

**Medicaid Transportation Management Initiative
Western NY Region
Funding Availability Solicitation (FAS) #1304171134**

Responses to Written Questions

1. Is the Department of Health seeking a risk-based capitated brokerage model?

No, the Department of Health is not procuring a risk-based capitated brokerage model.

The Department of Health is procuring a contractor to perform the administrative functions related to the management of non-emergency Medicaid transportation as listed in the Funding Availability Solicitation.

All payments to transportation vendors, typically paid by brokers under a risk-based capitated model, will continue to be paid to the transportation vendor by the Department of Health.

2. Would you confirm that the pricing is to be for administrative services only?

The Department of Health confirms that the pricing is to be for administrative services only.

The bidder's cost proposal should reflect the costs of managing non-emergency transportation services described through Section C of this Funding Availability Solicitation (FAS).

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

3. Would the Department allow alternative pricing models such as an administrative percent off the transportation cost?

No, the Department of Health will not consider alternative pricing models to determine the fee to be paid to the contractor.

4. Is preference given to bidders based in New York State?

No preference is given to New York based companies.

5. Can a company that has ownership in a transportation vendor (but is a separate company) submit a bid?

A bidder who has ownership in a transportation company that delivers transportation in any part of the counties specified in this FAS may submit a bid. However no later than 30 calendar days following notification of an award, and prior to execution of the contract, the contractor must abrogate any ownership, affiliation, subsidiary relationship, management or operating interest, or participation of any kind in a transportation company that provides Medicaid transportation in any part of the region covered by this FAS. See Section D.3. of the FAS.

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- 6. Will the State allow the selected transportation manager to also serve as a transportation vendor in limited circumstances, such as in very rural areas of the State where limited resources exist?**

No, the Department will not allow the selected transportation manager to also serve as a transportation vendor in any circumstance.

- 7. What is the timeline for transitioning Medicaid Managed Care enrollees to the fee-for-service transportation management selected contractor?**

The timeline for transitioning this cohort of Medicaid enrollees from their current methodology for securing transportation to the fee-for-service transportation model will be based upon an implementation plan agreed to by the transportation manager and the Department of Health. The Department consults with the affected Managed Care plans in advance of the implementation. In general, the managed care transition has occurred 3-4 months after full fee-for-service enrollee implementation.

- 8. Will the transportation manager negotiate fees with transportation vendors?**

No, the transportation manager will not be permitted to negotiate fees with transportation vendors, except in the exceptional situation in which the established fees are not applicable to the transportation request. However, final approval of the fee will be made by the Department.

For example, the transportation manager may need to negotiate a fee for the transport of a child to an out-of-state major urban medical center.

- 9. Does “subcontractor” include transportation vendors?**

Transportation vendors cannot be proposed as a subcontractor. In fact, the winning bidder will not be allowed to enter into, or have any contract with a Medicaid transportation vendor.

- 10. Will the transportation manager be responsible for credentialing transportation vendor vehicles and drivers?**

No, the transportation manager will not be responsible for credentialing vendor vehicles and drivers.

- 11. What is the method of payment for commercial airfare fee-for-service?**

Commercial airlines are not enrolled in Medicaid, and therefore cannot be reimbursed through the Department’s eMedNY claim system.

The cost will be determined at the time of reservation and is an expense incurred by the transportation manager. The transportation manager will then be reimbursed for this cost, dollar-

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for-dollar, by the Department. The transportation manager is required by the Department to consider cost efficiency in booking this travel.

Please note that commercial air travel of a New York State Medicaid enrollee is a rare event.

12. Is out of state transportation covered?

Yes, the New York State Medicaid program covers out of state transportation for necessary medical services that the New York State Medicaid program covers.

13. What services are covered by the New York State Medicaid program?

Below is a list of many covered medical services to which a Medicaid enrollee may need transportation. Please note this list is not exhaustive:

- Inpatient and outpatient hospital services;
- Physician and nurse practitioner services;
- Medical and surgical dental services;
- Nursing facility services;
- Family planning services;
- Rural health clinic services;
- Laboratory and X-ray services;
- Federally qualified health center and free-standing clinic services;
- Midwife services;
- Intermediate care facility services for the developmentally disabled;
- Optometrist services;
- Physical, speech and occupational therapies;
- Dental services;
- Audiology;
- Clinical psychologist services;
- Diagnosis, screening, preventive and rehabilitative services; and
- Hospice.

14. Will the contractor be expected to mail an introductory letter prior to implementation of transportation management services? If yes, will the mailing to Medicaid enrollees be sent to all enrollees or only to those current users of transportation services, and how often will these mailings be expected to occur?

No, the contractor will not be expected to mail an “introductory letter” to Medicaid enrollees, transportation vendors, or medical practitioners.

Letters of instruction and information relevant to the efficient operation of the call center and prior authorization process may be mailed by the contractor to transportation vendors and/or

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medical practitioners as part of the contractor's work plan, to be determined solely by the contractor, subject to approval by the Department. Further, ongoing mail may be required to be sent to individual Medicaid enrollees, transportation vendors and/or medical practitioners as part of the prior authorization process. In all communications, the Department strongly encourages use of electronic mail.

15. Will the contractor receive an eligibility file that identifies applicable Medicaid enrollees or will the contractor be required to solely use ePACES?

The Department of Health will provide the contractor with a file every month containing relative Medicaid enrollee information for those enrollees in each contracted county.

16. With what frequency is the eligibility status of Medicaid enrollees updated?

Medicaid enrollee eligibility is updated daily.

17. Will transportation vendors be expected to independently verify Medicaid eligibility or will they transport based on information provided by the transportation manager?

The transportation manager is expected to assign necessary trips of eligible Medicaid enrollees to enrolled transportation vendors.

It is the responsibility of the transportation vendors to verify Medicaid eligibility of riders on the service date, in order to determine if that rider is eligible on that date. If the rider is ineligible, no payment will be made.

Further, the transportation manager is not financially liable for the cost of transports delivered to non-eligible enrollees.

18. Will the contractor be responsible for the disbursement of public transit fare?

The contractor may be required to disburse public transit fare. The method of disbursement will be determined jointly between the contractor and the Department. This disbursement will be reimbursed to the contractor by the Department.

19. What is the intent of the public website?

The intent of the website is to disseminate public information to Medicaid enrollees, transportation providers, medical practitioners, and the general public.

Private information deemed confidential (e.g., social security numbers, information protected by HIPAA, etc.) shall be accessed via password-protected portal or not included on the website.

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20. Must the vendor accept non-urgent requests for service outside of normal call center business hours?

The transportation manager is not required to accept non-urgent requests for service outside of normal call center business. However, the transportation manager must provide 24 hour toll-free access in order to provide information on how to access transportation for an urgent medical condition, on holidays, weekends and outside business hours.

21. What is the current personal vehicle mileage reimbursement rate for the region?

The 2013 reimbursement rate for personal vehicle mileage incurred by a Medicaid enrollee or his or her family member is \$0.24/mile.

The 2013 reimbursement rate for personal vehicle mileage incurred by a volunteer driver is \$0.565/mile.

22. Can the proposal be consecutively page numbered instead of by section?

Yes, the proposal may be consecutively page numbered, instead of restarting the page numbers on each section.

23. Should the attachments be consecutively numbered?

The attachments are not required to be consecutively numbered. However, the attachments should be clearly separate and distinct.

24. Are we required to submit financial statements with our Cost Proposal?

No, the bidder is not required to submit financial statements with the cost proposal.

Section D.5 of the Funding Availability Solicitation lists what is required to be submitted with the bidder's Cost Proposal.

25. Can letters of commitment from transportation vendors be included in an appendix?

This Funding Availability Solicitation does not require letters of support or commitment from any transportation vendor, and such letters should not be included in a bidder's proposal. There can be no subcontractual arrangement between the transportation manager and a transportation vendor.

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- 26. Pages 16-17, Prior Authorization, # 7: It is noted that assigning prior authorizations for trips more than 30 days after the date of service will be considered transaction errors. Can you explain the circumstances in which prior authorizations can be assigned to trips that are more than 30 days after the date of service without being considered a transaction error?**

When the trip is less than 90 days old, but greater than 30 days old and prior authorization is generated by the transportation manager, the Department will seek information whether:

- A. The Medicaid enrollee was ineligible on the service date and eligibility was obtained after the service date retroactive to the service date.
- B. A documented third party insurance action prevented the authorization of the trip sooner than the date issued by the transportation manager.
- C. There were other factors that precluded the generation of the prior authorization sooner than the date issued by the transportation manager.

In any event, if the request for authorization of a trip is made sometime after 90 days from the service date, the request for authorization should be referred to the Department of Health for adjudication of the request.

- 27. Please list examples of instances in which the transportation manager can authorize a fee that is not on the Medicaid fee schedule. For instance, if a request is made to transport an enrollee of excessive weight down a flight of stairs, requiring additional transportation provider staff, can the manager authorize a higher fee for that transport?**

The transportation manager is allowed to authorize only the approved fees listed on the Medicaid fee schedule. In situations where the current fees may not be appropriate to the needs of the trip, the manager should contact the Department and discuss what fee adjustment may be needed to ensure access to transportation.

- 28. In the past it was stated that transportation managers would be allowed to “revise” prior authorizations (like what is possible through eMedNY) that had been assigned in cases like revisions to units or procedure codes rather than having to request a second prior authorization number. Are transportation managers that do not have access to eMedNY able to “revise” previously assigned prior authorizations at this time? Will the ability to “revise” prior authorizations be given to transportation managers and if so, when?**

The selected transportation manager is expected to have access to eMedNY through a secure third party transactional process. Transportation managers engaging in this transactional process are able to amend previously generated prior authorizations.

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29. Please provide the historical call statistics for each month, for SFY2012 and SFY2013. Statistics may include:

- **The number of incoming calls**
- **The number of calls answered**
- **The average time to answer a call**
- **The number of abandoned calls during the wait in queue for interaction with Call Center Staff**
- **The average abandonment time**
- **The highest abandonment call time**
- **The average talk time**
- **The identity of the Call Center Staff member taking the call and authorizing the request**
- **The daily percentage of abandoned calls and calls answered**
- **The number of available operators by time of day and day of week, in hourly increments**

The Western region counties have not been under state management for Medicaid non-emergency medical transportation, therefore we do not have the requested data. Further, the data for each county most likely varies. Data regarding the number of one way trips in 2012 may be helpful and is in Section D.5. of the FAS.

Be sure to review the FAS carefully to understand the performance requirements.

30. Do the page limit requirements for FAS sections include any attachments submitted with the proposal?

The page limits for FAS sections do not include any attachments submitted with the proposal. Note that the answer to each section must be complete within the page limits. While attachments can be considered in the evaluation process, they cannot be used to substitute for a complete written response to the question.

31. We would like to request your consideration to extend the due date as a result of the significant number of religious holidays in the month of September which may inhibit our ability to most appropriately develop a response.

A minimum of 15 days must be allowed for submission of proposals after advertisement.

The deadline for this Funding Availability Solicitation is 54 days from advertisement and this schedule is similar to other FAS' that the Department has issued. Our previous experience has indicated that this allows sufficient time for vendors to submit a quality response. The schedule for other FAS' we have issued also included holidays. Therefore, the due date is appropriate and the Department is not willing to extend the due date.