

**New York State Department of Health
New York State Non-Emergency Medical Transportation Brokerage Services
Questions and Answers
10/4/2021**

4Question	Subject	Bidder's Question	Answer
1	General	Can DOH share its total and annual budget for this procurement? Providing Offerers with a clear estimate of the budget will benefit the public by allowing for the most competitive procurement process, as Offerers will compete to provide the greatest value for DOH's money.	No.
2	General	For any required integration, is DOH open to proposers suggesting alternative methods of achieving the same goal sought by the requested integrations?	The Department is unsure what is meant by integration in this question. The Department is open to considering innovative approaches proposed by bidders to achieving the goals outlined in this RFP.
3	General	Please confirm that the state will lift the wheelchair moratorium which is in effect in NYC and other counties today.	The Department cannot confirm the State will lift the wheelchair moratorium at this time.
4	General	Is the Department looking to address the ambulance provider shortage by issuing additional Certificates of Need (CON)? Is there a timeline or goal for completion?	The Department is working internally to review reported ambulance provider shortages in Long Island and assess possible remediation strategies.

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5	General	Does the Department plan to provide support and special licenses to aid the broker in creating a Stretcher network where needed?	The Department will defer to the Broker to determine the adequacy of transportation providers in their network.
6	General	Please confirm the existing Medicaid fee schedule will no longer apply with the transition to the new model.	Correct.
7	General	Under this new broker arrangement, Will the vehicle ownership requirement exemption be extended to 0603 and 0605 categories of service outside of New York City?	No.
8	General	Does the Utilization Threshold program still exist in New York, and does it replace the need for any prior authorization/278 Service Authorizations?	The Department is not familiar with the Utilization Threshold program however prior authorizations/278 Service Authorizations are still required.
9	General	At present MLTC programs are failing to pay actuarially sound reimbursement rates. Many have failed to pass through funding received from DLTC to adjust provider reimbursement rates to account for the minimum wage mandate. What is the rationale for	The Department is requiring the Broker to first transition individuals from the FFS and mainstream managed care plans and demonstrate success before transition the MLTC transportation benefit, in order to ensure a smooth transition of services for Medicaid members.

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		waiting / prolonging carve out of the MLTC transportation benefit and moving it to the FFS side broker?	
10	Section 1.0 Calendar of Events	Will DOH provide an estimated Date of Award?	Not at this time.
11	Section 2.0 Overview	What, if any, geographic boundaries must trips adhere to within a contract region? For example, are cross-county/borough or cross contract region trips permitted?	Trips should occur in the individual's Common Medical Marketing Area (CMMA), however this is not necessarily restricted by geographic boundaries. Any trip request outside the individual's CMMA will require a completed Form-2020 from the referring physician. Please see Attachment D that outlines this information.
12	Section 2.0 Overview, Page 3, last paragraph	(2) "a risk-sharing arrangement, by which 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." Question - there is no such section 4.20-4.22. Please explain risk sharing based on the target budget for transportation services. Please direct us to the section of the RFP explaining same.	This reference is a typo and should be 4.2.20 – 4.2.22, see Amendment 3. Please refer to these Sections regarding the gain sharing agreement.

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13	Section 2.0 Overview, Page 3, Paragraph 4	This section states, <i>"Further information on this can be found in Sections 4.20 – 4.22."</i> Can DOH please clarify the specific sections it is referencing here?	Please see question 12.
14	Section 2.0 Overview, Page 3, Paragraph 4	Please clarify the application of the "risk-sharing" portion of the contract. Does it just pertain to the margin cap on the vendor's admin PMPM? Does the Department intend there to be risk sharing as it pertains to actual service and/or transportation costs, which make up the vast majority of the program costs?	Please see Sections 4.2.20 and 4.2.21 which explain the risk sharing portion of this agreement.
15	Section 2.0 Overview, Page 3, Paragraph 4	This section states, <i>"the Contractor may be held responsible financially depending on how the Contractor performs against a target budget."</i> Is there actually a target budget, or does this instead refer to how the Contractor performs to the net income guidelines of the Gain Sharing Agreement outlined in Section 4.2.20.	The "target budget" refers to the Contractor's estimated budget based on their completion of Attachment B. The Contractor is held to the Gain Sharing Arrangement and applicable language outlined in Sections 4.2.20 – 4.2.22.
16	Section 2.1 Introductory Background, Page 5 Paragraph 1	This section states, <i>"Transportation providers are enrolled in Medicaid through DOH and they submit claims for transportation services payment directly to eMedNY, which is NY</i>	No.

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		<p><i>Medicaid's claims payment system."</i></p> <p>Is payment based on both the provider and broker matching submissions to the eMedNY system?</p>	
17	Section 2.1 Introductory Background, Current Administration of Non-Emergency Transportation Services, Page 5, Paragraph 3:	This section states " <i>Contractual relationships are not permitted between the current Transportation Managers and transportation providers.</i> " Please confirm that for the new contract term, Transportation Managers are required to establish contractual relationships and service agreements with transportation providers, or clarify the difference between a "contract" and a "service agreement."	Section 2.1 outlines the current fee-for-service transportation model which does not allow contractual relationships between transportation managers and providers. Under the broker model outlined in this RFP, Transportation Brokers are required to have contractual relationships with transportation providers.
18	Section 2.1 Introductory Background; Current Administration of Non-Emergency Transportation Services Page 5	States: Contractual relationships are not permitted between the current Transportation Managers and transportation providers; however pages 11 and 12 both reference ' <i>network service agreements</i> ' and ' <i>Contract via service agreements with transportation providers</i> ' Please clarify whether Transportation Broker can have a	Please see Question 17.

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		contractual relationship with transportation providers	
19	Section 2.1 Introductory Background page 5	<p>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.</p> <p>The reference to April 1, 2021, appears to conflict with the "MLTC Phase" schedule included on page 7 of the RFP which indicates Phase A will be transitioning to the regional programs effective February 2023. Please confirm that the MLTC population will begin transitioning to the regional broker program in 2023 per the RFP schedule vs April 1, 2021 as indicated on page 5.</p>	The Transportation Broker will be responsible for the MLTC carve out schedule listed in the table on Page 7 of the RFP.

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20	Section 2.3 Term of the Agreement	Please clarify how much time prior to operational start will the Department expect readiness testing to begin.	This time will vary depending on the selected Broker(s) for this RFP. Regardless, the Department expects the selected Broker(s) to adhere to the implementation periods outlined in Section 2.3
21	Section 2.3 Term of the Agreement, Paragraph 1	The RFP mentions a five year contract term but does not clearly outline the availability of optional extensions. Are there potential extension years available for this contract, and if so, are they decided by mutual consent or at the sole discretion of the Department?	There are no optional extensions available at this time.
22	Section 3.1 Minimum Qualifications	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	Yes.

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		<p>services serving as a subcontractor</p> <p>Will an organization's experience managing Medicaid transportation benefits (brokering NEMT) for a Managed Care Organization's Medicaid eligible members be considered experience as a 'material subcontractor' for the purposes of meeting this qualification?</p>	
23	Section 3.1 Minimum Qualifications	<p>On pg. 7, the RFP states organizations must have “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.” Is there any flexibility with the minimum years requirement if proposers can successfully prove they have significant experience utilizing HIPAA compliant software to manage hundreds of demand-responsive services (including non-emergency medical transportation)?</p>	No.

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24	Section 3.1 Minimum Qualifications	Please confirm that MLTC plans who manage non-emergency medical transportation as part of a group of medical benefits are considered "prime contractors" here.	Per Section 3.1, 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.
25	Section 3.1 Minimum Qualifications	In light of the growing trend of multi-broker arrangements used, can the Department provide rationale why a company acting as a "material subcontractor" (i.e. over 75% of non-emergency transportation management services) to a single small "prime contractor" (e.g. 1,000 people in total) would better qualify for this contract over another company managing varying portions of a group of larger "prime contractors" (e.g. collectively 50,000 people but less than 75% of any individual "prime contractor")?	The Minimum Qualifications are targeted to organizations who have managed non-emergency medical transportation services in a material way. Experience understanding a specific state's landscape and arranging for a non-emergency medical transportation network in a specific geography, rather than simply the scale of operations, was determined to be more relevant to organizations with the experience to bid for this unique procurement opportunity.
26	Section 3.1 Minimum Qualifications	Can the Department rationalize why the Minimum Qualifications changed so much when compared to previous regional Transportation Manager RFPs (e.g. RFP #17965, RFP #17222)?	The Department needs to ensure the selected Transportation Broker(s) from this RFP is/are able to manage non-emergency transportation services for an extremely high volume of individuals throughout the entire State of New York (or in two large regions of the State) in contrast to a selected region in New York State or specific to the MLTC population. Consistent with the legislative authorization for

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		These changes can preclude successful NEMT brokers servicing large portions of MLTC populations from submitting a proposal, thereby resulting in a less competitive procurement.	this procurement, and reflective of the Medicaid Redesign Team II recommendation that gave rise to this legislative authorization, the procurement is targeted to organizations that have the experience, scale and capacity to manage non-emergency medical transportation on an at-risk basis, which is a materially different type of arrangement from the previous Transportation Manager procurement.
27	Section 3.1 Minimum Qualifications	Can the Department rationalize why one of the ways to qualify for this RFP involves serving as a "material subcontractor" to a "prime contractor," yet Section 5.9 Subcontracting indicates that "bidders may not propose the use of a subcontractor to perform the management services of the Medicaid Transportation Broker procured through this RFP"? With this logic, in-state brokers who do not receive an award under this RFP would never be able to qualify in the future for this work.	The Department is allowing for organizations who have served as a material subcontractor to a prime contractor performing non-emergency transportation management services (exceeding the 75% threshold) to promote more competition for this procurement. Additionally, this experience can be leveraged outside of New York State.
28	Section 4.0 Scope of Work, Overview of Transportation Broker Responsibilities:	What is DOH's expectation for the incorporation of rideshare services in the program?	The Department defers to the Broker to include RideShare organizations in their transportation provider network. The Department recently created category code 0609 for these entities to enroll as a Medicaid Transportation provider.
29	Section 4.0 Scope of Work, Page 8	Currently there are programs within NY Medicaid, including	The Department will provide a Broker with a list of these providers upon contract approval.

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		<p>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).</p> <p>How will the list of providers who provide their own transportation be communicated?</p>	
30	Section 4.0 Scope of Work, Page 8, 4th bullet point	<p>"the Transportation Broker(s) shall evaluate the qualifications of current Medicaid transportation providers for participation in its network".</p> <p>Question - can the Broker refuse to include current Medicaid providers in its transportation network when establishing the network?</p>	The Broker shall determine which transportation providers to include in their network.

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31	Section 4.0 Scope of Work, Page 8	<p>Broker must interface w EMedNY for the payments requests for claims</p> <p>Please clarify the process for broker interaction with eMedNY, including a description of the API and file format for integration.</p>	<p>The Broker is responsible for establishing their own process with transportation providers in arranging trip requests with enrollees. The Broker is responsible for sending data attesting to trip completion to eMedNY using the EDI 278/5010 file format. eMedNY will then process the attestation and either approve or reject the request. The Broker will access this authorization information and create a method to provide the transportation provider with either the Prior Authorization Number, or the Rejection code and reason for rejection. The transportation provider then has two ways of receiving the Prior Approval Number:</p> <ol style="list-style-type: none"> 1) They can receive this information from the Broker, or 2) The billing roster will be available from eMedNY every Monday morning for everything that was given a prior approval number before midnight Sunday night. <p>The transportation provider can then bill eMedNY using the 837/5010 file format.</p>
32	Section 4.0 Scope of Work, Page 8	<p>Developing mandatory corrective actions for any Medicaid enrolled provider who fails to meet quality performance standards. (See Section 4.2.16)</p> <p>Given that the awarded broker will be financially responsible for service quality under this RFP, can the Department please confirm that contracted brokers will be permitted to assess liquidated damages on subcontracted transportation</p>	<p>The Contracted Broker should work with transportation providers to assess, address, and correct poor performance deficiencies prior to seeking any liquidated damages against the transportation providers.</p>

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		providers as a result of poor performance?	
33	Section 4.0 Scope of Work, Page 8, Paragraph 4	<p>The last bullet on this page states that the broker is responsible for, <i>“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.”</i> Please clarify:</p> <ul style="list-style-type: none"> a. In what cases would transportation providers NOT be enrolled as a vendor in this program? b. Can the Department provide data on the number of trips, by region or county, that were provided by non-participating providers? 	<ul style="list-style-type: none"> a. Examples of transportation providers not enrolled in Medicaid include: out of state providers, family members, representatives of the enrollee, and volunteer drivers. b. In Long Island, 53 trips were provided by non-participating providers in the past year. For the remainder of NYS, 76,069 trips were provided by non-participating providers in the past year. c. Please see Section 4.2.11 Reimbursement of Claims to Transportation Providers. Yes, these are budgeted into the administrative PMPM rate. d. Please see Amendment 3 and Attachment O.

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		<p>c. Also, please clarify how these providers are to be reimbursed. Will the broker be responsible for paying these transportation costs directly, and if so, is this to be budgeted into the administrative PMPM rate?</p> <p>d. Can the Department provide a list of transportation providers and public transit agencies enrolled in eMedNY?</p>	
34	Section 4.0 Scope of Work, Overview of Transportation Broker Responsibilities, Bullet #1, Page 9	This section states that brokers must negotiate service agreements with enrolled transportation providers. Please clarify:	<p>a. There are no current Transportation Brokers. Please see Section 2.1 Introductory Background.</p> <p>b. No, please see Section 4.2.15 Network Service Agreements.</p>

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		<ul style="list-style-type: none"> a. Do the current brokers have similar agreements with transportation providers in place? b. Does the Department have a standard or sample template that it would like brokers to follow? c. Because the broker will not be reimbursing providers, what mechanisms are the broker allowed to use to hold the transportation providers accountable to the requirements of the service agreement? 	<p>c. Please see Section 4.2.11 Reimbursement of Claims to Transportation Providers and please see Section 4.2.15 Network Service Agreements.</p>
35	Section 4.0 Scope of Work, Page 9	Working with the Department and MMCOs and MLTCPs to assist with developing value-based payments for transportation services either through value-	The Department envisions the Broker will offer suggestions on value-based payment arrangements. These are not in place today. Examples of these arrangements would include programs that reward for quality or efficiency in the delivery of NEMT services by providers

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		<p>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. This section of the RFP requires that brokers work 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.</p> <p>To ensure complete understanding of this requirement, can the Department please provide an example of such value-based payment arrangements they are envisioning? Additionally, can the Department confirm that these value-based payment arrangements are in place today.</p>	<p>against established baselines or implement a withhold / bonus structure based on performance metrics.</p> <p>The RFP also contemplates that brokers may work with MMCOs, MLTCPs or their contractors, such as at-risk provider groups, independent practice associations (IPAs) or accountable care organizations (ACOs), to participate in upstream VBP arrangements. For example, the broker may work with an at-risk IPA, ACO or provider group participating in a total cost of care arrangement. By coordinating the delivery of high-quality NEMT services that reduce total cost of care spending, the broker and its contracted providers may be able to participate in shared savings earned under those arrangements.</p> <p>VBP arrangements between brokers and providers are not in place today due to the implementation of the new model, but brokers may review DOH's VBP Resource Library (https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/) for ideas and guidance.</p>

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		If so, please provide details of the current program.	
36	Section 4.0 Scope of Work, Page 9	<p>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 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.</p> <p>Will the transportation providers receive the value-based payments from the Department (via eMedNY), or directly from the Transportation Broker? Are any value-based payment programs in place today? If so, can you provide any data on value-based payments in 2019 and 2020?</p>	<p>The Broker is responsible for developing and negotiating VBP contracts with non-emergency medical transportation providers, rather than from the Department (via eMedNY). However, consistent with VBP contracts that apply between managed care plans and providers, the Department will issue guidance regarding the requirements for such contracts, including whether prior review and approval of such contracts will be required.</p> <p>There are no VBP programs in place in the transportation program today.</p>
37	Section 4.0 Scope of Work, Page 9	Negotiating service agreements with NYS Medicaid enrolled transportation providers, including...transportation network	The Transportation Broker will negotiate these rates with the TNCs. The Department will work with the Transportation Broker to determine the best process to share determined rates.

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		<p>companies/high-volume-for hire-service (rideshare)...</p> <p>In the requirements, DOH states the broker can use TNCs. TNC rates are determined by an algorithm based on location, distance, time of day, etc. Considering these rates may vary, please clarify how the Broker can share the determined rates with DOH to promote timely and accurate payments. Additionally, will the Department allow TNCs to submit their claims for reimbursement directly via eMedNY or to the Transportation Broker?</p>	<p>TNCs that are enrolled as Medicaid Transportation providers submit their claims through eMedNY.</p>
38	Section 4.0 Scope of Work, Page 10	<p>Ride Share</p> <p>This section indicates Ride Share services will be permitted under this contract. Will there be any limitations regarding when and how brokers will be permitted to use Ride Share services? Will ride share service providers, including TNC's, require a Medicaid provider ID number?</p>	<p>Transportation Brokers may use Ride Share providers as long as the Broker and provider follow Medicaid Transportation Guidelines.</p> <p>Yes, the Department expects Ride Share providers to enroll as a Medicaid Transportation Provider.</p>

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39	Section 4.0 Scope of Work, Page 10	<p>Providing mileage reimbursement according to Department policy found in Attachment D of this RFP where the enrollee or their representative provided the transportation.</p> <p>The RFP indicates that brokers will be responsible for "providing mileage reimbursement according to Department policy found in Attachment D of this RFP where the enrollee or their representative provided the transportation."</p> <p>Will the broker be permitted to increase the mileage reimbursement rate above the IRS mileage rate in order to increase participation in this low cost mode option?</p>	The Department will consider allowing the broker to increase the mileage reimbursement rate above the IRS mileage rate pending necessary State and Federal approvals.
40	4.0 Scope of Work / 4.2.5 Processing Requests for Medical Transportation / 4.2.11 Reimbursement of Claims to Transportation Providers	Section 4.0 of the RFP states, "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	<p>A. It is the responsibility of the Broker to determine the most efficient process to purchase and distribute public transit services / passes.</p> <p>B. Please see Section 4.2.5 Processing Requests for Medical Transportation subsection Public Transportation. The PTAR program is only applicable to the Downstate Region.</p> <p>C. Please see Attachment P – List of Non Medicaid Enrolled Public Transit Providers. Please see Attachment H which has detailed information on prior public transit expenses.</p>

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		<p>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."</p> <p>Section 4.2.5 of the RFP states "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."</p> <p>Section 4.2.11 states "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</p>	

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		<p>Medicaid."</p> <p>A: Can the Department please clarify exactly what role the broker will play relative to the purchase and distribution of public transit services / passes?</p> <p>B: How does the PTAR program interact with the broker's responsibilities?</p> <p>C: If brokers are responsible for reimbursing transportation providers not enrolled in Medicaid, including public transit providers, can the Department provide a list of all non Medicaid enrolled public transit providers along with the estimated cost of services utilized for NEMT per calendar year?</p>	
41	4.0 Scope of Work/Overview of Transportation Broker Responsibilities, Page 11	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	The Department does not have an example of an activity or service at this time.

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		<p>enrollees managed by the Transportation Broker(s).</p> <p>Please provide examples of the types of activities/services which might transition in/out of the broker model.</p>	
42	Section 4.0 Scope of Work page 11	<p>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).</p> <p>Will the Department furnish a list of those programs or enrollees that fall into this category and which trips are not the responsibility of the Broker(s)?</p>	Please see question #29.

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43	Section 4.0 Scope of Work, Ride Share	Can NYSDOH confirm that the requirements (i.e driver, vehicle, reporting, etc) for Transportation Network Companies (TNCs / Ride share) will be those required and applicable to the 0609 TNC Provider type? Can NYSDOH confirm that additional requirements outlined, beyond the TNC provider types, will not be applicable to TNCs?	<p>Yes, the requirements for TNCs will be those required and applicable to the 0609 TNC Provider Type.</p> <p>The Department is unsure of the additional requirements reference in this question.</p>
44	Section 4.0 Scope of Work, Ride Share	Can NYSDOH elaborate on the GPS requirements noted in the RFP? Do providers have to use the GPS system provided by the Broker? Is the testing and approval by DOH required for the broker GPS system or provider GPS device?	<p>Please see Section 4.2.13 item D.</p> <p>Providers may use their own GPS software that works within the Broker's system.</p> <p>The testing and approval by DOH is required for the Broker's GPS system but not required for provider's GPS device.</p>
45	Section 4.0 Scope of Work, Ride Share	Does "Freedom of Choice," as referenced on page 12 of the RFP, imply that a Medicaid beneficiary may choose a mode of transportation (e.g. rideshare/TNC/0609 CoS), or a specific transportation provider (e.g. Lyft) when scheduling NEMT?	The freedom of choice reference does not imply the Medicaid beneficiary can choose their mode of transportation, but they may choose a specific provider at the same medically appropriate, cost effective, level/mode of service. Please see Amendment 3.
46	Section 4.0 Scope of Work, Ride Share	<p>Regarding Rideshare companies, please clarify:</p> <p style="padding-left: 40px;">a. Which, if any, Rideshare</p>	<p>a. There are no RideShare companies currently serving beneficiaries for this program.</p> <p>b. The Department does not have a specific target and the selected Broker(s) will make that determination.</p>

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		<p>companies are currently serving beneficiaries for this program?</p> <p>b. How many, or what percentage, of trips are performed currently by Rideshare companies? If they are not used today, does the Department have a target for the new contract?</p> <p>c. If Rideshare companies are not used today, what are the barriers to their use and have these barriers been resolved within the terms this contract?</p>	<p>c. Under this new contract, the Broker will need to negotiate with Rideshare companies as part of their network.</p>
47	Section 4.2 Task/Deliverables, Page 12	The Transportation Broker shall: c) Telehealth visits are encouraged	The Broker is responsible to determine when the most appropriate time during the call center conversation. The Department will approve the call script prior to implementation.

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4Question	Subject	Bidder's Question	Answer
		At what point in the call center conversation should telehealth visits be encouraged?	
48	Section 4.2 Task/Deliverables, Page 12	<p>The Transportation Broker shall: c) Telehealth visits are encouraged</p> <p>Who will determine when telehealth visits are a more appropriate approach?</p>	The Broker will work with medical providers to determine if telehealth visits are more appropriate. Brokers should only encourage telehealth visits if they are medically appropriate, are supported by the patient's medical provider, and are the patient's preferred type of visit.
49	Section 4.2 Tasks/Deliverables, Page 12, Paragraph 2 part c:	The RFP states the broker shall, " <i>Telehealth visits are encouraged when available and medically appropriate.</i> " This statement does not clearly outline a responsibility. What responsibility does the broker's staff have relative to encouraging telehealth visits?	Please see question #48.
50	Section 4.2 Tasks/Deliverables, Page 12, Paragraph 2 part e:	The RFP states the broker shall, " <i>Ensure transportation providers allow for the <u>freedom of choice</u> meaning enrollees <u>can select the transportation mode</u> when providing services to all recipients within the transportation provider's authorized service area.</i> "	<p>a. Please see Question #45. Please see Amendment 3.</p> <p>b. The enrollee is not allowed to select the mode of transportation. Please see Question #45 and Amendment 3.</p> <p>c. Please see the answer to Question #50, item b above.</p>

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4Question	Subject	Bidder's Question	Answer
		<p>a. Are enrollees allowed to choose the provider, mode, or neither as part of "freedom of choice"?</p> <p>b. If the enrollee is allowed to select the mode, considering that the broker is also responsible for ensuring the beneficiary is assigned to the lowest cost most appropriate mode, in what cases is the beneficiary allowed to make a mode selection that may differ from the mode assigned by the broker?</p> <p>c. If the enrollee is allowed to select the mode, what if this conflicts with information on the</p>	

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4Question	Subject	Bidder's Question	Answer
		<p>medical verification form? Is the broker still required to allow freedom of choice?</p>	
51	Section 4.2 Tasks/Deliverables, item e, page 12	<p>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.</p> <p>Please clarify whether members are allowed to self-select their mode of transport. With members self-selecting their mode of transport, will the Transportation Broker be responsible for assuring the most medically appropriate and cost effective mode of transportation is used for each trip?</p>	Please see Question #45.
52	Section 4.2 Tasks/Deliverables item e	<p>Implies the Medicaid enrollee will have freedom of choice to select mode of service. Historically, it is the medical provider signing off on a 2015 form providing medical justification for the mode required based on the enrollee's medical</p>	Please see Question #45.

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4Question	Subject	Bidder's Question	Answer
		condition. Can you please explain this change? This appears contradictory to 4.2.5 which speaks to having a valid 2015 form for every enrollee to determine appropriate level of service.	
53	Section 4.2 Tasks/Deliverables item e	Will the Medicaid enrollee have Freedom of Choice to select a transportation provider, assuming the provider is enrolled in the program?	Please see Question #45.
54	Section 4.2 Tasks/Deliverables item 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." Question - Currently transportation mode is selected by medical practitioners using Form 2015 and providers have no discretion to select transportation mode. Please explain how enrollees will choose the mode of transportation.	Please see Question #45.
55	Section 4.2 Tasks / Deliverables, Page 14	Section 4.2.2 states "The Transportation Broker(s) will provide a call center that will be located and operated in the State of New York. If one (1)	Per Section 4.2.3 Maintain Backup Reservation Capability, the Broker may staff individuals remotely during certain events such as emergencies, pandemics, etc. The Department reserves the right to require the Broker's staff to return to their primary work location. The

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4Question	Subject	Bidder's Question	Answer
		<p>Transportation Broker is selected to manage both the Upstate and Downstate regions, only one (1) call center is required."</p> <p>Please confirm whether non-core management staff may work remotely.</p>	<p>Department is open to non-core management staff working remotely provided that all requirements of the RFP are being met.</p>
56	Section 4.2 Tasks / Deliverables, Page 14	<p>Section. 4.2.2 states "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."</p> <p>Please confirm what is considered "sufficient and qualified" for Spanish and Russian speaking staff. Are there requirements to vet fluency levels?</p>	<p>The Transportation Broker will need to determine what qualifies as "sufficient and qualified" Spanish and Russian speaking staff in order to meet the needs of the members being served and to comply with Language Access requirements. The Transportation Broker will establish their own requirements to vet fluency levels.</p>
57	Section 4.2 Tasks / Deliverables, Page 14	<p>Section 4.2 states "The Transportation Broker(s) shall maintain sufficient personnel to perform all the functions required of the call center 24-hours a day,</p>	<p>A. Per Section 4.2.2 and Section 4.2.3, the Broker is required to ensure all functions of the call center are operational 24 hours a day, 7 days a week. Per Section 4.2.3 this does not need to occur in NYS.</p>

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		<p>7-days a week, throughout the term of the contract. This would include hospital and emergency department discharge requests."</p> <p>A: Please confirm that the Department is not requiring the broker's call center in New York to be operational 24/7.</p> <p>B. Please confirm if staff part-time employees or if they must all be full-time. If part time is allowable, please designate which roles can be deemed as such.</p>	<p>B. It is the Broker's determination on part-time and full-time employees. Please see Section 4.2.1 for Staffing requirements.</p>
58	Section 4.2.1 Staffing	<p>For the positions of Physician and Nurses, bidders are not likely to be able to provide specific names at the time of bid. Is the expectation of the department that bidders have a commitment from the above positions prior to submission?</p>	<p>The Department expects bidders to at least have individuals for clinical staff in mind for selection prior to submission of their proposal. All core management team and clinical staff members are subject to DOH review after contract approval.</p>
59	Section 4.2.2 Maintain a Call Center, Page 14, Paragraph 1	<p>This section states "<i>The Transportation Broker(s) will provide a call center that will be located and operated in the State of New York.</i>"</p> <p>Are work-from-home call center agents based within the state of</p>	<p>Per Section 4.2.3, work-from-home call center agents are considered a backup reservation capability during emergencies, pandemics, equipment malfunctions, or other force majeure. The Broker will be required to staff the physical call center at the direction of the Department.</p>

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		New York acceptable in addition to, or in lieu of, a physical call center? The use of work-from-home call center agents allows for greater redundancy during weather events or natural disasters.	
60	Section 4.2.3 Maintain Backup Call Center Reservation Capability	Please confirm that the bidder is permitted to use a hybrid model of onsite and Work from Home agents to answer calls.	Please see Question #59. At this time the Department will permit this approach.
61	Section 4.2.3 Maintain Backup Reservation Capability page 16	<p>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.</p> <p>Please confirm that the bidder will be permitted to use another vendor within the continental US if needed for backup capacity due to disaster or other scenarios.</p>	No, this is not permitted.

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62	Section 4.2.4 Create and Maintain a Public Website:	On pg. 14, the RFP states the Transportation Broker(s) will establish and maintain "a browser and mobile application accessible transportation request system for online users." Will eligible recipients be able to book their own trips through the mobile application transportation request system after the Transportation Broker has confirmed their eligibility status?	The Department is open to considering innovative approaches to this requirement.
63	Section 4.2.4 Create and Maintain a Public Website pg.17 9thbullet point	"Links to individual transportation provider performance data" Question - in the event that the transportation provider has verifiable electronic data that contradicts the performance data on the broker website - will there be process whereby the provider can contest and have inaccurate data corrected on the website?	The Broker should work with the provider to address the discrepancy. If the Broker is unable to resolve, the Broker should notify the Department of the situation.
64	Section 4.2.5 Processing Requests for Medical Transportation - Medical Justification Form 2015 pg.18	"the Transportation Broker(s) may request an updated Form-2015 at any time." Question - Is there any limit to how often and how repetitively the Broker may request updated Form-2015?	There is no limit to how often the Broker may request an updated Form-2015, however, the Broker should have a valid reason to make these requests outside of the requirements outlined in Section 4.2.5 in the RFP.

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4Question	Subject	Bidder's Question	Answer
65	Section 4.2.5 Processing Requests for Medical Transportation - Scheduling Transportation pg.20	"The Transportation Broker(s) shall adhere to patient choice except in circumstances where that choice cannot be reasonably honored" Question - under current Medicaid rules the member can choose their provider. Does this mean that the member can choose their transportation provider?	Please see Question #45.
66	Section 4.2.5 Processing Requests for Medical Transportation Page 17	Develop reservation procedures that encourage the use of telehealth when available and medically appropriate Are enrollees required to use telehealth if deemed medically appropriate?	No. Enrollees are not required to receive care via telehealth.
67	Section 4.2.5 Processing Requests for Medical Transportation Page 17	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	No, the Transportation Broker will access the applicable State- operated eligibility verification system in real time as the primary source of enrollee eligibility confirmation.

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		<p>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.</p> <p>Does NY DOH's monthly eligibility report qualify as the primary source of enrollee eligibility confirmation to the broker?</p>	
68	Section 4.2.5 Processing Requests for Medical Transportation Page 18	<p>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.</p> <p>Please clarify whether members are allowed to self-select their mode of transport (as described pg 12 section 4.2.e) or the transportation broker's algorithm will automatically determine the mode.</p>	The Broker is required to determine the most medically appropriate and cost-effective mode of transportation. Please see Question #45.
69	Section 4.2.5 Determining	The Transportation Broker(s) shall first require enrollees to use public	Please see Question #45.

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	Appropriateness of Mode of Transport Page 18	<p>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</p> <p>Please clarify whether member are allowed to self-select their mode of transport, or if the most medically appropriate available mode of transport will be assigned by the transportation broker.</p>	
70	Section 4.2.5 Public Transportation Page 19	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	<p>This requirement of the Broker to arrange for public transportation for enrollees who meet the eligibility criteria for public transportation as being the most appropriate mode of transport refers to both regions.</p> <p>The PTAR system requirement is only applicable to the Downstate region.</p>

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		<p>providers and facilities to submit, track, reimburse and process payments for transactions for public transport costs for eligible Medicaid clients</p> <p>Please clarify whether this requirement refers to both Upstate and Downstate regions outlined in this RFP</p>	
71	Section 4.2.5 Scheduling Transportation Page 20	<p>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).</p>	Please see Question #45.

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		<p>Please clarify whether members are allowed to choose/self-select transportation mode and/or transportation provider. If so, please clarify whether the transportation broker will be required to "schedule transportation with the most medically appropriate available mode of transportation covered by Medicaid (pg 18, section 4.2.5)</p>	
72	Section 4.2.5 Scheduling Transportation Page 20	<p>The scheduling shall accommodate additional riders such as:</p> <ul style="list-style-type: none"> • Medically necessary escorts. • A parent/guardian of a minor enrollee. • A newborn traveling with the enrollee to the enrollee's post-partum visit. <p>Please clarify whether transportation providers are paid for additional riders accommodated on a trip</p>	Please see Attachment D which outlines reimbursement for these scenarios.
73	Section 4.2.5 Processing Requests for Medical Transportation, Page 17	Please describe the format in which medical practitioner requests from EMR/HEI systems are provided to the broker. Is this through 5010 x12 278 Prior Authorization transaction?	This format does not currently exist under the structure of the Department's NEMT program. Brokers may provide responses regarding how such prior authorization requests may be securely transmitted through compliant transaction formats.

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74	Section 4.2.5 Processing Requests for Medical Transportation, Page 17 Paragraph 2:	This section states that the Department will provide monthly eligibility reports. Would the Department be open to working with the broker to provide this information more frequently? For example, a weekly file with daily change updates? Eligibility information can change significantly within a 30-day period, so this will ensure the broker always has the most up-to-date information possible.	The Broker will work with the Department to determine the best frequency in accessing the MMIS. Please also see Question #67.
75	Section 4.2.5 Processing Requests for Medical Transportation, Page 17, Paragraph 4, Bullet 4:	The RFP states that the Broker will: <i>"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..."</i> New York is one of the few states requiring clinical staff for this purpose. In most cases, trained non-clinical staff perform these duties, resulting in lower	<p>a. To clarify, medically licensed staff do not need to process these forms. The Broker's utilization review team are necessary to verify the individual's medical condition and therefore verify the most medically appropriate mode of transport. Their supervisor needs to be medically licensed to oversee the utilization team. If there is insufficient or incorrect information provided with these forms, the Broker can choose to request additional or verifiable information from the medical provider.</p> <p>b. Please see the answer to Question 75a above.</p> <p>c. No. The Department will not remove the Staffing requirements for clinical staff. The Department isn't prescribing the physician to be on the Broker's staff full-time. Please see Section 4.2.1 Staffing.</p>

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		<p>costs to the program. Can the Department please clarify:</p> <ul style="list-style-type: none"> a. These referenced forms are completed by the beneficiary's medical provider, who is the closest medical provider to the individual. What is the purpose of having medically licensed staff process these forms? Are there cases where the broker's clinical staff can overturn or reject the recommendation of the beneficiary's medical provider? b. If the broker's medical staff is not allowed to overturn this decision, what clinical work is 	

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		<p>required of these individuals?</p> <p>c. Would the Department consider minimally removing the requirement to have a physician on staff, and preferably the requirement for all clinical staff and instead leave that to the option of the broker assuming they can identify training and protocols to ensure proper handling of these forms?</p>	
76	Section 4.2.5 Processing Requests for Medical Transportation, Public Transportation, Page 19, Paragraph 1:	<p>Please clarify the Public Transit Automated Reimbursement (PTAR) system for New York City:</p> <p>a. Will DOH pay directly for bus passes submitted through the PTAR</p>	<p>a. The Broker is responsible for determining the most efficient solution to acquire bus passes utilizing the PTAR system. The Broker will only be reimbursed per Section 5.4 Payment.</p> <p>b. Outside of New York City, the Broker is responsible for ensuring enrollees have access to bus passes for all medical appointments. The Broker will allocate bus pass expenses in their admin PMPM budget.</p>

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		<p>system, or will the broker have to purchase the passes?</p> <p>b. For public transportation passes purchased outside of New York City, or those purchased outside of the PTAR system, is the broker responsible for paying for these passes directly? Is that cost a pass-through to the Department or does the broker have to purchase these out of their admin PMPM budget?</p> <p>c. If medical providers and facilities are booking passes directly through the PTAR system, do they also have to submit a request</p>	<p>c. The Broker is responsible for determining and executing an efficient process, utilizing PTAR, to manage public transit trips to all Medicaid Enrollees. This may include (but is not limited to) requiring facilities to submit a request through the broker, or otherwise creating a system for reconciling facility-purchased public transit passes.</p>

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		<p style="text-align: center;">through the broker? If not, how are these passes reconciled with the broker to ensure that the trip is authorized?</p>	
77	Section 4.2.5 Processing Requests for Medical Transportation, Public Transportation, Page 19, Paragraph 2:	Will DOH consider removing the requirement for a signature at delivery of public transportation passes sent less than two business days from the appointment time? Signature verification often costs more than the expense of the actual bus passes and may cause additional delays and re-deliveries for enrollees.	No.
78	Section 4.2.5 Processing Requests for Medical Transportation:	Is DOH looking to provide on-demand service (i.e., a trip is booked at the time of desired travel) in addition to advanced reservation and recurring service?	Yes.
79	Section 4.2.5 Processing Requests for Medical Transportation:	What is DOH's expectation for the incorporation of on-demand transportation in the program?	The Broker should schedule on demand transportation as appropriate.

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80	Section 4.2.5 Processing Requests for Medical Transportation	What is DOH's perspective on shared rides? Is there an expectation that the Transportation Broker(s) will facilitate shared rides?	The Broker should be cost effective with their approach and utilize group rides when possible.
81	Section 4.2.5 Processing Requests for Medical Transportation:	How far in advance can eligible recipients request non-emergency medical transportation service?	There is no limit to how far in advance recipients can request a NEMT service.
82	Section 4.2.5 Processing Requests for Medical Transportation:	On pg. 17, the RFP states the Transportation Broker will "develop reservation procedures that encourage the use of telehealth when available and medically appropriate." Can DOH please clarify how it intends for the Transportation Broker to facilitate this?	Please see Questions #48.
83	Section 4.2.5 Processing Requests for Medicaid Transportation Page 19	<p>...maximizing the use of the Public Transit Automated Reimbursement ("PTAR") system in New York City as directed by the DOH.</p> <p>Is the Transportation Broker to reimburse the participating providers and facilities for their use of the PTAR system? If so,</p>	The Broker will determine an efficient solution to manage, distribute, and reimburse bus passes utilizing the PTAR system.

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		can you describe the process for providing the reimbursement?	
84	Section 4.2.5 Processing Requests for Medicaid Transportation Page 20	<p>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).</p> <p>Given that the Transportation Broker will negotiate rates with the transportation providers (Section 4.2.13.G), resulting in some providers being more or less costly than others, can transportation provider cost also be considered when adhering to patient choice?</p>	Yes, the Department requires the Broker to determine and use the most medically appropriate, cost effective mode of transportation.
85	Section 4.2.5 Processing Requests for Medical Transportation Page 20	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).	Please see Amendment 3 and Question #45.

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		<p>How does this align with the requirement for the broker to utilize the least cost, most appropriate mode of transportation? In the event that a member requests a specific transportation provider that is contracted at a higher rate than others, how should the broker proceed with trip assignment?</p>	
86	<p>Section 4.2.8 Education, Training, and Outreach Activities Page 21</p>	<p>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.</p> <p>How will Medicaid Members be notified of proposed changes to the program prior to go-live? Will DOH be managing this responsibility or will Brokers be prescribed a role? Will a member mailing be required for members? If so, who will be responsible for the funding component associated with the member mailing?</p>	<p>The selected Transportation Broker(s) will be responsible for notifying Medicaid Members and determining the most effective solution to accomplish this task.</p>

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87	Section 4.2.8 Education, Training, and Outreach Activities Page 21	<p>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.</p> <p>For educational purposes, roughly how many Medicaid Members utilizing the current Regional FFS brokers are on standing orders?</p>	There are roughly 24,851 Medicaid Members on standing orders.

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88	Section 4.2.8 Collaborate with Local Stakeholders pg.22	"The Transportation Broker(s) will make regional liaisons available to transportation and medical providers." Question - Is there any standard for failure of the Broker to respond to transportation providers? Must they respond in a business-like time frame of 24-48 hours? What recourse does the transportation provider have for non-responsiveness from the Broker?	All specific performance standards and penalties are set forth in Section 4.4 of the RFP.
89	Section 4.2.8 Education, Training, and Outreach Activities, Collaborate with Local Stakeholders, Page 22 Paragraph 2:	Will DOH allow the Transportation Broker to hold annual stakeholder meetings virtually if face-to-face meetings are not possible due to the ongoing COVID-19 pandemic?	Yes.
90	Section 4.2.9 Enrollee and Transportation Provider Fraud, Waste, and Abuse Page 22	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	The Transportation Broker(s) is/are expected to meet this requirement outlined in Section 4.2.9 paragraph 3 regardless of any assumptions.

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		<p>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.</p> <p>Given the broad implications of the word potential and a requirement for a 24-hour notification and the fact that many leads are inconsequential in FWA, what parameters should result in a report to OMIG?</p>	
91	Section 4.2.9 Enrollee and Transportation Provider Fraud, Waste, and Abuse Page 22	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	The selected Broker(s) will utilize OMIG's website to report any potential fraud, waste, and abuse. Please see https://omig.ny.gov/medicaid-fraud/file-allegation

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		<p>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.</p> <p>Does the OMIG have a specific form utilized for reporting FWA.</p>	
92	Section 4.2.9 Enrollee and Transportation Provider Fraud, Waste, and Abuse Page 23	<p>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.</p> <p>Will the broker have access to the OMIG determinations for greater risk of fraudulent activities?</p>	The Department will notify the Broker the results of any OMIG investigations.

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93	Section 4.2.9 Enrollee and Transportation Provider FWA -- Pre and Post Trip Verification	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 Please clarify what NYS would consider a "pattern"	A pattern is a recurring occurrence. It is the responsibility of the Broker to define what constitutes as a pattern for the requirement to pre verify all transportation requests for the enrollee.
94	Section 4.2.11 Reimbursement of Claims to Transportation Providers	Is the intent of the RFP that the Broker or the State will be responsible for paying claims to the individual network providers?	The State will be responsible for paying claims to the network of Medicaid Enrolled transportation providers.
95	Section 4.2.11 Reimbursement of Claims to Transportation Providers	Payments to Providers Not Enrolled in NY Medicaid are paid directly by the broker, are those to be invoiced to the State?	Providers not enrolled in Medicaid will invoice the Broker.
96	Section 4.2.11 Reimbursement of Claims to Transportation Providers	Will Transportation Providers submit claims to and be paid by New York State MMIS system?	Yes, enrolled NYS Medicaid providers will submit claims and be paid by New York State.

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97	Section 4.2.11 Reimbursement of Claims to Transportation Providers, Payments to Transportation Providers Not Enrolled in NY Medicaid, Page 24	Please clarify whether rideshare (i.e. Lyft/Uber) companies who complete prior authorized trips are reimbursed through the eMedNY system, or through another process. If they are reimbursed outside the eMedNY system, are these pass-through costs to the Department, or will the broker be responsible for paying these costs out of the administrative PMPM budget?	If RideShare companies are enrolled as NYS Medicaid providers, they will be reimbursed through eMedNY. If they are reimbursed outside eMedNY, the broker is responsible for paying these costs out of the administrative PMPM.
98	Section 4.2.11 Reimbursement of Claims to Transportation Providers -- Third Party Billing Page 25	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	Yes, this is correct.

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		<p>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</p> <p>Please confirm that the Transportation Broker is responsible to pursue and collect payments from TPL (third-party liability) payers for Medicaid transportation when applicable</p>	
99	Section 4.2.11 Reimbursement of Claims to Transportation Providers	Will the broker be required to pay actuarially sound reimbursement rates? Concern is if it is a pure bid process, where providers are competing against one another on price versus working at an established, actuarially sound reimbursement rate; could become a race to the bottom whereby quality could suffer and ultimately the Medicaid enrollee receives lesser quality care and service, as providers are forced to cut corners to compete against one another on price.	There is no requirement for actuarial sound rates (as actuarial soundness applies only to the calculation of plan premium) or a minimum fee schedule, and the Broker is required to negotiate the most cost-effective rates possible among transportation providers in their network without sacrificing quality of service. The Department will establish safeguards to maintain appropriate access and quality for all members.
100	Section 4.2.11 Reimbursement of Claims to	Will the broker be bidding out work, or will actuarially sound	Please see Question #99. Please also see Section 5.9 Subcontracting.

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	Transportation Providers	reimbursement rates for various modes of service be established?	
101	Section 4.2.13 Provide and Maintain a Network of Transportation Providers	Will the broker be allowed to bid out work, which has the potential for fraud, abuse, conflicts, whisper numbers surrounding the bid? Or will actuarially sound reimbursement rates be established on a County by County basis by mode of service?	Please see Question #99. Please also see Section 5.9 Subcontracting.
102	Section 4.2.13 Provide and Maintain a Network of Transportation Providers Page 27	<p>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</p> <p>Please clarify whether this standard applies to volunteers, independent drivers as part of a TNC or independent driver corps.</p>	All applicable transportation providers in the Broker's network will adhere to this requirement.
103	Section 4.2.13 Provide and Maintain a Network of Transportation Providers, D	The RFP states "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	The Department is open to considering innovative approaches to meet this requirement.

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		<p>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." Such tracking in 100% of vehicles could be hard unless DOH requires TPs to install a standard mobile application for all drivers. Is DOH open to the Broker(s) requiring all TPs to use a standard mobile driver application for this purpose?</p>	
104	<p>Section 4.2.13 Provide and Maintain a Network of Transportation Providers, D</p>	<p>Few (if any) NEMT Brokers have experience deploying technology at scale. Is DOH open to Transportation Brokers subcontracting with technology companies to fulfill the GPS requirement and other technology requirements?</p>	<p>Per Section 5.9 Subcontracting, "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."</p>
105	<p>Section 4.2.13 Provide and Maintain a Network of Transportation Providers, D</p>	<p>The RFP states "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</p>	<p>The Department will develop a GPS policy to ensure the Broker's GPS system is providing appropriate and accurate data.</p>

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		<p>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.”</p> <p>How will DOH certify that the GPS tracking system is providing appropriate and accurate data?</p>	
106	Section 4.2.13 Provide and Maintain a Network of Transportation Providers A pg.25	<p>"The Transportation Broker must be independent in relationship from each of the transportation providers"</p> <p>Question - What is the mechanism whereby a violation of this section can be reported to DOH?</p>	Any potential violation can be reported to MedTrans@health.ny.gov .
107	Section 4.2.13 Provide and Maintain a Network of Transportation Providers Page 25	Section D states "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	All providers listed in this question are required to have GPS capabilities in 100% of vehicles. Gas Mileage Reimbursement is excluded from this GPS system requirement.

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		<p>collecting data for all Medicaid trips."</p> <p>It is our experience that specialized transportation providers, such as Ambulance (ALS, BLS, CCT), Stretcher Vans, Taxis, TNCs, and public transit, will refuse to integrate to our digital GPS platform. Please confirm that these providers as well as Gas Mileage Reimbursement trips are excluded from this live electronic (GPS) system requirement as it pertains to 100% of all vehicles.</p>	
108	Section 4.2.13 Provide and Maintain a Network of Transportation Providers pg 28	Section F states "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."	Yes, this is acceptable

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		Please confirm that the contracted broker is not required to inspect all network vehicles personally and will be permitted to accept current inspection certificates associated with other entities / departments.	
109	Section 4.2.13 Provide and Maintain a Network of Transportation Providers F. Page 27	"All vehicles shall be made available to the Transportation Broker for inspection upon request" Question - Can the transportation provider require inspection at their base, as any undue travel will take the vehicle out of service?	This determination is solely made by the Transportation Broker.
110	Section 4.2.13 Provide and Maintain a Network of Transportation Providers Page 28 J.	"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" Question - At certain facilities in Manhattan this requirement is not legally possible because local traffic enforcement will not permit unloading in a fire lane, bus lane or no stopping lane. How can the transportation provider comply with this requirement? Will DOH issue parking passes for	The Department expects the provider to comply as fully as legally possible. The Department will not issue parking passes to meet this requirement.

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		ambulette to meet this requirement?	
111	Section 4.2.13 Provide and Maintain a Network of Transportation Providers Page 27	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. Will the Department require TNCs and public transit vehicles to have a written form of complaint procedures in the vehicle?	Yes.
112	Section 4.2.13 Provide and Maintain a Network of Transportation Providers, Page 25	Rideshare companies (i.e. Lyft/Uber) do not typically adhere to all of the vehicle and driver standards outlined in this section. Will an exception be made for Rideshare companies so that they can serve trips for this program, or does the Department have an alternate list of standards that these Rideshare organizations must adhere to?	No exception will be made to vehicle and driver standards for RideShare companies. There is no alternate list of standards.
113	Section 4.2.13, Provide and Maintain a Network of	Will DOH consider modifying the requirement for GPS tracking in vehicles from 100% of all vehicles	No.

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	Transportation Providers, Page 26, Paragraph D:	to 95%? For example, it could be challenging to incorporate GPS tracking for ambulance transportation.	
114	Section 4.2.13, Provide and Maintain a Network of Transportation Providers, Page 26, Paragraph D:	Please confirm that the requirement to have GPS tracking in vehicles only applies to transportation providers enrolled as NYS transportation providers.	Yes.
115	Section 4.2.13 Provide and Maintain a Network of Transportation Providers, Page 28, Paragraph G	<p>This section states that the Transportation Broker shall negotiate rates for transportation services. Please clarify:</p> <ul style="list-style-type: none"> a. What is the process to negotiate alternate rates with transportation providers enrolled in the eMedNY system? b. Does the pricing have to be approved by the Department, and if so, how long is the approval timeframe? c. Can different rates be entered into the 	<ul style="list-style-type: none"> a. The Broker will work with the Department upon award for this process. b. Yes, pricing needs to be approved by the Department. The Department is unsure on the approval timeframe at this time. c. Yes, if approved by the Department. d. Please see Attachment K, pages 43-45. e. As approved by the Department. f. No, the vendor is not granted admin rights into eMedNY; the Department will modify rates in eMedNY, as appropriate .

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		<p>system based on different conditions, such as special rates for weekends or after hours?</p> <p>d. How are rates for multi-loaded trips handled?</p> <p>e. How often can rates be changed in the eMedNY system?</p> <p>f. Is the vendor granted administrative rights into eMedNY so they can modify rates in the system as needed, or how are rate modifications made in the system?</p>	
116	Section 4.2.13 Provide and Maintain a Network of Transportation Providers, Section 4.2.14 Network Credentialing	There is little in the RFP regarding quality as it relates to how work is assigned to transportation providers, and which providers are selected to work for the broker. Will providers be ranked and scored on quality standards, such	The selection of providers is determined by the Broker. Please see Section 4.2.16 for the requirements of the Broker to monitor provider performance.

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	Responsibilities, Section 4.2.16 Quality Assurance	as on-time performance, safety/ accident profile, DOT vehicle inspection profile, Medicaid OMIG audits, etc.?	
117	Section 4.2.14 Network Credentialing Responsibilities	There is no mention in the RFP as to whether consumer TNCs such as Uber and Lyft are allowed by the department. Can the department clarify whether contractors are able to utilize those resources, and any specific credentialing or training required?	Yes, the Broker may utilize RideShare companies per Section 4.0 of the RFP. Yes, all transportation providers including RideShare companies are subject to the requirements outlined in Section 4.2.13 and 4.2.14.
118	Section 4.2.14 Network Credentialing Responsibilities	The Taxi and Limousine Commission conducts fingerprint-enabled criminal background checks, DMV driving record checks, and drug testing on all TLC license holders. Can you please confirm the TLC license can be used as an alternative credentialing for evaluating driving records, drug testing of employees, and background checks?	The Broker is responsible for making this determination.
119	Section 4.2.14 Network Credentialing Responsibilities	Can you please confirm the bidder is able to complete the exclusion checks and driving record reviews of all employees who may interact with a Medicaid enrollee, on behalf of the transportation provider?	Yes, the Broker is responsible. See Section 4.2.14 and Section 4.2.15.
120	Section 4.2.14 Network	"while the Transportation Broker may terminate a network provider	This determination is solely made by the Transportation Broker.

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	<p>Credentialing Responsibilities Page 29 F</p>	<p>for "no cause", the network provider shall be afforded an appeals process"</p> <p>Question - Will the transportation provider be allowed to continue working while appealing if it is a case not involving imminent harm, fraud, or final disciplinary action?</p>	
121	<p>Section 4.2.14 Network Credentialing Responsibilities, Page 29, Paragraph A</p>	<p>Please confirm that the exclusion checks and driving record reviews referenced in this section do not apply to drivers with Rideshare companies.</p>	<p>Exclusions checks and driving record reviews apply to drivers with RideShare companies.</p>
122	<p>Section 4.2.15 Network Service Agreements Page 30</p>	<p>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</p> <p>Please expand upon the requirements for utilizing volunteer driver associations. Additionally, please clarify whether volunteers are used in the current program. If so, please provide the number of trips delivered in 2018, 2019, and 2020.</p>	<p>Please see Medicaid Update.</p> <p>Yes, volunteers are currently used in the program.</p> <p>Volunteer Driver Association Trips 2018 – 171,844 2019 – 168,235 2020 – 87,616</p>

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123	Section 4.2.16 - Quality Assurance Page 31	Acknowledge all complaints within twenty-four (24) hours of receipt of complaint. Please clarify the Department's definition of acknowledgement.	To receive and recognize. The Broker should confirm receipt of the complaint to the person that issued the complaint.
124	Section 4.2.16 Quality Assurance, Transportation Provider Performance, Page 31, Paragraph 1:	This section states, " <i>In order to participate in NY Medicaid, including the Transportation Broker's network, transportation providers must be enrolled as NYS transportation providers.</i> " Does this apply to Rideshare companies? What about public transportation agencies?	Yes, this applies to both.
125	Section 4.2.16 Quality Assurance, Complaint Resolution, Page 31	This section states "Acknowledge all complaints within twenty-four (24) hours of receipt of complaint." Please confirm that it is acceptable to acknowledge complaints within one business day of receipt, as this will allow for proper processing of complaints sent to the broker during holidays, weekends, etc.	Yes.
126	Section 4.2.16 Quality Assurance, Complaint Resolution, Page 31	The fifth bullet in this section states, " <i>in which case the complaint shall be resolved in seven (7) days or less.</i> "	Yes, this is seven (7) calendar days.

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		Please confirm that this should be seven calendar days.	
127	Section 4.2.16 Quality Assurance pg.31 Complaint Resolution	"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." Question - In the event a transportation provider makes a complaint against the Broker, what protection is offered to the transportation provider against retaliation by the Broker such as withholding work?	The Department is available to receive complaints from transportation providers via MedTrans@health.ny.gov .
128	Section 4.2.20 Gain Sharing Arrangement	Is the dollar amount that cost savings will be measured based on the year prior to taking over the contract for the length of the contract? a. Or will the dollar amount that cost savings will be measured from be reset every year based on what was spent the year before?	The Department is unsure of the term "cost savings" in this question. Per Section 4.2.20 the Gain Sharing Arrangement calculation will apply for each contract year. For this question, the revenue and net income calculation will "reset" for each contract year.

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129	Section 4.2.20 Gain Sharing Arrangement	The department does not outline risk sharing for a situation in which the contractor operates at a loss. Can we assume that the same sharing will take place for losses?	No. The Department does not share any risk when the Contractor operates at a loss.
130	Section 4.2.20 Gain Sharing Agreement, Page 36	The transportation costs make up a much larger percentage of the total costs of the contract than the administrative costs. An incentive to reduce transportation costs could significantly reduce total program costs. Would the Department consider a shared savings approach where the vendor and state would share in any transportation savings achieved during the contract term?	No.
131	Section 4.2.20 Gain Sharing Agreement, Page 36	Would the Department consider using post-tax net income instead of pre-tax net income?	No.
132	Section 4.2.20 Gain Sharing Arrangement	Under 4.2.20 Gain Share Agreement, If there is a savings, the language is clear around how that will be shared between the state and the broker. Can you clearly articulate the downside risk to the broker if transportation costs exceed the expected budget (ie. A loss)? ‘	Please see Question #129.
133	Section 4.2.20 Gain Sharing Arrangement	Can you please clearly articulate “Net Income” as it reads in section 4.2.20 and how it is calculated?	The Transportation Broker(s) must compute and report the Net Income (Loss) in accordance with DOH guidance and GAAP accounting principles, except where New York law, regulations and/or DFS or

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			<p>DOH policy would require otherwise. The Net Income (Loss) will be confirmed by DOH or its agent for the reporting period relating to all revenues and allowable expenses incurred pursuant to the contract.</p> <p>For purposes of calculating Net Income (Loss), certain items must be omitted from the calculation as they are not allowable expenses. These items include, but may not be limited to the payment of a Margin Remittance or liquidated damage assessment; or any interest expense associated with late or underpayment of the Margin Remittance or liquidated damage assessment.</p> <p>Various other normal business expenses are unallowable in this calculation including: interest expenses; income taxes (federal, state, or local), including state franchise taxes; bad debt expense; contributions, donations; lobbying; royalty fees, franchise fees; markups or margin by Affiliates; entertainment; alcoholic beverages; fines, penalties, damages, and settlements; bond issuance cost amortization, bond discounts; provision for contingent reserves; cost of capital; defense or prosecution of criminal proceedings, civil proceedings, and offline payments; investment management costs; loss on disposition of property; costs of memberships, dues and expenses associated with country club and fraternal organizations; political contributions; proposal preparation costs; and, airfare costs in excess of standard coach class.</p> <p>A cost being deemed unallowable does not mean that the broker is not allowed to incur the cost, it only means that the cost may not be used in computing the Net Income Before Taxes. Many of the cost categories that are deemed unallowable are unallowable in the Federal Acquisition Regulations for government contracting.</p>
134	Section 4.2.21 Settlement of Gain	The Transportation Broker(s) shall report to the Department its	Please see Amendment 3.

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	Sharing Arrangement Page 37	<p>computation of the Gain Sharing Arrangement no later than 60 days after the end of the Contract Year.</p> <p>Section 4.3 (page 39) of the RFP states that the Cost Report is due on or before the 90th day after the end of the contract year. The gain share computation is based on the Cost Report. Will DOH allow 90 days for submission of the Gain Share computation? This will also provide enough time to have the Gain Share computation certified by an independent auditor.</p>	
135	Sections 4.2.20-4.2.22	Regarding the risk sharing arrangement by which contractor may be held responsible financially depending upon how the Contractor performs against a target budget, can you clarify what the dollar amount (\$) or percentage (%) of downside risk the Contractor will bear?	The Contractor assumes 100% of the risk.
136	Section 4.3 Record Keeping and Reporting, Call Center Compliance Report, Page 40	Will DOH consider rescinding the requirement to report the number and percentage of calls reaching the AVR within three rings or less, or replacing it with another tracking metric? The number of rings that a caller hears is subjective and varies based on the	No.

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		telephone carrier, and is therefore not a reliable way to measure call quality or broker compliance.	
137	Section 4.4 Performance Standards, Page 41	Would the Department consider waiving enforcement rights on any reductions in administrative payments for the first 90 days of the contract, or preferably the first 90 days of each regional phased launch, so that the vendor(s) can focus on a smooth transition and continuity of care? For example, during the transition, and with the addition of the new MLTC population, call wait times and hold times may be slightly longer than normal due to the need to answer additional questions and support beneficiaries as they navigate program changes, but these functions are not an indicator of deficient broker performance.	The Department may consider waiving enforcement rights deemed non-material, such as reductions in administrative payments for the first 90 days of the contract but will evaluate the situation on a case by case basis.
138	Section 4.4 Performance Standards	Performance standards indicate 97% of all transports must be picked up within a 15 minute window to be considered on time. Given traffic congestion in NYC, group riding in ambulettes, whereby two or three Medicaid enrollees may be picked up at various addresses to go to a facility for medical treatment, this	To clarify, this metric requires the broker's transportation provider network ensure enrollees are picked up no more than 15 minutes before or after the designated pickup time . The responsibility to establish a compliant network of providers and adherence to these performance standards falls directly on the Transportation Broker. The Broker and transportation provider should work together to establish appropriate pickup times.

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		window is unreasonable. The proper, metric, respectfully, should be enrollee drop off on time for the appointment. Generally, pick ups are provided one hour in advance by brokers and by the current transportation manager, but, the transportation provider needs to have the discretion to arrange flow of pick ups based on proximity to the appointment. Can you please comment/ address.	
139	Section 4.4 Performance Standards	A 3 hour window for hospital discharges appears quite generous. Can you please explain the logic for a 3 hour window for hospital discharges versus a very tight 15 minute window for other medical transports?	Since hospital discharges are often scheduled the same day, the Department allows a 3 hour window.
140	Section 4.4 Performance Standards	Are there any quality of service metrics or SLAs that DOH is interested in?	Please see Section 4.4 Performance Standards.
141	Section 4.4 Table 1 Performance requirements	Does the department project any additional requirements other than those listed in Table 1?	Not at this time.
142	Section 4.5 Conflict of Interest	Can a transportation provider have an ownership interest in an entity submitting a proposal IF there was a system in place that eliminated any potential abuse of the trip assignment process?	No.

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143	Section 5.4 Payment	Will NYS Medicaid pay the broker the full bid price PMPM (as implied) or Will NYS Medicaid pay only the monthly Admin PMPM to the broker (As stated in 5.4)?	The Broker will be reimbursed through the Admin PMPM outlined in Section 5.4.
144	Section 5.5 Minority & Woman-Owned Business Enterprise Requirements	Would the state consider subcontractors such as transportation providers as eligible for the MWBE requirements?	Yes, the Broker may utilize MWBE transportation providers to meet their MWBE goals.
145	Section 5.5 Minority & Woman-Owned Business Enterprise Requirements / Attachment 5 / 8.5 Composite Score	<p>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.</p> <p>How will each bidder's MBE / WBE subcontracting commitments be evaluated and scored? For example, if Bidder A commits to outsourcing 30+% of the contract value to certified MBE / WBE entities and Bidder B does not, how will the Department hold Bidder B accountable for not fulfilling this key RFP requirement?</p>	<p>MWBE goals are not evaluated or scored.</p> <p>This is a requirement in the RFP. As outlined in Appendix M; "Pursuant to 5 NYCRR §142.8, CONTRACTOR must document "good faith efforts" to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of this Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the CONTRACTOR acknowledges that if CONTRACTOR is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in this Contract, such a finding constitutes a breach of this Contract and the CONTRACTOR shall be liable to the DEPARTMENT for liquidated or other appropriate damages, as set forth herein."</p>

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146	Section 5.5 Minority & Woman-Owned Business Enterprise Requirements, Page 47	<p>Regarding the MWBE requirement:</p> <ul style="list-style-type: none"> a. Although brokers are not directly reimbursing transportation providers in most cases through this contract, we will be responsible for recruiting and establishing agreements. As such, can transportation providers who are MBWE be counted toward the targeted participation? b. Is this goal currently being met fully or partially? If so, please provide the names and contact information for the current MBWE 	<ul style="list-style-type: none"> a. Yes, MWBE providers can be used toward MWBE goals. b. This information can be requested via the Freedom of Information Law (FOIL) process. Additional information on submitting a FOIL request is available at https://www.health.ny.gov/regulations/foil/.

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		<p>organizations so that bidders may gauge their interest in continual service to the contract. Our goal is to ensure MBWE firms are not displaced in the event of a transition.</p>	
147	Section 5.21 - Intellectual Property Page 54	<p>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.</p> <p>Please provide examples of what the Department considers to be a work product.</p>	An example is the Transportation Providers' Network Manual developed by the Broker referenced in Section 4.2.8.
148	Section 6.0 Proposal Content, Page 55, Paragraph 2	Are bidders required to submit a completed Attachment A Proposal Document Checklist with their proposal submission?	Although not required, bidders should submit a completed Attachment A Proposal Document Checklist with their proposal submission.
149	Section 6.0 Proposal Content, Page 55, Paragraph 2	The RFP states that, "...certain technical submission components are combined for bidders	To quote the statement entirely, the RFP states: "Evaluations of the Administrative, Technical, and Cost Proposals for each region received in response to this RFP will be conducted separately even

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		<p>submitting proposals for both regions.”</p> <p>Can the Department please clarify this statement because it appears that each region requires a completely separate proposal.</p>	<p>though certain technical submission components are combined for bidders submitting proposals for both regions”</p> <p>To clarify, certain technical components may elicit the same response regardless of the region where the proposal is based. This statement is emphasizing the requirement for bidders to submit separate administrative, technical, and cost proposals for each region.</p>
150	Section 6.2.C Technical Proposal	<p>6.2.C Documentation of Bidders Eligibility (Requirement) 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.</p> <ul style="list-style-type: none"> • 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 	<p>At a minimum, bidders must provide a detailed description outlining how their organization meets all minimum qualifications listed in the RFP. Bidders may provide other documentation which substantiates these claims.</p>

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		<ul style="list-style-type: none"> • 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. <p>Please provide examples of documentation that DOH deems acceptable as proof the bidder meets</p>	
151	Section 6.2.C Technical Proposal	<p>6.2.C Documentation of Bidders Eligibility (Requirement) 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.</p> <ul style="list-style-type: none"> • A minimum of five (5) years of experience performing non-emergency medical transportation management services for a state Medicaid program, which may 	Please read Section 3.0 Minimum Qualifications. Bidders must meet these required qualifications in order for the Department to consider their bid.

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		<p>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</p> <ul style="list-style-type: none"> • 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. <p>Please clarify whether bidders must have direct experience providing NEMT services to qualify and years of experience cannot be counted based on the history of a parent organization or other entity.</p>	
152	Section 6.2 Technical Proposal D.1.c. Organizational Experience and Staffing	Describe the background and relevant work experience of the proposed Project Manager, Registered Nurse, Nurse Practitioner or Physician Assistant, and Physician as detailed in	Please see Amendment 3.

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	Requirements Page 61	<p>Section 4.2.1 that would be assigned to manage the contract and the location of each staff member</p> <p>Will NYS permit staff to be identified after notice to proceed and job descriptions/requirements to be outlined in response to this question?</p>	
153	Section 6.2.D.1 Organizational Experience and Staffing Requirements, Page 58, Paragraph A:	<p>This section states, <i>“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.”</i></p> <p>Please confirm that DOH's intent is for bidders to provide details on at least three similar projects, and not every project in which they have Medicaid Transportation Broker experience in other states.</p>	It is the Bidder's determination on how many projects they choose to include in their Technical Proposal. The Department is requesting details on at least three (3) similar projects.
154	Section 6.2.D.6 Processing Requests for Medical Transportation, Page 60, Paragraph i:	Please clarify the flow of prior authorization requests. Does the Broker receive a request for a higher mode, sends a 278 prior authorization request to eMedNY,	Please see Question #31.

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		receives an authorization number, and then the broker and/or transportation provider submits the prior authorization number with claims to eMedNY?	
155	Section 7.0 Proposal Submission, Page 64, Paragraph 2	This section states that bidders are to submit " <i>three (3), open and permission password protected PDF proposals...</i> " Can the Department clarify what is meant by "open?"	Open meaning the Department can access the PDF files provided by the bidder. The bidder should provide the Department with the password to open these files.
156	Section 7.0 Proposal Submission Page 65	<p>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.</p> <p>Please confirm that proposals that do not comply with this requirement will not be considered.</p>	Proposals that do not comply with this requirement may still be considered.
157	Section 7.0 Proposal Submission Page 70	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-	Correct.

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		<p>contractors during any contract resulting from this RFP.</p> <p>Please confirm the requirement for black font and no color only applies to data, figures, charts, and tables.</p>	
158	Section 8.4 Cost Evaluation	<p>"The Cost Proposals will be opened and reviewed for responsiveness to cost requirements including a review of actuarial soundness"</p> <p>Question - Does this mean that the broker must pay an actuarially sound rate for ambulette services that is adequate to cover current operating costs, provide reasonable profit, and sustain ambulette services to meet trip demand?</p>	This citation in the RFP refers to the Department's evaluation of the bidder's cost proposal.
159	Attachment B Cost Summary - Aggregate Tab	<p>The Cost Proposal calculates the proposed PMPM using both service cost and administrative cost. According to the Overview and Section 5.4 of the RFP, the Transportation Broker will be paid an administrative fee PMPM. Which program costs should be included in the Service Cost section of the Cost Proposal?</p>	Please see the "Instructions" tab which explains how to complete the Cost Proposal. The Bidder's projected miles, spend, utilizers and trips by each mode of transportation should be included in the Service tab.

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160	Attachment B Cost Summary - Aggregate Tab	Total YTD 2020 PTAR spend was \$19.4M. Should the bidder include PTAR spend in the Service Cost section of the Cost Proposal?	Yes.
161	Attachment B	Are the "Offline Public Transit" costs referenced in this document limited to payments made to Public Transit Agencies not enrolled or paid through eMedNY?	Yes.
162	Attachment B	How will vendor performance be reviewed against the submitted budget? As an example, vendors can reduce their costs by shifting trips away from offline public transit and gas reimbursement and onto livery, which is paid through eMedNY. What mechanisms are built into the contract to avoid this?	The Transportation Broker is held to all performance standards outlined in Section 4.4. of the RFP regardless of their submitted budget. The Bidder is responsible for determining their most cost effective solution while meeting all requirements and performance standards outlined in the RFP.
163	Attachment B	Please confirm that the Cost Proposal will be evaluated against other vendors using the Final Bid PMPM (Transportation + Administrative PMPM) for all five years, but the vendor will be reimbursed for the Admin PMPM only.	The Cost Proposal will be evaluated using the Final Bid PMPM and the Broker will be reimbursed through the Administrative PMPM.
164	Attachment B & Attachment H	Please confirm that for public transit, only the Day Pass and	Yes.

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		Multi-Day pass are considered "Offline Payments".	
165	Attachment H Call and Other Admin Stats Tab	Total Call Volume in 2020 (Jan - Oct) was 4,572,479. Are the IVR and Web Trips (totaling 1.2M in 2020) included in the Total Call Volume?	No.
166	Attachment H Call and Other Admin Stats Tab	Can you provide IVA and Web Trip data for 2018 and 2019?	<p>IVR Trip Legs 2018 – 947,455 2019 – 1,140,679</p> <p>Web Trips 2018 – 1,255,564 2019 – 1,446,539</p>
167	Attachment H Managed Long Term Care and County Tabs	Please provide the modes of transportation included in the "Custom Ambulance Trips (Non-Emergent)".	These trips are serviced by both ALS and BLS ambulance providers.
168	Attachment H Managed Long Term Care and County Tabs	Please provide additional information about the type of service or level of care needed for "Custom Ambulance Trips (Non-Emergent)".	Please see Question #167.
169	Attachment H Managed Long Term Care and County Tabs	Of the Ambulette levels of service, only Ambulette/Wheelchair Van has miles associated with it. Do other Ambulette services have	The Department does not have this information.

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		miles associated with them, and can DOH please provide the data?	
170	Attachment H Managed Long Term Care and County Tabs	Parking/Tolls does not have a trip count. Can DOH provide the number of times that parking/tolls have been used/paid?	The Department does not have this information. Please refer to the Transportation Spend Line in Attachment H.
171	Attachment H Managed Long Term Care and County Tabs	Aside from the breakout of bus pass total spend, can DOH provide the number of trips perform via public transit?	The Department does not have a clear way to demonstrate the number of trips performed via public transit. Bidders should utilize the bus pass total spend data provided in Attachment H.
172	Attachment H	Can DOH please provide rules/guideline for issuing a weekly or monthly mass transit pass?	The Broker is responsible to determine the most cost effective solution to supply enrollees with a weekly or monthly
173	Attachment H	Does State of NY anticipate any changes to the provided trip volume over the contract term?	Per Section 4.2.2, "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."
174	Attachment H	COVID-19 has significantly impacted utilization of the NEMT benefit. Are there any future policy changes that DOH is aware of that could impact utilization the NEMT program?	The Department is not aware of any future policy changes at this time.
175	Attachment H	Can the department provide call center data for the same periods and regions/counties as the trip, cost, and mileage data?	The Department does not have this information.

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176	Attachment H	Can the department provide a breakdown for NEMT trips by mode? Ambulatory, Wheelchair, stretcher, etc, in terms of trips and mileage?	This information is in Attachment H.
177	Attachment H	Can the department provide bidders with historical performance records for: on time performance, grievances, missed trips, etc by either region or county, over the past three years?	This information can be requested via the Freedom of Information Law (FOIL) process. Additional information on submitting a FOIL request is available at https://www.health.ny.gov/regulations/foil/ .
178	Attachment H	Can the department provide historical call center SLA performance by the two incumbent transportation managers?	This information can be requested via the Freedom of Information Law (FOIL) process. Additional information on submitting a FOIL request is available at https://www.health.ny.gov/regulations/foil/ .
179	Attachment H Line 344	Please define 'offline payments'	Any payment made for transportation services or for any transportation provider/individuals not enrolled in Medicaid (outside of eMedNY/PTAR).
180	Attachments List, Page 68	This list states that <i>Attachment 9 References</i> is not applicable to this RFP, however Attachment 9 is included on the Proposal Document Checklist (page 69, Attachment A). Please confirm <i>Attachment 9 References</i> is not required with proposal submissions.	Attachment 9 References is not required with proposal submissions.
181	Attachment 9 Page 69	Submit a total of THREE references using this form Please confirm that New York DOH cannot be used as a reference for this RFP response.	The New York State Department of Health may not be used as a reference for Attachment 9.

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182	Section 4.2.1 Staffing	<p>Page 13, the 3rd paragraph regarding Physicians &/or possible Nurse Practitioners- The concern has been the degree of liability exposure for these individuals. We are only Mobility Managers & can't give this professional category of people any assurances as to the extent of their responsibility as related to the recommendations they may make. We're not even sure we can appropriately insured?</p> <p>What are the potential responsibilities &/or tasks for the physician? Are there disclaims that can be agreed to between NYS & us? Or is there some other method of limiting liability to the Physician &/or us?</p>	<p>The Physician will be part of the clinical staff team who will oversee clinical determinations made by the Contractor. This member may be subcontracted out per Section 5.9 Subcontracting. Any insurance liabilities or disclaimers must be determined by or agreed to between the Broker and the individual or organization.</p>