the geographic area covered by each transportation vendor, and the mode of transportation provided. Updates to this list within the previous thirty (30) days shall be indicated as a change to previous information.
- State-approved forms and a description of use.
- Interface for users to access online trip reservation portal.
- Links to transportation resources such as travel and public transit information.
- Links to submit a complaint or concern.
- Links to individual transportation provider performance data.
- Link to a list of cohorts excluded from the Transportation Broker's contract
- Any other information requested by the Department.

4.2.5 Processing Requests for Medical Transportation

The Transportation Broker(s) shall create or tailor an existing automated system to manage the reservations, scheduling, and efficient routing of requests for non-emergency medical transportation. When a transportation request is made by telephone, the Transportation Broker(s) will interview the individual using a Department approved call script. When a transportation request is made by online system or mobile application, all required enrollee information must be captured for submission.

At the time of the transportation request, the Transportation Broker(s) will confirm the individual's eligibility status as a Medicaid enrollee utilizing the applicable State-operated eligibility verification system. In addition, the Department will provide monthly eligibility reports containing required eligibility information. The Transportation Broker(s) will become a registered user of the system operated through the Department, in accordance with applicable rules.

The Transportation Broker(s)' system will receive and process requests from medical practitioners 24 hours a day/7 day per week including integration with Electronic Medical Record (EMR) systems and/or the state's Health Information Exchange (HEI), as practicable. The system should minimize the time and effort needed by the medical practitioner and will accommodate both one (1) time (ad hoc) and multiple trip requests (i.e., standing orders). The system will also accommodate hospital and emergency department discharge requests, with pickup and transport occurring within a reasonable timeframe of receipt of the request, but not exceeding three hours from the request. This will also be available 24 hours a day/7 days per week throughout the term of the Contract.

The Transportation Broker(s) will:

- Have a secure online system using multifactor authentication and a predetermined, Department approved decision-making algorithm to automatically determine the most medically appropriate mode of transportation.
- Implement and use processes to establish, monitor, and measure continuous quality improvement in the areas of transportation service delivery, customer service, and overall management.
- Develop reservation procedures that encourage the use of telehealth when available and medically appropriate.
- Have medical justification forms (Form-2015) and Common Medical Marketing Area (CMMA) forms (Form-2020) reviewed by the Transportation Broker's utilization review team who have been trained by, and work under the supervisor of a Registered Nurse, Nurse Practitioner,

Physician Assistant, or Physician on the Transportation Broker's staff as outlined in Section 4.2.1 Staffing.

- Routinely review the medical appropriateness of all modes of transportation and for transportation to covered services outside of the common medical marketing area.

Determining Appropriateness of Mode of Transport

The Transportation Broker(s) shall first require enrollees to use public transit when accessible and medically appropriate for the enrollee. If public transit is not available, or not medically appropriate, the requested trip will be scheduled at the most medically appropriate available mode of transportation covered by Medicaid.

Medical Justification Review Verification of Medicaid Transportation Abilities (Form-2015)

The utilization of non-emergency ambulance, ambulette, or livery service (where public transit is an available option) requires written justification from a medical practitioner treating the patient. The Transportation Broker(s) shall obtain documentation from the medical practitioner to support and justify prior authorization before these modes of transportation can be utilized. The process of obtaining the medical justification will include the use of a medical justification form (Form-2015) created and approved by the Department (Attachment K).

It is the responsibility of the Transportation Broker(s) to have a valid Form-2015 on file for every enrollee utilizing modes of transport above the lowest mode available in an area. The Form-2015 will determine what level of service is appropriate and the period of time for which the higher level of service is medically necessary. The Transportation Broker(s) will have a mechanism to determine when an updated 2015-Form is needed and notify the enrollee and their medical provider 30-days prior to the expiration date on the form. Forms will need to be updated annually or prior to the expiration date on the existing form, whichever is sooner.

The Transportation Broker(s) must have the capability for medical providers to complete and submit the Form-2015 (e2015) online using a Multi Factor Authentication process approved by the Department. The e2015 submission allows for an immediate approval or denial using a pre-approved decision-making algorithm. Hard copies of the form shall also be available for downloading from the Transportation Broker's website. The Transportation Broker(s) will be required to comply with the most up to date policy and procedure regarding verification of Medicaid transportation needs as directed by the Department.

The Verification of Medicaid Transportation Abilities Form (Form-2015) shall be uploaded, as applicable, to the Transportation Broker's repository system in its entirety, making it easily retrievable by the Transportation Broker(s) upon request by the Department. The format of this documentation will be determined by the Department and may be subject to change throughout the term of the contract.

The Transportation Broker(s) shall seek new Verification of Medicaid Transportation Abilities Form for an enrollee any time there is a change in an enrollee's health status that necessitates a change to their mode of transport or, at a minimum, annually. Additionally, the Transportation Broker(s) may request an updated Form-2015 at any time. During the transition phase, the Transportation Broker(s) shall be able to accept active forms from the Department, previous contractor(s) or any of its authorized agents if applicable.

The Transportation Broker(s) will track and report to the Department on a monthly basis on the following:

- A listing of all enrollees for whom temporary higher mode trips for life sustaining services has been authorized without a Form-2015.

- A listing of all enrollees for whom Form-2015 is not required (e.g. enrollee is discharged from a hospital, enrollee's residence or the medical provider's location is further than the required walking distance from a public transit route).
- A listing of all enrollees for whom taxi/livery has been scheduled because the public transit schedule cannot accommodate the medical appointment time.
- A listing of enrollees who receive a trip at a higher mode above public transit (taxi or ambulette) without a Form-2015 being on file when the lowest mode was available in the area.

To ensure reliability and reduce fraud, waste and abuse, the Transportation Broker(s) shall alert the Department for referral to OMIG when a pattern is identified whereby a medical provider submits multiple Forms-2015 on behalf of several enrollees all indicating a similar medical justification. The medical provider may be contacted by a member of the Transportation Broker's utilization review team to discuss each enrollee's needs and proper completion of each Form-2015.

Historic volumes of medical justifications received in New York State are outlined in Attachment H, Table 9a and 9b.

Public Transportation

The Transportation Broker(s) shall arrange for public transportation for enrollees who meet the eligibility criteria for public transportation as being the most appropriate mode of transport. This includes working with public transit entities to adjust their routes in order to accommodate Medicaid transports and maximizing the use of the Public Transit Automated Reimbursement ("PTAR") system in New York City as directed by the DOH. PTAR is a web-based system that allows participating providers and facilities to submit, track, reimburse and process payments for transactions for public transport costs for eligible Medicaid clients.

When assigning public transportation, the Transportation Broker(s) shall:

- Have procedures for timely distribution of public transportation passes and PTAR MetroCard or MetroCard reimbursement or any future public transit pass systems to the enrollee. The broker shall work with the department and relevant public transit operators to optimize existing and future technology enabled public transit authorization and payment mechanisms.
- Provide the enrollee with the tracking or delivery information for public transportation passes sent fewer than two (2) business days from the appointment time and require signature at delivery.
- Send the enrollee replacements for reloadable public transportation passes that are defective or unusable.
- Ensure that the public transportation schedule is compatible with the enrollee's appointment time.
- Not require the enrollee to use public transportation when the public transportation is more than $\frac{3}{4}$ mile from their residence, or from the location at which the enrollee will be receiving a Medicaid covered service.
- Assure that public transit and other modes like taxi/livery are not authorized and paid in a duplicative fashion for the same enrollee.

Group Rides

The Transportation Broker(s) shall identify and arrange group rides for enrollees with similar pick-up and drop-off locations with recurring appointments with similar timeframes in a manner approved by the Department. The Transportation Broker(s) shall only assign enrollees to group rides when the mode of transportation is medically appropriate.

Scheduling Transportation

The Transportation Broker(s) will utilize an automated method to schedule authorized transportation services and will ensure that trip assignment activities are performed efficiently, and in a manner that results in a limited number of trip reassignments. The Transportation Broker(s) will use a scheduling method capable of accommodating recurring trips, one-time trips, reservations, hospital and emergency room discharges. The Transportation Broker(s) shall adhere to patient choice except in circumstances where that choice cannot be reasonably honored (e.g., provider overcapacity, ongoing provider quality issues, provider mode does not match enrollee needs).

The Transportation Broker(s) shall not change a scheduled transportation provider within one (1) business day of the appointment date, except for reasons related to safety, quality and/or vehicle availability.

The scheduling shall accommodate additional riders such as:

- Medically necessary escorts.
- A parent/guardian of a minor enrollee.
- A newborn traveling with the enrollee to the enrollee's post-partum visit.

4.2.6 Special Transportation Requests

The Transportation Broker(s) will work directly with the Department to develop and implement guidelines for authorizing multiple trips for enrollees who regularly attend scheduled medical care, day programs, transportation outside the common medical marketing area, non-emergency air ambulance transportation, nursing home transportation, and hospital admissions and discharges. These guidelines will be finalized by the operational start date.

The Transportation Broker(s) shall be able to process requests from enrollees or medical providers for travel to and from major medical facilities in cities located across the United States and its territories, including arranging for fixed or rotary wing air ambulance and commercial air transportation by the operational start date.

When appropriate, the Transportation Broker(s) will make arrangements for lodging and other necessary travel related needs in accordance with Department approved guidelines and will seek Department's approval on any unusual costs or costs that exceed what is considered to be routine expenses (see Attachment D, Travel Reimbursement Policy Manual).

Callers requesting emergency ambulance transportation to a hospital emergency department will be directed to call emergency services (911).

4.2.7 Denial of Transportation Services

The Transportation Broker(s) may not arbitrarily take an action on a transportation request solely because of the diagnosis, type of illness, or medical condition of the enrollee. At the time that an adverse action is taken to **reduce or deny** a transportation service, the Transportation Broker(s) shall:

- Verbally notify the enrollee the same day.
- Enter the reason(s) for the decision in its database.
- Mail a decision letter to the enrollee no later than the next business day following the date of the decision.
- Represent the Department of Health at State Fair Hearings, including preparing any required documentation.

The decision letter will be in the form of a template approved by the DOH and will notify the enrollee of:

1. The action taken and reasons for the action.
2. The right to appeal the decision and include appeal and State Fair Hearing information.
3. Basic instructions regarding the grievance filing process and outlining the enrollee's options to:
 - Request a telephone conference to discuss the matter further,
 - Receive relevant information, and
 - Request a State Fair hearing.

A copy of the decision letter shall be uploaded to the enrollee's record in the Transportation Broker's system within one (1) business day of determination.

In the event that the Transportation Broker(s)' decision to reduce or deny a transportation service is overturned, the Transportation Broker(s) shall:

- Verbally or electronically through a HIPAA compliant secure transmission inform the enrollee of the change in the decision
- Provide written correspondence to the enrollee to confirm the correction no later than the next business day following the date of the correction.
- A copy of the correction letter shall be uploaded to the enrollee's record in the Transportation Broker's system within one (1) business day of determination.

The DOH, at its sole discretion, may change its policies, and therefore potential reasons to deny trips, and the Transportation Broker(s) shall comply by adding, modifying, or deleting denial criteria or reasons when requested to do so by the Department. Additionally, the Department, at its sole discretion, may review and reverse a denial decision made by the Transportation Broker(s). The DOH will notify the Transportation Broker(s) in writing of any such changes.

4.2.8 Education, Training, and Outreach Activities

The Transportation Broker(s) shall be responsible for developing and executing a comprehensive education, training and outreach plan for Medicaid providers that order transportation services prior to the operational start date. The Department reserves the right to review and approve such plans prior to the implementation of those plans.

Transportation Providers

Thirty (30) calendar days prior to the operational start date, the Transportation Broker(s) will develop and submit a Transportation Providers' Network Manual for the DOH's review and approval. Such manuals shall be kept up to date by the Transportation Broker(s) during the term of the contract and shall include but not be limited to:

- An overview of the Medicaid transportation program and applicable State statutes and regulations.
- Procedures for handling accidents, moving violations, and vehicle breakdowns.
- Driver qualifications and conduct.
- Vehicle requirements.
- Driver standards and requirements for pickup, transport, and drop off.
- Record keeping requirements.
- Procedures for handling complaints.
- Proper use of attendants.

- Sensitivity, and awareness training, including emphasis that timeliness is critical for dialysis and cancer treatment trips.
- Any other items that may be required by the Department.

Collaborate with Local Stakeholders

The Transportation Broker(s) shall be responsible for developing and executing a comprehensive education, training and outreach plan for Medicaid enrollees, including enrollee quality assurance prior to the operational start date.

The Transportation Broker(s) will provide, at a minimum, an annual stakeholder meeting throughout its contracted region to solicit input from transportation and medical providers. The Transportation Broker(s) shall engage the DOH during the planning phase of the stakeholder meetings. The meetings will be held face to face with the option to participate remotely at no cost to participants.

The Transportation Broker(s) will make regional (i.e., multiple contiguous counties) liaisons available to transportation and medical providers. The liaisons will conduct onsite visits and remote meetings when requested to train providers on the Transportation Broker's call center, answer questions, and resolve any issues in need of being addressed.

4.2.9 Enrollee and Transportation Provider Fraud, Waste, and Abuse

The OMIG will fulfill its role as an independent office within the Department established pursuant to Title 3 of Article 1 of the New York State Public Health Law, which is responsible for the detection and investigation of fraud, waste and abuse in the Medicaid program. Nothing in this RFP shall be interpreted to limit the authority of OMIG. Accordingly, OMIG will, in accordance with Title 3 of Article 1 of the New York State Public Health Law, and as authorized by federal or state laws and regulation, have the right to review, audit or investigate the Transportation Broker(s) and any service providers, to determine compliance with federal and state laws and regulations and the terms of the contract, and to take any action authorized by law, including but not limited to the recovery of overpayments. The Transportation Broker(s) will cooperate with any audits, reviews or investigations by OMIG in coordination with the Department. The Transportation Broker(s) is responsible for proactively identifying and reporting any case(s) of potential fraud, waste or abuse to OMIG.

The Transportation Broker(s) shall recommend and develop methods to identify and prevent fraudulent and/or abusive practices or activities by transportation providers and Medicaid enrollees. The Transportation Broker(s) will also respond to requests from enforcement agencies (e.g. Attorney General's Medicaid Fraud Control Unit (AG MFCU), U.S. Department of Health & Human Services Office of the Inspector General ("HHS-OIG"), OMIG, and various law enforcement agencies) for trip-related information pertinent to fraud investigations as directed by the Department.

While the investigation of cases involving Medicaid fraud, waste and abuse cases is the principal responsibility of the OMIG, the Transportation Broker(s) will develop policies and procedures, to be reviewed and approved by the Department prior to the operational start date, as applicable and reasonably requested, to identify potential fraud, waste and abuse by both transportation providers and enrollees and will report potential fraud, waste or abuse to the Department in writing within twenty-four (24) hours of identification, or by the close of the next business day, in a form or format that may be determined by OMIG.

Pre and Post Trip Verification

The Transportation Broker(s) shall develop an electronic system that allows medical providers to pre verify appointments and post verify enrollee attendance. This system shall store data in a retrievable format, using method approved by the Department and that may be accessible to the Department and OMIG, when needed. If the medical provider attests that no appointment exists or that the service is not a Medicaid covered service, the Transportation Broker(s) shall record in its electronic system the reason for the failed verification. The request for transportation will be denied and the denial communicated to the enrollee. If a pre-transportation verification cannot be completed because the contact with the provider resulted in no answer, the Transportation Broker(s) should flag the request for a post-transportation validation, and the attempt at verification should not be counted toward the Department's required verification rate.

If the Transportation Broker(s) verifies with the provider that there was no appointment, that the appointment was not kept, or that the service was not a Medicaid covered service, the Transportation Broker(s) should record the reason for the failed verification in its electronic system. If a pattern is identified, the Transportation Broker(s) will pre verify all transportation requests for the enrollee.

If a verification cannot be completed because the medical provider did not respond or refused to provide verification, the Transportation Broker(s) shall record this in its electronic system. The Transportation Broker(s) shall report to the Department on a monthly basis, a list of all medical providers that have been unresponsive to verification requests.

Trip verifications include the following:

- Standing orders are requests for prescheduled transportation to recurring Medicaid-covered service appointments at the same location, and often with the same transportation provider. These orders usually occur at the same time(s) and day(s) every week. Trips for hemodialysis treatment are an example of a standing order. 10% or more of all trips will be pre-verified by the Transportation Broker(s) using a methodology proposed by the Contractor and approved by the Department.
- 10% or more of all trips will be post verified by the Transportation Broker(s) using a methodology determined by Department.

The Transportation Broker(s) will focus on modes of transportation, treatment types, and trip request sources which have historically shown a greater risk for fraudulent activities as determined by the Department in consultation with OMIG. 100% of enrollees who have been identified as having a trip arranged that failed a verification check, will be subject to having their appointments both pre and post verified in a manner and for a period of time, approved by the Department.

The Transportation Broker(s) will provide a Monthly Trip Verification Report to the Department. This report will include the outcome of the attempted verifications, detailed summary of transportation mode, detailed summary of trip request source, and medical facilities who were not willing to verify trips, in a format approved by the Department.

At any time, the Department reserves the right to request additional information and to amend the pre-trip and post-trip verification processes.

4.2.10 Processing Payments to Enrollees for Incurred Transportation Expenses

The Transportation Broker will be responsible for making payments to enrollees for prior approved personal travel expenses, such as mileage reimbursement, meals, and tolls. The Transportation Broker will reimburse enrollees or pay directly for commercial transportation, such as Greyhound, Amtrak, or commercial air, when medically necessary or most cost effective. These expenses may also include

reimbursement for costs associated with medically necessary long-distance travel. The Transportation Broker(s) will be responsible for paying for Medicaid enrollee transportation costs consistent with the Department's Medicaid Transportation Travel Reimbursement Policy Manual. See Attachment D.

The Transportation Broker(s) will be expected to arrange, authorize and pay for covered travel-related expenses incurred by enrollees traveling to and from prior authorized Medicaid covered services, using the "Travel Reimbursement Policy Manual", (Attachment D) as guidance. The Transportation Broker(s) is expected to reimburse enrollees' authorized expenses incurred within thirty (30) calendar days of claim submission. The Transportation Broker(s) will educate enrollees on reimbursable travel related expenses that are allowable in the Medicaid program outlined in Attachment D.

Only prior approved pickup/drop-off locations and total trip mileage will be authorized for payment. Any mileage will be authorized using the shortest distance regardless of route traveled. Any deviations from the prior approved total trip mileage or destination locations will be considered on a case by case basis and if there is a legitimate need for correction.

The Transportation Broker(s) will develop and implement an efficient and timely mechanism to authorize and make payment directly to enrollees, representatives, family members, and volunteer drivers who provide transportation. Authorization verification may include, but not be limited to possessing a valid driver's license and providing proof of residency. Note that volunteer drivers (including those serving in Medicaid enrolled Volunteer Drivers Associations), including friends and neighbors who provide transportation for an enrollee using a personally owned vehicle must have a valid driver's license on the service date to be considered eligible for Medicaid reimbursement (see Attachment D, Travel Reimbursement Policy Manual).

The Transportation Broker(s) will maintain detailed accounting of trip information, including enrollee information, service date, origination and destination addresses, mode of travel, mileage units (where applicable), and total trip cost.

4.2.11 Reimbursement of Claims to Transportation Providers

Payments to Network Providers

The Department's eMedNY system will reimburse network transportation providers for transportation services prior approved by the Transportation Broker. The Transportation Broker(s) will ensure all necessary system changes are made to transmit authorization data to the Department's Medicaid prior authorization and payment system, including eMedNY.

Payments to Transportation Providers Not Enrolled in NY Medicaid

The Transportation Broker will directly pay transportation providers not enrolled in NY Medicaid for transportation services prior approved by the Broker. Examples of this include out-of-state transportation performed by transportation providers not enrolled in NY Medicaid and transportation via public transit entities not enrolled in NY Medicaid.

Third Party Billing

Third-party liability (TPL) refers to any individual, entity (e.g., insurance company) or program (e.g., Medicare), including group health plans, as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974 <https://www.dol.gov/general/topic/retirement/erisa> (29 USC and 1167 (1)) service benefits plans, and Brokers that are or may be liable for all or part of an enrollee's health coverage. Under Section 1902(a)(25) of the Social Security Act, the Department and its Brokers are required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of the Medicaid enrollee.

The broker will act as the Department's authorized agent for the limited purpose of collecting payments from third-party liability (TPL) payers on Medicaid transports they arrange. The broker will vigorously pursue and bill prior TPL resources as these amounts are considered part of their risk-based capitation payment. The broker is prohibited from delegating this responsibility to its providers and/or members of its provider network. The broker will reimburse provider claims regardless of any TPL or subrogation resource and must not pend, deny, or hold in abeyance any transportation provider payment for the sole purpose of awaiting or pursuing a TPL or subrogation collection or payment. All information on the third party, including collections and collection attempts are to be reported to the State in a format and schedule determined by the Department.

4.2.12 Standard Operating Written Procedures and Guidelines

At least thirty (30) calendar days prior to the non-emergency medical transportation services operational start date, the Transportation Broker(s) will develop formal written procedures and guidelines for their management of the Medicaid transportation broker program and submit them for approval to the Department prior to their implementation by their staff. Once approved by the Department, the procedures and guidelines will be distributed by the Transportation Broker(s) to all staff and regularly updated to reflect changes in program requirements. The procedures and guidelines will be reviewed by the core management team outlined in Section 4.2.1 at least annually to assure ongoing applicability of the information. When necessary changes are identified, such changes shall be incorporated in the Transportation Broker's written procedures within ten (10) business days of notification that such changes are necessary.

4.2.13 Provide and Maintain a Network of Transportation Providers

The Transportation Broker(s) will establish a network of Medicaid enrolled transportation providers approved by the Department with sufficient capacity to provide the transportation services covered under the scope of this RFP prior to the Operational start date. The Broker shall submit to the Department a list of their network providers with demonstrated network capacity to handle estimated service volume no later than 30 days prior to the Operational start date. At its sole discretion, the Department reserves the right to request a list of network providers with demonstrated network capacity and may direct the broker to expand their network to meet service demand at any point in the contract period.

In establishing and administering the transportation provider network, the Transportation Broker(s) shall ensure compliance with the following requirements:

- A. The Transportation Broker(s) must be independent in relationship from each of the transportation providers within their network and under a service agreement to provide non-emergency medical transportation services under this RFP. For purposes of this contract, independence is defined as the absence of full or partial ownership of, financial investment in, or any other relationship to or with a transportation provider contracted for the provision of transportation services under this RFP, or to any parent company(ies). The Department shall be the sole judge of acceptable degree of independence. The Transportation Broker(s) must also comply with the requirements related to prohibitions on referrals and conflict of interest set forth in 42 C.F.R. § 440.170(a)(4)(i)(D).
- B. The Transportation Broker(s) is prohibited from contracting with providers who have been excluded, terminated or suspended from participation in the Medicaid or Medicare programs. The Transportation Broker(s) are responsible for documenting that the transportation network providers, and employees or contractors thereof, are not listed on either the federal or State exclusionary websites. The Transportation Broker(s) shall conduct exclusion checks at least monthly. Failure to comply with this requirement may be cause for contract termination.

<https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>

<https://exclusions.oig.hhs.gov/>

[Other databases, as required by 42 C.F.R. § 455.436.](#)

C. The Transportation Broker(s) shall be responsible for and require network providers to maintain a daily log with such information and in such format as determined by the Department, and at a minimum must include the following information:

- Date.
- Driver name.
- Driver signature (or authenticated log-in ID).
- Transportation provider name and number.
- Actual pick-up time.
- Identify each authorized enrollee, including with actual pick up time.
- Actual pick-up location.
- No-show indicator.
- Each actual drop-off time for authorized enrollee.
- Actual drop-off location.
- Actual drop-off time.
- Authorized stamp and signature of transportation provider .
- Any other pertinent information regarding completion of the trip (e.g. emergency event, vehicle break down or accident, etc.) as required by the Department.

D. The Transportation Broker(s) will provide the network transportation providers with access to a live electronic (GPS) system for the Transportation Broker(s) to track vehicles. This functionality shall be in one hundred (100%) of all vehicles and shall be capable of collecting data for all Medicaid trips. The Transportation Broker(s) will assure this system is capable of capturing electronic drivers' signatures, attesting to the completion of the trip, and the enrollee's pick-up and drop-off locations. Additionally, the Transportation Broker(s) shall monitor the automated trip data and provide monthly reports to the Department, indicating "on time" and "no show" performance tracking data. This system will be in place prior to the Operational start date unless a different implementation schedule is approved by the Department.

The Transportation Broker's GPS tracking system shall be able to track vehicles in real-time and be capable of capturing and saving the actual pick-up time and location and the actual drop-off time and location for each assigned trip. The Transportation Broker(s) will use data from the electronic tracking system to monitor the timeliness of transportation provider and to provide monthly reports to the Department.

The Transportation Broker(s) shall comprehensively test the electronic tracking system in vehicles in various service areas no less than thirty (30) days prior to the Operational start date. The Department reserves the right to require additional testing to ensure the electronic tracking system provides appropriate and accurate data. Testing is deemed complete once the Transportation Broker(s) receives written acceptance from the Department.

E. Transportation Broker(s) shall ensure that all drivers employed by network transportation providers shall comply with the following requirements, and any other state and local licensing requirements.

- All drivers, during their employment, must be at least eighteen (18) years of age and have a current, valid driver's license from New York or another state to operate the transportation vehicle to which they are assigned.
- All drivers and escorts will be courteous, patient, and helpful to all passengers and be neat and clean in appearance.
- Driver or escorts must not use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time.
- All drivers and escorts shall wear or have visible, easily readable proper organization identification as well as nametags for the drivers identifying the individual.
- At no time will drivers or escorts smoke while in the vehicle, while involved in enrollee assistance, or in the presence of any enrollee.
- Drivers or escorts shall not utilize any type of electronic device at any time the vehicle is in motion.
- Drivers and escorts shall provide necessary assistance, support, and oral directions to passengers.
- Network transportation providers can only provide transportation services that have been authorized by the Transportation Broker(s).
- Network providers shall wait at least fifteen (15) minutes after the scheduled pick-up time before "no-showing" the enrollee at the pick-up location. The network provider shall document all "no shows."

The Department reserves the right to add or modify network transportation providers and driver requirements, which the Transportation Broker(s) shall implement.

F. The Transportation Broker(s) will ensure that transportation providers in their network maintain all vehicles adequately to meet the requirements set by the State and its relevant oversight agencies. The Transportation Broker(s) network transportation providers must comply with the following:

- All vehicles must be registered with the NYS Department of Motor Vehicles, in the appropriate registration class, and be properly insured.
- Have two-way radio or cellular phone communication capability.
- Provide valid DMV registration with expiration date and valid insurance ID card with expiration date.
- Be equipped with properly functioning air conditioner/heater/defrosters.
- Each vehicle shall have the ability to properly secure child safety seats, when provided by an enrollee or caregiver.
- Be equipped with a properly functioning speedometer and odometer.
- Have a clean interior and exterior.
- Other than ambulances, have the transportation provider's name, fleet number and telephone number prominently displayed within the interior of each vehicle. This information and the complaint procedures shall be available in written form in each vehicle for distribution to beneficiaries on request.
- Have a smoking prohibition use notice posted in all vehicle interiors, easily visible to the passengers.
- Include a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms. The accident procedure will include a requirement that the transportation provider informs the Transportation Broker of all accidents and incidents within 48 hours.
- Be sufficiently stocked with personal protective equipment for drivers in accordance with OSHA Standards 1910.1030 and 1910.134, and any other applicable statute or regulation.

- All vehicles are equipped with GPS capability and transmit coordinates and other related data to the broker as required.
- Follow all Cleaning/Disinfection requirements and Reporting as outlined in Attachment N

All vehicles shall be made available to the Transportation Broker(s) for inspection upon request. The Transportation Broker(s) will collect and review evidence of existing required vehicle inspections and shall perform inspections of network transportation provider vehicles and/or physical locations as deemed necessary due to complaints or other indicators that inspections may be prudent or as directed by the Department.

- G. The Transportation Broker(s) shall negotiate rates for related transportation services with network providers. The Transportation Broker(s) may negotiate rates through competitive bidding or utilize other strategies to ensure that the most medically appropriate and least costly transportation services are provided. Value based payment arrangements are encouraged where possible.
- H. The Transportation Broker(s) will establish a process to allow for post-trip approval of transportation services in accordance with Department regulations and policies. Post-trip approval is allowed in instances when approval prior to the trip was not obtainable, such as in situations where the person was not eligible for Medicaid transportation benefits on the date of travel, but subsequently was determined to be retroactively Medicaid eligible to cover transportation benefits on that service date. The post-trip approval policy shall ensure that all applicable requirements of prior approvals are considered for the post-trip authorization and shall establish a timeliness requirement for the submission of post-trip approval requests in accordance with Department regulations and policies.
- I. The Transportation Broker(s) will be able to record the geographic area in which each transportation provider within the network will accept trip assignments, their days and hours of operation and service capacity and be able to make “real time” adjustments to reduce scheduling reassignments. This shall include county, city, and other relevant local level detail throughout the State.
- J. The Transportation Broker(s) shall ensure that transportation providers comply with the following passenger safety requirements:
- Passengers must have their seat belts buckled while they are inside the vehicle. The driver shall assist passengers who are unable to fasten their own seat belts if requested.
 - The driver shall not put the vehicle in motion until all passengers have been properly secured.
 - The number of persons in the vehicle, including the driver, shall not exceed the vehicle manufacturer’s approved seating capacity.
 - Upon arrival at the destination, the vehicle shall be parked or stopped so that passengers do not have to cross streets to reach the entrance of their destination.
 - If passenger behavior or other conditions impede the safe operation of the vehicle, the driver shall park the vehicle in a safe location out of traffic and notify their dispatcher or 911 to request assistance.
- K. The Transportation Broker(s) will provide stretcher service to Medicaid eligible enrollees as an alternative mode of transportation for pre-authorized trips consistent with Department policy, including for bariatric-related trips. Stretcher service is provided to an individual who cannot be transported in an ambulatory or wheelchair van, and who does not need the medical services of an ambulance. Stretcher van service does not provide emergency medical transport and does not include any medical monitoring, medical aid, medical care, or medical treatment during transport. A driver and an assistant shall staff the vehicle, which is specifically designed and equipped to provide transportation of individuals on an approved stretcher.

4.2.14 Network Credentialing Responsibilities

- A. Prior to the Operational start date, the Transportation Broker(s) will operationalize a credentialing and re-credentialing process approved by the Department of all network providers, including all drivers and escorts to ensure that those requiring licensure/certification under the scope and terms of this RFP are qualified to perform covered services. This process must include, at a minimum:
- Checking that all contracted transportation providers have completed exclusion checks and driving record reviews of all employees who may interact with a Medicaid enrollee.
 - Requiring that the transportation provider demonstrate insurance coverage that meets the standards set forth in the transportation provider's network service agreement.
- B. The Transportation Broker(s) shall have written policies and procedures for the credentialing process that include the Transportation Broker's initial credentialing of providers, as well as, its subsequent re-credentialing, re-certifying (i.e., re-evaluating driving records, insurance coverages, and drug testing of employees) and/or re- appointment (i.e., re-contracting with the transportation providers once conditions set forth in this section are met) of providers.
- C. The initial credentialing process shall obtain, review and verify at minimum, the following information:
- Valid New York or other valid state driver license.
 - Valid vehicle registration.
 - Valid vehicle inspection.
 - Valid Certificate of Insurance.
 - Valid insurance identification cards.
 - Confirmation of enrollment as a Medicaid transportation provider.
- D. The network provider credentialing and re-credentialing process shall include review of data from and include considerations of transportation provider performance:
- Results of quality reviews.
 - Utilization management.
 - Customer satisfaction surveys.
- E. The Transportation Broker(s) retains the right to approve newly added transportation providers to the network, and to terminate or suspend individual network transportation providers with the approval of the Department. The Transportation Broker(s) shall have policies and procedures for the suspension, reduction or termination of network privileges, which will be subject to the Department's approval. The Transportation Broker(s) shall report immediately to the Department any recommended suspension, reduction or termination of a network provider's privileges.
- F. The Transportation Broker(s) will provide a mechanism for, and evidence of, the implementation of the reporting of serious quality deficiencies resulting in suspension or termination of a provider, to the appropriate authorities. Such deficiencies shall be reported to the Department's designated contract manager. While the Transportation Broker(s) may terminate a network provider for "no cause", the network provider shall be afforded an appeals process, which will be described in the Transportation Broker(s)'s operations manual and will be subject to Department approval. This process shall not apply in cases involving imminent harm to enrollee care, a determination of fraud, or a final disciplinary action by a State licensing board (if applicable) or other governmental agency.

4.2.15 Network Service Agreements

- A. The Transportation Broker(s) will negotiate service agreements with transportation providers participating in their network. For this purpose, the Transportation Broker(s) shall develop a standard agreement template for approval by the Department. The Transportation Broker(s) is not required to negotiate service agreements with enrollee or individual family and neighbor drivers but will negotiate an agreement with volunteer driver associations in their network. The Transportation Broker(s) shall maintain a record of the Transportation Broker(s)'s executed service agreement for each contracted transportation provider.

Service agreements must include the minimum following requirements:

- Prohibition from sub-contracting transportation services to a third-party payment administration plan.
- Levels of transportation provided.
- Attendant services policy.
- Telephone and vehicle communication systems.
- Computer requirements.
- Area of transportation provider operation and acceptable trip volume.
- Pick-up and drop-off standards.
- Driver and attendant qualifications.
- Driver conduct.
- Vehicle requirements.
- Back-up service arrangements.
- Quality assurance standards.
- Training for drivers and attendants.
- Confidentiality of information.
- Evidence of adequate insurance.
- Ability to interface with the Transportation Broker's electronic tracking system.

- B. The service agreement must also include language that is substantially similar to the following statement:

“In the instance of default by the broker, and at the sole request of the Department of Health (the “Department”), which it may exercise in its sole discretion, the service agreements (the “Agreements”) shall be assigned to the Department or its agent by the broker for continued provision of transportation services; provided, however, all of the broker's liabilities and obligations incurred prior to the date of assignment under the Agreements shall remain the sole and exclusive obligation of the broker. All terms, conditions, and rates established by the Agreements shall remain in effect until or unless renegotiated with the Department or its agent subsequent to any default action or unless an Agreement is otherwise terminated by the Department at its sole discretion.”

- C. The Transportation Broker(s) will submit for Department approval, a proposed service agreement that will be used with transportation providers, within thirty (30) calendar days following issuance of the intent to award the contract by the Department. At any time during the contract term, should the Transportation Broker(s) require any material amendments to the service agreement, these amendments shall be submitted to the Department for review and approval prior to effectuation.
- D. The Transportation Broker(s) shall terminate a service agreement with a transportation provider when substandard performance is identified and when the transportation provider has failed to take satisfactory corrective action within the time period defined in the corrective action plan. The

Department reserves the right to direct the Transportation Broker(s) to terminate any service agreement with a transportation provider when the Department determines it to be in the best interest of the State.

- E. The Department reserves the right to require other standard clauses within the services agreement between the Transportation Broker(s) and transportation providers, which may be required as an Appendix to each services agreement.

4.2.16 Quality Assurance

The Transportation Broker(s) will develop and execute a Quality Assurance (QA) Plan subject to DOH approval to be submitted within thirty (30) days after contract approval by OSC. The DOH reserves the right to amend the plan at any time to add, delete, or modify the quality assurance initiatives. The QA Plan shall include but not be limited to the following components:

Complaint Resolution

The Transportation Broker(s) shall maintain a formal complaint process approved by the DOH to do the following:

- Allow enrollees, medical providers, transportation providers and other entities to initiate complaints through an online complaint web page, by telephone, mobile application, or in writing.
- Acknowledge all complaints within twenty-four (24) hours of receipt of complaint.
- Investigate the complaints.
- Deem all complaints as substantiated or unsubstantiated within ten (10) business days of receipt of the complaint unless lack of resolution of such complaint would result in loss of access to transportation services in which case the complaint shall be substantiated or unsubstantiated and resolved within seven (7) calendar days or less.
- Communicate the outcome to the complainant within ten days (10) business days from receipt of the complaint unless lack of resolution of such complaint would result in loss of access to services in which case the complaint shall be resolved in seven (7) days or less.
- Track the number of business days to close each complaint and provide an aggregate metric on the average time to close complaints
- In accordance with Section 365-h(4)(b)(ii)(I) of the Social Services Law, maintain a record of all complaints, resolutions, and any corrective action(s) taken.

Resolution of complaints by the Transportation Broker(s) is subject to the discretionary review of the Department and unresolved complaints may be sent back for additional review and additional action by the Transportation Broker(s). The Transportation Broker(s) may be required to submit proof of any corrective action deemed necessary as a result of the Department review.

The Transportation Broker(s) shall report all complaint findings to the Department on a monthly basis.

Transportation Provider Performance

In order to participate in NY Medicaid, including the Transportation Broker's network, transportation providers must be enrolled as NYS transportation providers.

<https://www.emedny.org/info/ProviderEnrollment/>

Additionally, all transportation providers including those in the Transportation Broker's network, shall meet all applicable Federal, State, County and Municipal requirements for legal operation. Per Section 1 – Requirements for Participation within the Transportation Manual – Policy Guidelines, available at: https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf.

The Transportation Broker(s) will develop and propose a methodology evaluated by the Department to objectively measure transportation provider performance to ensure that enrollees receive quality transportation services within the Transportation Broker's network. The performance measurement methodology and standards will be communicated to the transportation providers prior to the implementation of the performance measurement plan. For example, the Transportation Broker(s) shall develop a plan to review each transportation provider's compliance with the DOH's policies regarding pick up and wait times.

Transportation providers that demonstrate a pattern of substandard performance, as determined by the Transportation Broker(s) or the DOH, will be asked by the Transportation Broker(s) to submit a corrective action plan subject to the review and approval by the Transportation Broker(s). If the provider continues to deliver substandard services, the Transportation Broker(s) will execute contractually governed administrative action, and possible termination from the Transportation Broker's network. The Transportation Broker(s) will create and disseminate a semi-annual report to each transportation provider that summarizes feedback provided to the Transportation Broker(s) concerning the transportation provider's performance as listed in Section 4.3 Record Keeping and Reporting.

Transportation Broker's Oversight of Transportation Provider Network Performance Standards

Thirty (30) calendar days after contract approval, the Transportation Broker(s) will submit a Transportation Network Performance Plan ("TNPP") subject to the Department's review and approval prior to the Operational start date. The TNPP shall describe how the Transportation Broker(s) will assess transportation provider performance, including deficiencies, when the deficiencies will be sent to the Department and the transportation provider, and what corrective actions will be taken to address the deficiencies.

The TNPP shall include at a minimum:

- Which performance areas will be monitored;
- How the performance will be monitored (data, complaints, etc.);
- Which type of incidents and data benchmarks trigger corrective action;
- Manner and timeframe in which deficiencies and corrective actions plans will be reported to the Department, and
- Consequences for failure to address deficiencies within the determined timeframe.

The Department reserves the right to request a corrective action plan on a transportation provider prior to Transportation Broker(s) identification of deficiencies. The Department anticipates that transportation provider performance data will be made available for public consumption during the contract term.

Transportation Broker(s) Performance

The Transportation Broker(s) will, at the direction of the Department, measure enrollee satisfaction with transportation services. The quality improvement process shall include proactive strategies aimed at obtaining enrollee feedback and recommendations and not rely solely on complaint resolution as a measure of improvement. At its sole discretion, the Department may also conduct enrollee satisfaction surveys.

Quality Assurance Monitoring

The Quality Assurance Plan will also include:

- Scheduling and delivering transportation services, including determining how the Transportation Broker(s) will monitor and evaluate transportation requests for a higher mode of transport without the required approved 2015 form on file.
- Description of how the Transportation Broker(s) monitors key quality indicators.
- Description of how the Transportation Broker(s) will develop, implement, and evaluate corrective actions, or modifications to overall operations, as necessary, to address quality concerns.
- Description of how the Transportation Broker(s) will monitor the quality performance of transportation providers.
- Description of the staffing resources responsible for quality assurance activities.
- Samples of all reports related to quality assurance and performance monitoring, along with descriptions of their use and who is responsible for reviewing them.

The Transportation Broker(s) shall allow the Department to conduct onsite monitoring at its business location(s) and provide access for the Department to conduct a review of the Transportation Broker's records or to conduct an on-site review at any time to ensure compliance with contractual obligations.

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

Measure Stakeholder Satisfaction

In a manner and schedule approved by the Department, the Transportation Broker(s) will assess stakeholder satisfaction from medical providers, transportation providers and enrollees regarding their overall experience provided.

Accident and Incident Reporting

An "accident" is defined as a vehicle colliding with another vehicle, a physical structure, an object, a person, or an animal.

An "incident" is defined as an occurrence, breakdown, or public disturbance that interrupts the trip causing the driver to stop the vehicle, such as when a passenger or driver becomes unruly or ill.

All accidents and incidents where an enrollee is present (inside or around the vehicle in conjunction with a scheduled trip) must be reported.

Transportation providers must report accidents and incidents to the Transportation Broker within 48 hours of the event occurring. The Transportation Broker shall document the date and time when the transportation provider reported the event to the Broker.

The Transportation Broker shall notify the Department of an accident or incident within 24 hours of receiving the report from the transportation provider. The Transportation Broker will provide a detailed report of the accident or incident to the Department within 72 hours of the notification to the Department.

4.2.17 Disaster Recovery Plan

The Disaster Recovery Plan will outline the Transportation Broker's ability and procedures to manage transportation services for Medicaid enrollees during a natural disaster or any other acute emergency event that may disrupt telephone, information technology systems, and/or transportation services that includes every area within the Transportation Broker's designated region.

It is the responsibility of the Transportation Broker(s) to maintain adequate backup to minimize disruptions in service as well as ensure continued scheduling and transportation capability.

The Plan will address provisions for transporting Medicaid enrollees who need critical Medicaid covered services during adverse weather conditions, instances of security threats, states of emergency or other instances where normal road, air, or rail travel is impeded or dangerous. "Adverse weather conditions" includes, but is not limited to, extreme heat, extreme cold, hurricane, tropical storms, flooding, and heavy snowfall. "Disasters" that may impede access to Medicaid transportation include security-related threats such as pandemics, massive chemical spills, terrorist attacks, significant fires, and mass shooting incidents.

The Disaster Recovery Plan shall include the following components:

- Measures taken to minimize the threat of a disaster at the Transportation Broker's central business office and other facilities, including physical security and fire detection and prevention.
- Provisions for accepting enrollee telephone calls and scheduling transportation in the event of a disaster at the Transportation Broker's central business office or the failure of the Transportation Broker's reservation system.
- Procedures to be utilized to minimize the loss of required records in the event of fire, flood or other disaster.
- Off-site record storage and backup in the Continental United States.

The Transportation Broker(s) is required to submit a Disaster Recovery Plan within 30 calendar days of contract approval. This plan is subject to the review and approval by the Department. The Transportation Broker(s) shall incorporate modifications required by the Department within ten (10) calendar days of notification.

4.2.18 Project Implementation

No later than thirty (30) calendar days prior to the start of the Operational start date, the Transportation Broker(s) will submit a Transportation Broker Management Implementation Plan (the "Plan") for the Department's approval. The Plan will provide a schedule for the Transportation Broker(s) assuming transportation management activities from the previous contactor (if applicable). This Plan is subject to the review and approval of the Department and may be amended as required by the Department.

4.2.19 Operational Start Date Requirements and Readiness Testing

Before the Transportation Broker(s) can begin managing transportation services and be eligible to receive any payment, the Transportation Broker(s) must meet all of the requirements listed in this Section and pass an operational readiness-testing program. Representatives from the Department will visit the Transportation Broker's facility (either in-person or through audio-visual modalities) and determine whether all systems are operational and ready for full-time service.

The operational start date requirements and readiness testing items are as follows:

- Surety Bond (section 4.1) has been issued and received by the Department
- Resumes for core management team and clinical staff members have been reviewed and approved by the Department (Section 4.2.1)
- Direct contact telephone numbers for core management team members have been provided (Section 4.2.1)
- Organizational Plan has been reviewed and approved by the Department (Section 4.2.1)
- Call center staff are appropriately trained as outlined in Section 4.2.2
- The Call Center has been established and meets all requirements of Section 4.2.2 including:
 - A trip reservation system for customer service representatives to schedule trips on behalf of callers
 - A browser and mobile application accessible transportation request system for online users
 - Toll free telephone numbers and other voice and telecommunications devices including devices for the hard of hearing
 - Oral interpreting services, free of charge to Enrollees
 - An established call tracking system
 - A system to transcribe calls
 - A system to receive and process requests from medical practitioners 24/7 including integration with Electronic Medical Record (EMR) systems and/or the state's Health Information Exchange (HIE)
 - After hours coverage arrangements have been made
- Formal plan reviewed and approved by the Department for Backup Reservation Capability outlined in Section 4.2.3
- Create a Public Website as outlined in Section 4.2.4
- Create or tailor an existing automated system to manage reservations, scheduling, and efficient routing of requests as detailed in Section 4.2.5
- Demonstrate ability to utilize data received from outgoing contractor(s) in order to meet deliverables outlined in Section 4.2
- Establish an electronic system to process Form-2015s and Form-2020s (Section 4.2.5)
- Establish the ability to process special transportation requests outlined in 4.2.6
- Establish the necessary processes, including adequate clinical oversight, to review, and approve or deny, letters of medical necessity. (Section 4.2.7)
- Denial of transportation services protocols are established (Section 4.2.7)
 - This includes the appeals and grievance process
- Developed and executed a comprehensive education, training, and outreach plan for Medicaid Providers and Medicaid Enrollees (Section 4.2.8)
 - This includes the completion of training Medical Providers on the new processes for requesting transportation
- The Transportation Providers' Network Manual has been reviewed and approved by the Department (Section 4.2.8)
- Transportation providers have been informed of and trained on new processes to receive trips and subsequent authorization information
- The Department has reviewed and approved the policies and procedures to identify fraud and abuse by both transportation providers and enrollees (Section 4.2.9)
- Establish an electronic system that allows medical providers to pre verify appointments and post verify enrollee attendance (Section 4.2.9)
- Implemented an efficient and timely mechanism to authorize and make payments directly to enrollees, representatives, family members, and volunteer drivers who provide transportation (Section 4.2.10)

- Formal written procedures and guidelines for management of the Medicaid Transportation Broker program have been reviewed and approved by the Department (4.2.12)
- Established a Network of Transportation Providers which has been approved by the Department (Section 4.2.13)
 - This includes Network Provider vehicles are properly registered, insured and inspected per state, local, and municipal laws, codes and regulations.
- Provide the network transportation providers with access to a live electronic (GPS) system for the Transportation Broker(s) to track vehicles (Section 4.2.13)
 - This includes testing of the electronic system and approval by the Department
- Operationalize a credentialing and re-credentialing process for all transportation providers approved by the Department (Section 4.2.14)
 - This includes establishing policies and procedures for the suspension, reduction or termination of network privileges, which required the Department's approval
- Negotiate and Execute Service Agreements with the transportation providers participating in their network (Section 4.2.15)
- The Department has reviewed and approved the Quality Assurance Plan which includes Complaint Resolution, Transportation Provider Performance, and Transportation Broker Performance (Section 4.2.16)
- Transportation Network Performance Plan reviewed and approved by the Department (Section 4.2.16)
- Establish a Disaster Recovery Plan approved by the Department (Section 4.2.17)
- Transportation Broker Management Implementation Plan "The Plan" has been reviewed and approved by the Department if applicable (Section 4.2.18)
- Establish a flexible reporting capability (Section 4.3)
- Complete necessary security documents and execute a DUA as outlined in (Section 4.7)
- Services rates are set, communicated to providers and loaded to eMedNY
- The necessary system changes have been made to transmit authorization data to the Department's Medicaid prior authorization and payment system, including eMedNY.
- Any other items or functions that may be required by DOH and or OMIG, due to changes in Regulations, Policies or Procedures, that may or may not have been listed in this RFP

Technology Demonstration

The Transportation Broker(s) will also be required to complete a technology product demonstration as part of the Operational Readiness Testing.

The Transportation Broker(s) will have an opportunity to make corrections and will be required, upon request by the Department, to submit proof to the Department that corrections were made. The Transportation Broker(s) will not begin service until all operational requirements are satisfied and the operational readiness testing is complete, and the Transportation Broker(s) are fully ready to provide service. Once operational readiness testing has been completed and approved by the Department, the Transportation Broker(s) will begin taking reservations on the designated Operational start date set by the Department.

4.2.20 Gain Sharing Arrangement

The Transportation Broker(s) shall agree to a Gain Sharing Arrangement in which Net Income over the limits specified in the table below will be shared with the Department. The Gain Sharing Arrangement will apply in each contract year. For the purpose of determining the Gain Sharing Arrangement, Net Income shall be determined in accordance with Generally Accepted Accounting Principles, except where applicable legal or policy requirements require otherwise. In the situation where one Transportation

Broker is awarded Contracts for both the upstate and downstate regions, the Gain Sharing Arrangement will be calculated in total across both regions.

For purposes of calculating Net Income, the payment of a Margin Remittance must be omitted from the calculation as it is not an allowable expense.

Pre-tax Income as a % of Revenues	Broker Share	DOH Share
Contract Year 1		
≤ 3%	100%	0%
> 3% and ≤ 5%	50%	50%
> 5%	0%	100%
Contract Years 2 and 3		
≤ 3%	100%	0%
> 3% and ≤ 5%	25%	75%
> 5%	0%	100%
Contract Years 4 and 5		
≤ 3%	100%	0%
> 3%	0%	100%

To Illustrate, in Contract Year 1, The Transportation Broker(s) will retain all the Net Income that is equal to or less than three percent (3%) of the total revenues received by the Transportation Broker(s).

DOH and the Transportation Broker(s) will share that portion of the Net Income that is over three percent (3%) and less than or equal to five percent (5%) of the total revenues received, with 50% retained by the Transportation Broker and 50% remitted to the Department. DOH will retain that portion of the Net Income (Loss) that exceeds five percent (5%) of the total revenues received.

By way of illustration only, if a Transportation Broker had \$100,000 in total DOH-related revenues for Contract Year 1, and if the Transportation Broker had \$9,000 in Net Income, the Transportation Broker would retain all of the first \$3,000 of the Net Income; 50% of the next \$2,000; and 0% of the remaining \$4,000. This scenario would total to the Transportation Broker keeping \$4,000 of the \$9,000; thus, a Margin Remittance payment to DOH for \$5,000 would be due from the Transportation Broker in this example.

4.2.21 Settlement of Gain Sharing Arrangement

The Transportation Broker(s) shall report to the Department its computation of the Gain Sharing Arrangement no later than 60 days after the end of the Contract Year. The calculation must be consistent with costs that are certified in the broker’s annual cost report as described in Section 4.3 and those costs must tie to certified financial statements for the broker. The gain sharing calculation must be certified by an independent auditor and attested to by an official of the organization.

DOH will review the Transportation Broker’s calculations and Gain Sharing payment. DOH will notify the Transportation Broker in writing of the acceptance or denial of the calculation.

- If accepted by the Department, the Transportation Broker will remit payment to the Department within 30 calendar days. If payment is not received within 30 calendar days from notice of acceptance, the department will withhold amount due from future payments until Gain Sharing payment is paid.
- In the event the Department denies the Transportation Broker's calculation, the Department will so notify the Transportation Broker in writing, including the reason for the denial and the amount to be paid based on the Department's calculation. If payment is not received within 30 calendar days from notice of acceptance, the department will withhold amount due from future payments until Gain Sharing payment is paid.
- In the event the Transportation Broker disagrees with the Department's calculation, the Transportation Broker will have 30 calendar days to appeal the Department's determination of the Gain Sharing remittance in writing stating the reasons for the appeal and any adjustment to the calculation. The Department will then make a final determination regarding the amount to be remitted and notify the Transportation Broker in writing. A determination in favor of the Transportation Broker will result in the Department reimbursing the Transportation Broker the difference between what was remitted for the Gain Sharing amount to the Department and was due, such reimbursement will occur within 30 calendar days in a manner to be determined by the Department.

4.2.22 Dispute Resolution

The State and each Contractor will make every effort, including but not limited to prompt responses to requests for additional information, to resolve all disputes between the parties pertaining to any Dispute covered by this Agreement by closeout of the contract year within which the issuance month of the disputed gain sharing remittance amount occurred. Notwithstanding the foregoing, nothing in this requirement should be construed as a waiver of the legal rights of either party to continue efforts to arrive at a satisfactory resolution of a dispute after the closeout of the contract year in the event that a satisfactory resolution cannot be reached before the closeout of the contract year.

The Contractor must notify the State, in writing, of any intent to dispute or have investigated a potential error related to the gain sharing remittance amount within 60 days of receipt of the withholding amount. After this 60-day period, any requirement to return the funds withheld or paid by the Contractor or the State stopping payments or issuing a reduction to payment as a result of a dispute is waived. Services cannot be withheld by the Contractor in the event of a dispute or billing error issued by the State under any circumstances.

4.3 Record Keeping and Reporting

The Transportation Broker(s) shall maintain and retain all financial and programmatic records, supporting documents, statistical records, and other records of participants for a minimum of six (6) years from the expiration of the contract. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the six (6) year period, the Transportation Broker(s) will retain the records until completion of the action and resolution of all issues which arise from it or until the end of the regular six (6) year period, whichever is later. The Transportation Broker(s) will retain the source records for data reports for a minimum of six (6) years and will have written policies and procedures for storing this information in compliance with all current applicable HIPAA and security requirements.

The Transportation Broker(s) will submit all templates of all sample reports required by the RFP and any other report templates agreed upon as needed to the Department for approval with the Quality Assurance Plan, which is due within 30 calendar days of notification of an approved contract by OSC. Any changes to the report templates shall be submitted to the Department for approval 30 days prior to the Operational start date. Over the term of the contract the types of reports the Department requires may change. The

Transportation Broker(s) will be expected to respond to ad hoc reporting requests to assist the Department in responding to questions from stakeholders or to support operational changes.

The Transportation Broker(s) will maintain a flexible reporting capability and will be able to respond to ad-hoc reporting requests, as well as changes in the standard reporting package. It is expected that the Department may also request reports on specific topics. It is essential that these ad hoc reports are completed in a reasonable amount of time ranging from immediate or same day to several days, depending on the urgency and scope of the request, in order to allow the Department to make certain policy decisions related to the program. The Transportation Broker's data system will be designed to easily retrieve the data necessary for such requests. The requests are likely to be related to call center statistics and/or special analyses (e.g., third party health insurance, trip records; as well as assessment of quality of performance metrics and outcomes). The Department shall have direct access to the Transportation Broker's data system for the purpose of obtaining information deemed necessary.

All reports will be complete and accurate. Specific data sets shall also be provided to the Department as requested.

At a minimum, the Transportation Broker(s) will submit the following quality assessment and activity reports to the Department in a format approved by and at a frequency determined by the Department and are outlined below:

Ongoing and Continuously:

The Transportation Broker(s) shall maintain a real-time data visualization platform of its transportation management system. The platform will include an interactive means of viewing and analyzing data. The Transportation Broker(s) will provide the Department remote access to the platform.

Annually:

"Cost Report" means a report, defined by DOH, which is a form of modified income statement, subject to audit, and contains revenue, cost, service authorization, calls, trip volume and other data that may be required by DOH. The Cost Report is the primary document used by DOH to measure financial results of the Contract. The cost reporting period is the New York State Fiscal Year (e.g., April 1, 2021 – March 31, 2022). The Transportation Broker(s) shall file an annual Cost Report in the format and timeframe specified by DOH. The Transportation Broker must incorporate financial and statistical data of its provider network in its Cost Report. No expenses beyond the last day of the year should be reported on the Cost Report. The Cost Report must be filed on or before the 90th day after the end of each contract year. Gain sharing calculations referenced in section 4.2.20 must tie to this annual cost report. The cost report shall be certified by the Transportation Broker's CPA or CFO.

DOH may at its discretion prescribe a cost reporting instrument which may be similar to those utilized by its regulated health care providers.

Semi-Annually:

- Network Transportation Provider's Performance Report (See Section 4.2.13).

Monthly:

- Complaint Resolution Report

- Call Center Telephone Compliance Report (See Below)
- Summative report on the number of denials and denial reasons
- Form 2015 Report – That reflects number of higher modes of transport arranged without a medical justification form, including the reason why
- Monthly Trip Verification Report,
- On time and no show performance report, and
- Trip Report by Mode and Transportation Provider (trips are reported as one (1) way)

When Applicable:

- Transportation Provider Accident or Incident Notification – to be sent within 24 hours of the event occurring.
- Transportation Provider Accident or Incident Report - to be sent within 72 hours after notification of the event.

Call Center Compliance Report

The Transportation Broker(s) will provide a monthly compliance report generated directly from its Primary and Backup call center telephone system(s) (refer to Attachment L for report template) which shall include at a minimum:

- The name of the Contract Region (free text field);
- The Calendar Year (YYYY);
- Total number of incoming calls;
- Number of calls reaching AVR – 3-rings or less;
- Percentage of calls reaching AVR – 3-rings or less;
- Number of calls routed to a call center operator;
- Number of calls abandoned while in waiting queue;
- Percentage of calls abandoned while in waiting queue;
- Number of calls reaching a call center operator;
- Percentage of calls reaching a call center operator;
- Number of calls answered by call center operator < 3 mins;
- Percentage of calls answered by call center operator < 3 mins;
- Number of calls placed on hold by call center operator;
- Number of calls abandoned while on hold;
- Percentage of calls abandoned while on hold;
- Mean handle time (seconds);
- Median handle time (seconds);
- Maximum handle time (seconds);

In addition, the Transportation Broker(s) will provide the Department with a data Dashboard using real time and historical trip data. The Dashboard will be comprised of data generated directly from the Transportation Broker's systems that addresses the following.

- Scheduled trip volume by day
- Performed trip volume by day
- Trip volume by level of service
- Trips scheduled according to request source (standing order, call, automated voice recording, online system, mobile app, fax, etc.)-this should include real time call center statistics including but not limited to incoming calls for requests
- Any other data requested to be included by the Department

4.4 Performance Standards

The Transportation Broker’s performance standards are listed below in Table 1 and will be measured monthly. The Transportation Broker’s monthly administrative payment will be reduced by the corresponding amount as indicated (which may be cumulative) when any of these Performance Standards are not met during two or more months within a rolling six-month period. The performance standard penalty will be applied to the administrative payment for each of the months during which the performance standard was not met. For example, if the standard is missed in one month only during the six-month period no penalty is assessed. If a performance standard is missed in any two months during a rolling six-month period, a penalty will be applied to both months for which the standard was missed. These penalties may be applied retroactively.

In addition to the reduction in the Transportation Broker’s monthly administrative payments, the Department has the right to impose a Corrective Action Plan (“CAP”) if the Transportation Broker(s) fail to meet any of the Performance Standards listed in Table 1 or if the Department identifies any performance deficiencies related to the Transportation Broker’s Scope of Work. The Transportation Broker(s) shall develop a CAP detailing the steps it will take to address the deficiency and maintain improved performance as well as the expected date of full compliance. The Transportation Broker(s) shall submit the CAP within the timeframe requested by the Department for approval.

Notwithstanding the remedies set forth above regarding failure to achieve the Performance Standards, the Department will reserve the right to pursue other remedies in law or equity under the terms of its contract with the Transportation Broker.

Table 1: Transportation Broker(s) Performance Standards and Penalties

All reports shall be provided to the Department by the 15th of the month, following the close of the reporting month.

If the 15th of the month falls on a weekend, or a state holiday, the reports shall be due the following business day.

Program Area Performance Standard Category	Service Level Metric	Monthly Performance Standard	Monthly Reduction of Administrative Payment
1. Call Center Answering Time	Queue time for a call center operator to answer a call after the initial automatic voice response.	A call center operator will answer a call after the initial automatic voice response in three (3) minutes or less per call with 95% or greater compliance.	2.5%
2. Total Call Hold Time	The total time on hold after speaking to a call center operator.	On average, the total time on hold after speaking to a call center operator through ending the call must not exceed four (4) minutes.	2.5%
3. Trip Verifications	Provide report of pre and post trip verifications, including the results of all verifications.	10% of both pre-and post-trip verifications are completed.	2.5 % for Pre-Trip Verifications; 2.5% for Post-Trip Verifications

Program Area Performance Standard Category	Service Level Metric	Monthly Performance Standard	Monthly Reduction of Administrative Payment
4. Complaints Process	Broker handles complaints, whether verbal or written, from enrollees, medical and/or transportation providers, records and determines validity of complaint	Percentage of substantiated complaints compared to total number of trips provided (not including mass transit) shall not exceed 1% per month.	2.5%
5. Transportation Provider Network On-time Trip Performance	On-time performance is defined as no more than 15 minutes before or after designated pick up time. On-time performance excludes the use of commercial transportation and volunteer drivers.	The broker's transportation provider network must ensure timely pick-up of 97% of any trip performed by a provider within the transportation network. On time performance shall be measured using the broker's GPS data.	5.0%
6. Hospital Discharge Timely Transportation Network Performance	Hospital discharge on time performance is defined as pickups being performed no more than 3 hours from the time of the request.	The broker's transportation network must ensure timely pickup of 95% of hospital discharges must be performed within 3 hours of the request. On time performance will be measured using the broker's GPS data.	2.5%

The Transportation Broker(s) will be responsible for the satisfactory performance and adequate oversight of the Transportation Broker's network of transportation providers. The Transportation Network providers performance standards are found below.

4.5 Conflict of Interest

Actual or potential conflicts of interest are those relationships, financial or otherwise, which could be in conflict or interfere with the proper discharge of responsibilities under this RFP/contract. This includes but is not limited to any business relationship or financial interests with entities which provide or utilize transportation services and companies whose reimbursement for transportation of Medicaid enrollees is made via eMedNY or through another Medicaid reimbursement method, except where the successful bidder has a financial or other relationship to perform transportation services under a contract with an MLTCP. (See Section 8.8 Award Recommendation, Conditional Award). If the successful bidder has a contract with a Managed Long-Term Care Plan, all records and bookkeeping will be kept separate and will be producible to the Department upon request. If the successful bidder has a contract or a subcontract with an MLTCP to provide transportation, the Transportation Broker(s) will inform the Department where there may be a conflict of interest and demonstrate how such conflict or potential conflict will be avoided (Attachment 4).

The awarded Transportation Broker(s), or any "key employees" as defined by the IRS, or their immediate family, shall not have a financial or other ownership interest in any transportation provider participating in the manager's network.

- a. The Transportation Broker(s), for the entire life of the contract, shall meet and maintain the conflict of interest disclosures and abrogate any ownership, affiliation, subsidiary relationship, management or operating interest, or participation of any kind in a company or entity that provides or utilizes Medicaid transportation in any part of the region covered by this RFP, except where

the Transportation Broker(s) has a financial or other relationship to perform transportation services under a contract with an MLTCP.

- b. The Transportation Broker(s) shall not be co-located with any Medicaid transportation provider.
- c. If, during the term of a resulting contract, the Transportation Broker(s) becomes aware of a relationship, actual or potential, which may be considered a conflict of interest with the proper discharge of responsibilities under this RFP/contract, the Transportation Broker(s) shall notify the Department in writing immediately and seek the Department's approval on any proposed mitigation plans or corrective measures to be taken.

Failure to comply with these provisions may result in termination of the contract and other penalties, up to criminal proceedings as required by law.

4.6 Information Technology

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.7 Security

The selected Transportation Broker(s) shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/eiso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Transportation Broker(s) are required, if applicable, to execute a number of security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing. The Transportation Broker(s) shall also complete a System Security Plan (SSP) as part of the executed DUA. The SSP consists of a system description document which presently requires the completion of 18 workbooks comprising 402 individual security controls.

The Transportation Broker(s) are expected to provide secure and confidential backup, storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Transportation Broker(s) are obligated to ensure any Subcontractor hired by the Transportation Broker(s) who stores, processes, analyzes or transmits MCD on behalf of the Transportation Broker(s) have the appropriate Security requirements in place. The Transportation Broker(s) are required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Broker or Subcontractor, DOH will be notified immediately.

The Transportation Broker(s) are required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to sub contractor work where applicable.

The Transportation Broker(s) will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff will be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Transportation Broker(s) will comply fully with all current and future updates of the security procedures of the DOH/HRI, as well as with all applicable State and Federal requirements, in performance of this contract.

4.8 Transition

A transition is defined as any period when any portion of the current contract activities/services maintained and operated by the Transportation Broker(s) must be turned over to the Department, another Departmental agent or successor contractor during or at the end of the contract period.

At any time during the contract, the Transportation Broker(s) must be prepared to assist the 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.

The Transportation Broker(s) will agree to provide Medicaid transportation services described in the RFP from the operations start date until service delivery is turned over to a successor Transportation Broker(s) at the end of the contract, including any optional additional periods or extensions.

The Transportation Broker(s) will ensure that any transition activities/services to the Department, Departmental agency or successor broker shall be done in a way that provides the Department with uninterrupted transportation management services. The transition includes a complete and total transfer of all data, files, and reports, that have been generated from the inception of the contract, during the course of the contract and through the end of the contract to the Department or another Department agent or successor broker should that be required during or upon expiration of its contract. The Transportation Broker(s) will provide technical and business process, including participation in meetings and support as necessary and required by the Department to transition and assume contract requirements to the Department or another Departmental agent or successor broker should that be required during or at the end of the contract. All relationships between transportation providers, medical providers, enrollees, and all other parties involved in the normal business processes should be notified of the transition and all changes required to ensure a seamless transition of services within a timeframe to be determined by the Department.

The Transportation Broker(s) shall manage and maintain the appropriate number of staff members to meet all requirements listed in the RFP during any transition period. All reporting and record requirements, security standards, and performance standards are still in effect during any transition period.

Transition Work Plan

After one (1) year from the operational start date of the resulting contract(s) from this RFP, the Transportation Broker(s) are required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the contract to the Department or another Departmental agent should that be required during or upon expiration of its contract. The timeline will ensure all current and future transportation requests during the transition period are addressed and completed.

The transition work plan will include, but is not limited to:

- Proposed approach to ensure transportation services will be maintained throughout the transition process to avoid any disruption in enrollee services.
- Proposed approach to transition, in paragraph form, along with a work plan, including the tasks and timeline schedule for the turnover.

- An estimate of the number of full-time equivalents (FTEs) and type of personnel needed to operate all functions of the turnover plan.
- A statement of all resources currently required to operate the Transportation Broker(s) functions, including, but not limited to, data processing equipment, reservation/scheduling software, system and special software (database and telecommunications), office space, and other equipment. The Transportation Broker(s) shall base the statement of resource requirements on its experience in the operation of the Transportation Broker(s).

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from bidders intending to result in a procurement contract with The Department of Health (DOH) and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be made.

5.2 Questions

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to OHIPContracts@health.ny.gov. It is the bidder’s responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

5.3 Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the bidder shall immediately notify DOH of such error in writing at OHIPContracts@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 Payment

The broker shall submit invoices and/or vouchers to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at:
AccountsPayable@ogs.ny.gov with a subject field as follows:

Subject: Subject: **Unit ID: 3450437 Contract #TBD**

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450437
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the BROKER shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The BROKER shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us or by telephone at 518-474-6019. BROKER acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>. Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

The Transportation Broker(s) cannot begin managing transportation services prescribed by this RFP nor receive any payment until the Department determines all items in Section 4.2.19 have been satisfactorily completed in the specified region. This specifically includes the Surety Bond requirement outlined in Section 4.1.

The Department will reimburse the Transportation Broker(s) in two ways:

(1) Monthly through an administrative fee on a per member per month (“PMPM”) basis for each NY Medicaid enrollee that is eligible to have their non-emergency medical transportation services managed by the Contractor as indicated in Attachment B Cost Proposal. The Transportation Broker will be reimbursed through both a MLTC and a non-MLTC PMPM as delineated in Attachment B Cost Proposal.

During the implementation period, reimbursement to the Transportation Broker will be based on the actual monthly enrollment within each county/borough that is currently being implemented in the applicable Phase. After implementation has been completed, the PMPM will be based on actual monthly enrollment within each county/borough.

(2) Annually through a risk-sharing arrangement, by which the Contractor may be held responsible financially depending on how the Contractor performs against a target budget for the non-emergency medical transportation services being managed by Contractor as outlined in Section 4.2.20 Gain Sharing Agreement

The Department of Health will also monitor areas of broker activities for compliance, as specified in Section 4.4 Performance Standards. Non-compliance will result in reduction to the subject month's voucher payment as demonstrated in Section 4.4 Broker Performance Standards, Table 1.

5.5 Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women -Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises (“MWBE”) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, DOH hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A broker (“Broker”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Broker agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a bidder as being non-responsive under the following circumstances:

- a) If a bidder fails to submit a MWBE Utilization Plan;
- b) If a bidder fails to submit a written remedy to a notice of deficiency;
- c) If a bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the bidder has failed to document good-faith efforts;

The Broker will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

The Broker will be required to submit a Broker’s Quarterly M/WBE Broker Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Broker is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Broker as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Broker achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm’s contact information be included on a list of M/WBE firms interested in serving as a sub contractor for this procurement. The listing will be publicly posted on the Department’s website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to OHIPContracts@health.ny.gov before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime broker.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

5.6 Equal Employment Opportunity (EEO) Reporting

By submission of a bid in response to this solicitation, the bidder agrees with all of the terms and conditions of [Attachment 8](#) Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Broker and sub-brokers will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Broker is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Broker, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5), to DOH with their bid or proposal.

5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain brokers awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such brokers' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain brokers the obligation to certify whether or not the broker, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and brokers must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

The successful bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

5.8 Contract Insurance Requirements

Prior to the start of work under each Contract, the BROKER shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV.

5.9 Subcontracting

Except as provided herein, bidder's may **not** propose the use of a subcontractor to perform the management services of the Medicaid Transportation Broker procured through this RFP. The broker will enter into contractual service agreements with transportation providers within their established network.

The broker may use subcontractors for other services that support the provision of services, such as information technology, human resources, business administrative services, or other similar services.

The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the Department and the Broker. The Department reserves the right to request removal of any bidder's staff or subcontractor's staff if, in the Department's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime broker.

5.10 Department of Health Reserved Rights

The Department of Health (DOH) reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;

10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five (365) days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, any offer is subject to withdrawal communicated in a writing signed by the offeror; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's proposal and/or to determine an offeror's compliance with the requirements of the solicitation.

5.11 Freedom of Information Law ("FOIL")

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **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, must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(B\) of the RFP](#).** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.12 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b) required the above-mentioned governmental entities to record all contacts made by lobbyists and brokers about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;

- e) directed the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerors with respect to determinations of non-responsibility and debarment; (bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligation under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

5.13 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all brokers, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Broker's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful bidder must also agree to complete a "State Consultant Services Form B, Broker's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Broker's Planned Employment and Form B: Broker's Annual Employment Report may be accessed electronically at:
<http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and
<http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

5.14 Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the bidder's proposal and will not include any discussion of other proposals; provided, however, that when the debriefing is held after the final award, such debriefing shall include the reasons for the selection of the winning proposal, bid or offer in accordance with State Finance Law section

163(9)(c)(iv). Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

5.15 Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.16 Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Broker (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website (currently found at this address: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any subcontractor broker that is identified on the Prohibited Entities List. Additionally, Bidder/Broker is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Broker in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

5.17 Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Broker's consent.

5.18 Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its brokers. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

5.19 Diversity Practices Questionnaire

Diversity practices are the efforts of brokers to include New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of brokers on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of brokers enables brokers to engage in meaningful, capacity-building collaborations with MWBEs.

5.20 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Brokers are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Broker. Nevertheless, Bidder/Broker is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.21 Intellectual Property

Any work product created pursuant to this agreement and any subcontract shall become the sole and exclusive property of the New York State Department of Health, which shall have all rights of ownership and authorship in such work product.

5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect

All bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this IFB does not create a conflict of interest and that the bidder will not act in any manner that is detrimental to any other State project on which they are rendering services.

5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. **All bidders are required to submit separate Technical and Cost proposals for each region they choose to bid.** A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, bidders are requested to submit each proposal in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in [Attachment A](#), Proposal Document Checklist. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals for each region received in response to this RFP will be conducted separately even though certain technical submission components are combined for bidders submitting proposals for both regions. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

It is the Department's intent to award two (2) separate and distinct contracts as outlined in Section 2.0, Overview. One (1) contract will be awarded for the Upstate Region of New York State and one (1) contract will be awarded for the Downstate Region of New York State.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

A. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

B. Freedom of Information Law – Proposal Redactions

Bidders 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. See [Section 5.11](#), (Freedom of Information Law)

C. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at www.osc.state.ny.us/state-vendors/vendrep/vendrep-system.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

D. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the bidder, members, shareholders, parents, affiliates or subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the bidder contractually.

E. M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

F. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses" in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

G. Bidder's Certified Statements

Submit [Attachment 7](#), "Bidder's Certified Statements", which includes information regarding the Bidder. Attachment A must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned [Attachment 7](#) or no [Attachment 7](#).

H. Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

I. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the bidder and the staff to be assigned to provide services related to the services and region(s) included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure Department of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

A. Title Page

Submit a Title Page providing the RFP subject and number; the bidder's name and address, the name, address, telephone number, and email address of the bidder's contact person; and the date of the Proposal.

The Title Page should indicate if the bidder is submitting a proposal for the Upstate region or the Downstate region.

B. Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

C. Documentation of Bidder's Eligibility Responsive to Section 3.0, Bidders Qualifications to Propose of RFP

Bidders **MUST** be able to meet all the requirements stated in [Section 3.0](#) of the RFP. The bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

- A minimum of five (5) years of experience performing non-emergency medical transportation management services for a state Medicaid program, which may include experience serving as a (1) prime contractor with a state Medicaid program performing non-emergency medical transportation management services or (2) material subcontractor to a prime contractor performing non-emergency transportation management services.

and

- A minimum of five (5) years of experience utilizing a HIPAA compliant browser, software or mobile-based platform when performing transportation management services of non-emergency medical transportation for Medicaid enrollees.

Experience acquired concurrently is considered acceptable.

D. Technical Proposal Narrative

The technical proposal should provide satisfactory evidence of the bidder's ability to meet, and respond to, each requirement and information requested in this RFP and as outlined Section 4.0 Scope of Work. Bidder should respond to each element of the scope of work and label each section by its corresponding letter/number in the scope of work.

Detailed, specific information is expected in each response. The bidder is expected to include activities that show an ongoing continuous improvement structure that is flexible and responsive, adaptable and creative. The bidder shall demonstrate innovative approaches to manage the benefit, implement new ideas that demonstrate efficiencies and improve member experience as well as demonstrate the ability to be agile in the response to market dynamics, including market changes as a result of COVID-19, as well as new transportation modes and technologies.

D.1 Organizational Experience and Staffing Requirements

- a) The bidder should provide a list and a full description of at least three (3) projects, similar to this project described in this RFP, for whom the organization has provided services for the past five (5) years, including any government contracts, including all Medicaid Transportation Broker experience in other states, if any. The response should include a clear description of the services provided and the timeframe the services were provided.
- b) Describe aspects of the organization's personnel training program designed to ensure knowledge of Medicaid policy, Federal HIPAA regulations, and NYS Medicaid transportation policy and guidelines <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>.
- c) Describe the background and relevant work experience of the proposed Project Manager, Registered Nurse, Nurse Practitioner or Physician Assistant, and Physician as detailed in Section 4.2.1 that would be assigned to manage the contract and the location of each staff member.
- d) Provide a Staffing Plan that should outline the staffing level, job descriptions and qualifications for each member of the core transportation management team. The bidder should describe how core management team members and their functions relate to the successful completion of the project. Discuss the strategy to obtain and vet core management team members as well as the process for replacement, should they leave the organization.

Resumes of officers, executives, core management team staff, RNs, NPs, PAs and MDs are not required, should not be submitted, and will not be evaluated.

D.2 Innovation and Efficiencies

- a) The bidder should describe its approach to assign utilization to the most medically appropriate mode of transportation.
- b) Describe your approach to leverage and introduce new technologies to innovate the non-emergency medical transportation Medicaid program.
- c) Describe the proposed mobile applications and other public facing technology that improves functionality of services and enrollee experience.
- d) Describe how the bidder proposes to approach utilizing emerging transportation modes, including ride share.

- e) Describe the techniques/technology being proposed to innovative approaches and predict transportation demand and fleet management.

D.3 Operate a Primary Call Center

- a) Describe the call center's process for receiving and processing requests, including descriptions of the process/system's efficiencies that allow for expedited requests, devices appropriate for hard-of-hearing clients, and oral interpretation services.
- b) Describe how the call center's technology is structured to handle the volume of requests detailed in Attachment H.
- c) Describe your proposed call tracking system functionality and how it compares to the scope of services outlined in Section 4.2.2.

D.4 Maintain Backup Reservation Capability and Disaster Recovery Plan

- a) Describe the plan to manage call center and scheduling functions during an acute event that disrupts telephone, online services and/or transportation services.
- b) Describe the virtual functions of your backup reservation capabilities in the event employees can not physically be present at the call center.
- c) Describe your approach to ensure the continuity of Medicaid transportation management services (including the continued occurrence of trips and continued ability of transportation providers to transport enrollees) should a natural disaster or any other acute emergency event impact any or all parts of New York State, including how you will ensure sufficient network capacity and prioritize life-sustaining trips.
- d) Describe your experience in coordinating transportation services during an emergency or acute event that disrupts telephone and/or transportation services.

D.5 Create and Maintain a Public Website

- a) Describe the main functionalities of your proposed user-friendly public website and mobile applications as discussed in Section 4.2.4, to educate enrollees, transportation providers, and medical practitioners about available transportation services, eligibility requirements, the prior authorization process, and how to access transportation. Describe how these functionalities meet or exceed the requirements of the RFP.
- b) Describe your public website and mobile application's ability to submit transportation requests including how it works, its features and benefits, and how it advances the requirements referenced in this RFP.
- c) Describe your proposed website's ability to receive feedback, complaints, questions, fraud referrals, and acknowledgements from enrollees, transportation providers, and medical practitioners.

D.6 Processing Requests for Medical Transportation

- a) Describe: (1) how you plan to identify an individual's eligibility, (2) how you plan to determine that the request is for transportation to a Medicaid covered service.
- b) Describe your approach to review and assess the medical justification forms (Form-2015) according to the policy described in Section 4.2.5, including your decision-making algorithm to determine the most medically appropriate mode of transportation.
- c) Describe the strategies you plan to use to ensure the availability of the most medically appropriate mode of transportation is assigned according to the enrollee's needs, level of mobility, and location of their medical service provider.
- d) Describe what HIPAA regulation compliant safeguards are in place to protect enrollee confidentiality as information is acquired and used during the prior authorization process.
- e) Describe how your process/system to schedule and assign trips as appropriate to network transportation providers.
- f) Describe your process for determining the mileage for each trip scheduled and calculating the total costs for the prior authorization.
- g) Describe your approach to maximizing the use of public transit systems where appropriate, including providing public transit reimbursement to Medicaid enrollees as detailed in Section 4.2.5.
- h) Describe you plan to leverage volume to major medical destinations to promote high-quality service, scheduling efficiencies, and cost savings while adhering to the specifications detailed in Section 4.2.5.
- i) Describe how your trip attestation system works and how it will capture transportation providers attentions related to completion of assigned trips as outlined in Section 4.2.13D. Describe the process that you will use to ensure each of these trips receive an authorization from the Department, and how this authorization matches to each attested trip.
- j) Describe your proposed written notification process for when a request for transportation services for an individual is denied and what information should be contained to inform the enrollee of the denial and the right to challenge the decision by requesting a State Fair Hearing.
- k) Describe your plan to accommodate hospital and emergency department discharge requests as outlined in Section 4.2.5 and Section 4.4 Table 1. Explain the timeframe when the discharge request would be completed.

D.7 Special Transportation Requests

- a) Describe your approach to processing and arranging standing orders for prescheduled transportation to recurring service appointments at the same location including the process for intaking existing standing orders at implementation
- b) Describe your approach to processing and arranging requests transportation outside the common medical marketing area. Include the process for reviewing, approving, and denying the Form-2020.

- c) Describe the process for responding to and handling requests from enrollees or medical practitioners for travel to and from medical facilities in cities located across the United States and its territories, including fixed wing air ambulance or commercial air transportation, commercial travel, lodging, meals, and other travel-related needs in compliance with the Department's Travel Reimbursement Policy Manual.

D.8 Education, Training, and Outreach Activities

- a) Describe your process to generate and disseminate correspondence to individual medical practitioners, Medicaid enrollees, and transportation providers regarding program requirements, policy changes, systems changes, etc.
- b) Describe the contents or the major subject matter covered in your Transportation Providers' Network Manual for transportation providers in your network which includes an overview of the Medicaid transportation program and applicable State statutes and regulations and other items referenced in Section 4.2.8.
- c) Describe your plan to provide ongoing education and support to providers and enrollees. Describe your approach on how to train medical providers and transportation providers on navigating the automated system used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation as outlined in Section 4.2.8 Education, Training, and Outreach Activities.

D.9 Quality Assurance

- a) Submit a short summary of your Quality Assurance Plan (not your full formal QA Plan) as described in Section 4.2.16, including proactive strategies to obtain feedback from enrollees, transportation providers and medical/behavioral/specialty providers ordering transportation.
- b) Describe how the process utilized to effect change based upon feedback received from enrollees (outlined in item a)
- c) Provide a summary of your current formal written complaint process and how you plan to modify such process to record and respond to all complaints and appeals concerning the delivery of services required under this RFP
- d) Describe how you plan to communicate complaints and issues received regarding non-emergency medical transportation services. Describe what information you plan to include in the report to the Department and how the information will be collected.
- e) Describe your approaches to measure enrollee satisfaction.
- f) Describe your approach to monitoring the performance of network providers as outlined in Section 4.2.16.

D.10 Enrollee and Transportation Provider Fraud, Waste, and Abuse

- a) Describe your strategies to recommend and develop methods that identify and prevent fraud, waste, and abuse by transportation providers and Medicaid enrollees as required in Section 4.2.9.
- b) Describe your approach to conducting pre-and post-trip verification reviews as required in Section 4.2.9.

D.11 Processing Payments to Enrollees for Incurred Transportation Expenses

- a) Describe your process for educating enrollees on travel related expenses that can be reimbursed under the Medicaid program due to long distance/overnight travel, etc., and the system that will be developed to review receipts and reimburse the enrollee for travel expenses as outlined in Section 4.2.10.
- b) Describe your approach to the development and implementation of an efficient and timely mechanism to authorize and make payment directly to enrollees, their representatives, family members, and/or volunteer drivers who provide transportation as outlined in Section 4.2.10.

D.12 Standard Operating Written Procedures and Guidelines

Describe the process for developing formal written internal procedures and guidelines for your organization's operations and the process on how those procedures and guidelines will be distributed to all staff and kept up to date.

D.13 Provide and Maintain a Network of Transportation Providers

- a) Describe how you will maintain a live electronic system to track vehicles in real-time, capture the time and location of all pick-ups and drop-offs, and meet the specifications of Section 4.2.13.D. Describe any new innovative approaches or new technologies you envision implementing.
- b) Describe your process to ensure that all network transportation providers maintain all vehicles adequately to meet the requirements set by the State and its relevant oversight agencies; comply with or exceed State, Federal, and manufacturer's safety and mechanical operating and maintenance standards for the vehicles; and comply with these and the other specifications itemized in Section 4.2.13.F.

D.14 Network Credentialing Responsibilities

- a) Describe your credentialing / re-credentialing process for network providers, including all drivers and escorts to ensure that those requiring licensure/certification under the scope and terms of this RFP are qualified to perform covered services.
- b) Describe your mechanism for, and evidence of, the reporting of serious quality deficiencies resulting in suspension or termination of a provider, to the appropriate authorities.

D.15 Record Keeping and Reporting

- a) Describe your approach to providing statistics (collecting and reporting data) for the performance standards to be achieved each month as defined in Section 4.4 Table 1: Brokers Performance Standards.
- b) Describe your organization's ability to respond to ad-hoc reporting requests and how your data system is to be designed to report on a wide range of data in a reasonable amount of time as identified in Section 4.3 Record Keeping and Reporting.
- c) Describe any additional reporting your organization may be able to provide outside the listed reports in Section 4.3 Record Keeping and Reporting, and how these reports can be beneficial to the operation, quality and management of the Management Transportation program.

- d) Describe your methodology used to manufacture and certify an annual financial statement. Please also provide a sample (template) cost report as described in Section 4.3. **Note: The cost report template will not be scored.**

D.16 Performance Standards

Describe your approach to achieving each of the following performance standards outlined in Section 4.4 Table 1 including the broker's capability to capture data relevant to each standard.

- a) Call Center Answering Time - A call center operator will answer a call after the initial automatic voice response in three (3) minutes or less per call with 95% or greater compliance.
- b) Total Call Hold Time - On average, the total time on hold after speaking to a call center operator through ending the call must not exceed four (4) minutes.
- c) Trip Verifications - 10% of both pre-and post-trip verifications are completed.
- d) Complaints Process - Percentage of substantiated complaints compared to total number of trips provided (not including mass transit) shall not exceed 1% per month.
- e) Transportation Provider Network On-time Trip Performance - The broker's transportation provider network must ensure timely pick-up of 97% of any trip performed by a provider within the transportation network. On time performance shall be measured using the broker's GPS data.
- f) Hospital Discharge Timely Transportation Network Performance - The broker's transportation network must ensure timely pickup of 95% of hospital discharges must be performed within 3 hours of the request. On time performance will be measured using the broker's GPS data.

D.17 Transition Plan

Outline your Transition Plan, describing how you will ensure transportation services are to remain uninterrupted through the end of this contract. This outline should include, but not be limited to the following:

- a) Describe your overall approach to the transition period. This approach should include how you will manage and maintain the appropriate number of staff members to effectively meet all scope of this RFP during the transition period; prioritize tasks and meet timeframes for completion, and any assumptions which affect your approach.
- b) Describe the process of conducting knowledge transfer during the transition period including timeframes for completion. This description should include discussion of continuity of services for Medicaid enrollees prior to the implementation date, transfer of enrollee information, system testing of transferred information and access to relevant data and other sources of information including a plan to honor and implement existing standing orders for transportation until they can be reviewed and adjusted as necessary.

D.18 Third-Party Liability (TPL) Recoveries

Describe your plan to staff and implement TPL recoveries on Medicaid transports that they arrange and how such recoveries will be reported (Section 4.2.11).

D.19 Region Specific Items

- a) Describe your knowledge of existing local transportation resources and stakeholders. Specify experience working within the region and knowledge of regional specific transportation needs.
- b) Describe your approach to optimize existing local resources to enhance Medicaid transportation.
- c) Provide details on how staff will be dedicated to geographic regions to coordinate and resolve specific transportation issues for medical practitioners and transportation providers.
- d) Provide a brief outline of your proposed Transportation Management Implementation Plan as further detailed in Section 4.2.18. Please describe any anticipated challenges, risks or dependencies and how the broker intends to address them. Response should describe each goal/objective, the expected completion date, and person(s) responsible for implementation.
- e) Describe how you will establish a network of Medicaid transportation providers with sufficient capacity to provide services covered by the scope of this RFP.
- f) Describe how you will ensure the provider network capacity meets member demand by mode and region.

6.3 Cost Proposal

Bidders must complete and sign a separate Cost Proposal (Attachment B of this RFP) for each New York State each region the offeror is bidding. Please refer to the instructions included within the Cost Proposal.

The Cost Proposal shall comply with the format and content requirements as detailed in this document and in Attachment B Failure to comply with the format and content requirements may result in disqualification in DOH's sole discretion.

The bid price is to cover the cost of furnishing all of the services required by the RFP, including, but not be limited to: materials, equipment, overhead, profit and labor to the satisfaction of the Department and the performance of all work set forth in said specifications in RFP and Section 4.0 Scope of Work.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. Bidders may apply for both regions. **A separate and complete Administrative, Technical, and Cost proposal MUST be submitted for each Region being bid upon. Proposals will be scored separately for each region.**

Submit **three (3), open and permission password protected**, PDF proposals in separate emails to: OHIPcontracts@health.ny.gov and Justin.Seastrum@health.ny.gov with the subject "< Type of Proposal Submission, Bidder name, RFP # _____ >

Include, as attachment to each email, the distinct PDF file labeled "Administrative Proposal", "Technical Proposal", or "Cost Proposal". Example: "Technical Proposal Submission, ABC Company, RFP #17965R".

All electronic proposal submissions should be clear and include page numbers on the bottom of each page.

The body of the email submitted should also include the password. A font size of eleven (11) points or larger should be used with appropriate header and footer information. In the event an electronic submission cannot be read by the Department, the Department reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.

1. Where signatures are required, the proposal should have a handwritten signature and be signed in blue ink. A scanned signature can be used for electronic submission in the PDF. The Department reserves the right to request hardcopy originals of all signature pages at any time.
2. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information.
3. In order to provide reviewers of all abilities access to review data, figures, charts, tables, etc. being submitted within each proposal, please ensure that all information has descriptive captions (reviewers with blindness could then use a text-to-speech software or a text-to-Braille hardware), and Patterns are used instead of colors for conveying information (reviewers with color blindness would then be able to distinguish the visual elements).
4. Any documents, templates, charts, tables or samples incorporated into the proposal should use black font, use no color to depict data and be representative of the quality of the work that can be expected of the Bidder's staff and its sub-contractors during any contract resulting from this RFP.
5. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team; and

The entire proposal must be received by the NYSDOH in three separate emails to the email account and format designated above, no later than the Deadline for Submission of Proposals specified in Section 1.0, (Calendar of Events). Late bids will not be considered.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form Attachment 2.

8.0 METHOD OF AWARD

8.1 General Information

The Department (DOH) will evaluate each proposal based on the "Best Value" concept. This means that the proposal that best "optimizes quality, cost, and efficiency among responsive and responsible offerors" shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations for each region bid, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

Each region will be awarded separately with two (2) awards made based on region.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted seventy percent (70%) of a proposal's total score and the information contained in the Cost Proposal will be weighted thirty percent (30%) of a proposal's total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in Section 1.0 (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in Section 6.0 (Proposal Content) and Section 7.0 (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals. Each region will be evaluated separately and receive a separate technical score.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive bidder.

The Technical Proposals will be scored based on a maximum technical score of 70 points. The maximum technical score will be allocated to the proposal with the highest averaged Technical Score. All other responsive proposals will receive a proportionate score based on the relation of their Technical Proposal to the proposals with the highest average Technical Score, using this formula:

$$C = (A/B) * 70\%$$

A is Averaged Total Score of highest scoring technical proposal;

B is Averaged Total Score of technical proposal being scored; and

C is the Technical score.

The technical evaluation is 70% (up to 70 points) of the final score.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements including a review for actuarial soundness by the Department's independent actuary. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 30 points. The maximum cost score will be allocated to the proposal with the Final Bid PMPM. All other responsive proposals will receive a proportionate score based on the relation of their Final Bid PMPM.

Proposal to the proposals offered at the lowest Final Bid PMPM, using this formula:

$$C = (A/B) * 30\%$$

A is the lowest proposed Final Bid PMPM;

B is the proposed Final Bid PMPM being scored; and

C is the Cost score.

The cost evaluation is 30% (up to 30 points) of the final score.

8.5 Composite Score

A Composite Score will be calculated by the DOH for each region as defined in this RFP by adding the bidders Technical Proposal and Cost Proposal Score for the region. In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost; and
- (2) proposed percentage of MWBE participation.

8.6 Best and Final Offers

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.7 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest composite score(s) whose experience and qualifications have been verified.

The Department will notify the awarded bidder(s) and bidders not awarded. The awarded bidder(s) will enter into a written Agreement substantially in accordance with the terms of Attachment 8, DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

Conditional Award

The award will be made conditionally to the highest aggregate (Technical/Cost) scoring and responsible

vendor, via the process delineated in RFP Section 8.0, Method of Award for each region, pending the following:

1. Receipt of the Conflict of Interest documentation as determined by the DOH (see Section 4.5).
2. No later than 30 calendar days following notification of an award, and prior to execution of the contract, the successful bidder will abrogate any ownership as defined in RFP Section 4.5, Conflicts of Interest Requirements Under Contract and to the satisfaction of the DOH that such ownership (if any) has been satisfactorily abrogated.
3. Any conflicts of interest disclosed (see Sections 4.5 Conflicts of Interest Requirements Under Contract) must be mitigated no later than 30 calendar days following notification of an award.

ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [References \(Not Applicable to this RFP\)](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal
- C. Definitions
- D. Travel Reimbursement and Long-Distance Travel Policy Manual
- E. Transportation Management Law (update)
- F. Title 18 of the New York Code of Rules and Regulation (NYCRR) §505.10
- G. Medicaid Fair Hearing Rights
- H. Medicaid Transportation Data
- I. 92 ADM-21, Transportation for Medical Care and Services: 18 NYCRR 505.10
- J. -Attachment Removed-
- K. Policy Manual
- L. Form-2015
- M. Form-2020
- N. Interim Guidance for Cleaning/Disinfection and Reporting for COVID-19 withing Transportation Settings

ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP 17965R – New York State Non-emergency Medical Transportation Brokerage Services		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.A	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.B	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.C	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.E	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.f	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 1	<input type="checkbox"/>
	Attachment 5 Form 2 (If Applicable)	<input type="checkbox"/>
§ 6.1.g	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.H	Attachment 7 - Bidder’s Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.I	Attachment 9 – References	<input type="checkbox"/>
§ 6.1.J	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.K	Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.A	Title Page	<input type="checkbox"/>
§ 6.2.B	Table of Contents	<input type="checkbox"/>
§ 6.2.C	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.D	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal	<input type="checkbox"/>

