

Questions and Responses - Questions submitted by interested bidders and the Agency's official responses follow. These responses shall clarify the requirements of the RFP. In the event of an inconsistency between information provided in the RFP and information in these responses, the information in these responses shall control.

1. **Question: Question and Response #44:** In the Response, Mental Health Daily services and Substance Abuse Centers (Methadone clinics) are either included in mental health or some NET Transporters and Private Vehicles also provide transportation. How is it determined which methadone and mental health trips will be included in the mental health trips or included in the PMPM which excludes mental health?

Response: Under a Memorandum of Understanding (MOU) with the Department of Mental Health, certain Mental Health facilities provide transport or contract for the transport of Medicaid recipients to receive treatment at their facilities. Medicaid reimburses these transports at the rate of \$17.00 per trip. However, many Mental Health facilities do not have this service available. Currently, NET assistance is provided to facilities that do not have or provide transport. These transports are included in the total trips data provided in Attachments H & I.

2. **Question: Page 15, Section II, Scope of Work:** The first bullet at the top of this page states that the broker shall certify that no other transportation is available. Will a signed application citing that no other transportation is available be sufficient? Will this be required before transport is allowed?

Response: Yes, presently the recipient's statement (oral or written) is accepted that transportation is not available.

3. **Question: Page 15, Section II, Scope of Work, Schedule and Dispatch Trips:** In the second paragraph, it states that the average waiting time for pickup should not exceed 15 minutes. Most states allow a thirty-minute performance window, with a scheduled pickup time given to the recipient, and if the NET provider arrives 15 minutes prior to the pickup time and up to 15 minutes after the scheduled pickup time, the trip is considered on-time (example, scheduled pickup time is 8:00 am, the NET provider must arrive between 7:45 am to 8:15 pm). Please consider revising the average waiting time standard to be more consistent with other state's Medicaid performance measures.

Response: No

4. **Question: Page 16, Section II, Scope of Work, Commercial Air Transports/Out-of-State Meals and Lodging:** Please verify that the Agency will pay for commercial air transports and Out-of-State meals separate from the proposed PMPM offered by the Vendor.

Response: Yes

5. **Question: Page 16, Section II, Scope of Work, Commercial Air Transports/Out-of-State Meals and Lodging:** Will the Agency pay a reasonable administrative fee for air transports and meals and lodging?

Response: No

6. **Question: Page 16, Section II, Scope of Work, Enrollment:** Please provide a list of current NET providers/transporters (including name of company, name of contact person, address, phone, fax and email) so the vendors can contact them to include their letter of intent in the proposal.

Response: See list posted with the RFP on the Agency website:
<http://medicaid.alabama.gov>

7. **Question: Page 16, Section II, Scope of Work, Recruitment:** Will those recipients who have their own transportation be eligible for gasoline reimbursement? Many state agencies deem these individuals ineligible, as they have access to transportation.

Response: Yes, the Agency currently provides a mileage reimbursement.

8. **Question: Page 19, Section II, Scope of Work, Service Agreements with NET Providers:** It is unusual that a Medicaid agency require that all NET Providers be approved by the Agency's Medicaid Program. Please re-consider this requirement.

Response: The Agency will further examine this requirement prior to entering into a contract.

9. **Question: Page 19, Section II, Scope of Work, Service Agreements with NET Providers:** Can you please describe the process for a NET Provider to be approved by the Medicaid Agency, the requirements involved and length of time to complete the approval process?

Response: The Broker Model is new to the Agency. The Agency does not enroll transportation providers for our current NET Program. Our current program is recipient

driven and we utilize established transportation businesses (commercial for profit and not for profit) for referrals to recipients in need of a transportation source. We do maintain a directory of Transporters that have presented us with Public Service Commission Authority, licensure and insurance information and has indicated that they will transport recipients for what the Agency reimburses and wishes to be a referral source for NET recipients.

10. **Question: Page 21, Section II, Scope of Work, Denials:** Please consider revising the list of reasons for denial in which a letter must be sent to be more consistent with other state agencies by removing item #2, 3, 5, 7, 8, 9, and 10.

Response: No

11. **Question: Page 21, Section II, Scope of Work, Denials:** Please provide further clarification on the denial reason cited as “provider assigned to the trip and another appropriate NET Provider is not available”.

Response: The statement should read: “Provider assigned to the trip cannot complete the trip and another appropriate NET Provider is not available”

12. **Question: Page 22, Section II, Scope of Work, Telephone System Requirements:** Please consider allowing the call center to be out-of-state to accomplish the Scope of Work outlined in a more cost efficient manner.

Response: The Agency requires the Call Center to be located within the state of Alabama.

13. **Question: Page 22, Section II, Scope of Work, Telephone System Requirements:** May Telephone staff identify themselves by operator number, rather than their name?

Response: No, the Agency expects the Call Center staff to identify Vendor and themselves by name when answering.

14. **Question: Page 26, Section II, Scope of Work, Vehicle Requirements:** Are these requirements occurring today? For instance, the requirement to have the NET Providers name and number on the outside and inside of the vehicle? Or, the requirement to have information readily available in the vehicle?

Response: No. Presently, the Public Service Commission and other licensing agencies set requirements. Our current program utilizes established transportation businesses (commercial for profit and not for profit) for referrals to recipients in need of a transportation source and these NET Transporters are not enrolled as Providers for the Medicaid Agency.

15. Question: **Page 33, Section II, Scope of Work, Recipient Education Plan- Implementation:** Will the list of beneficiaries and their addresses be limited to those who have used the transportation system within the last year?

Response: Yes

16. Question: **Page 33, Section II, Scope of Work, Recipient Education Plan- Non-Compliant Recipients:** For those recipients who are non-compliant and are required to call when they are ready to be picked up, are these trips excluded from the on-time performance standard?

Response: Yes

17. Question: **Page 51, Section VI, Corporate Background and References:** Under b. 9., the RFP states that payment will not be made until all deliverables are submitted. Does this mean the selected vendor will have to submit all monthly reports that are detailed on pages 42-45 before the payment will be processed?

Response: No. Failure to timely submit reports is governed by the liquidated damages provisions at page 48.

18. Question: **Page 51, Section VI, Corporate Background and References:** If the answer to the question above is "yes", please describe the time it takes to process a payment.

Response:

19. Question: **Page 51, Section VI, Corporate Background and References:** Is the evaluation factor titled "Vendor Profile and Experience" the same as Section VI. Corporate Background and References? If not, please outline what type of information the Agency would like for Vendor Profile and Experience.

Response: Yes, Section VI. Corporate Background and References will be used as part of the evaluation criteria.

20. Question: **Page 52, Section VII, Submission Requirements:** Are these sections for informational purposes only or are they to be responded to in the vendor's proposal? If so, which section of the response shall these responses be submitted?

Response: Most of these sections do not require a response. Where a response is required, such as E. and F., it is suggested that the response be included in the Executive Summary referenced in VI.b.11.

21. Question: **Page 55, Section P. Performance Guarantee:** Requiring a performance guarantee will limit the level of competition and/or raise the cost of providing the services. Will the Agency consider a percent holdback of monthly payments in lieu of a performance guarantee?

Response: No. The Agency does not believe withholding a percentage of monthly payments would provide adequate protection at the beginning of the contract.

22. Question: **Page 63, Appendix A:** Item 4 in the Basic Proposal Requirements checklist states that no references to external documents can be made. Please verify this excludes references to documents attached as Exhibits to the vendor's proposal.

Response: Correct. This prohibition does not apply to references to documents attached as exhibits to the Vendor's proposal.

23. Question: **Page 64, Appendix B:** This section states that Attachment G must be signed after contract award; however, page 49, it appears this form is to be submitted with the proposal. Will the Agency clarify?

Response: Attachment G is to be submitted with the Vendor's Proposal. All other documents in Appendix B must be signed and submitted AFTER contract award.

24. Question: **Page 64, Appendix B:** Please verify that all other Attachments are to be submitted after contract award and not in the proposal.

Response: The documents in Appendix B except for the Price Proposal Sheet (Attachment G) must be signed and submitted AFTER contract award and prior to the meeting of the Legislative Contract Oversight Committee Meeting scheduled for October 4, 2012.

25. Question: Is this the recommended format that the Agency wants the vendors to utilize:

- a. Table of Contents
- b. Executive Summary
- c. Vendor Profile and Experience (Corporate Background and References)
- d. Response to Scope of Work
- e. Pricing- Attachment G
- f. Exhibit Files (if applicable)

If not, please outline the recommended format so it will be easier for the evaluators to compare similar sections between vendors.

Response: The format listed above will be an acceptable format.

26. Question: Please provide the major trip generators or major population centers for the claims for State Fiscal Year 2011.

Response: Please refer to the Agency's Website for the "Monthly Eligible Count by County": http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx

27. Question: How many vehicles and of what type and capacities are currently needed for the trip demand levels by county?

Response: The brokerage process will be new to the State of Alabama. The data is unavailable.

28. Question: What is the current method of storing client and trip information and will this historical information be available to the contractor for the last few months on contract award? What file format is it in?

Response: Basic client, trip and payment information is stored on the Agency's NET CICS system on a VSAM database residing on the State's IBM mainframe environment. Some basic historical information can be made available to the contractor in a mutually agreed upon format for the last few months.

29. Question: Please provide or estimate the number of positions that are currently operating the administrative portion of the services outlined in the RFP today.

Response: The brokerage process will be new to the State of Alabama.

30. Question: Does the agency require access to real time data?

Response: Yes

31. Question: Are encounters to be delivered to the state in the 837 professional EDI transaction set?

Response: To be discussed with contracted Vendor. The state will work with the contracted Vendor to determine the format that encounters will be delivered to the state.

32. Question: Does the state have a test process for testing the 837 professional EDI transactions?

Response: To be discussed with contracted Vendor.

33. Question: Has the state fully migrated to use of the 5010 transaction sets?

Response: To be discussed with contracted Vendor.

34. Question: When are encounters due?

Response: To be discussed with contracted Vendor.

35. Question: Are response files such as TA1, 999, and 835's generated in order to remediate encounters?

Response: To be discussed with contracted Vendor.

36. Question: Will the agency require data exchange through a secure agency hosted resource or is the Vendor required to provide a secure data exchange resource such as a secure FTP (SFTP) location?

Response: File exchanges between the state's Fiscal Agent and the Vendor will be through a secure data exchange on a Fiscal Agent hosted resource.

37. Question: Does the agency require any additional file encryption/compression of files other than those provided by data being exchanged over a secure socket layer (SSL)?

Response: The state's Fiscal Agent will define any additional encryption requirement necessary to support the exchange of data between the Fiscal Agent and Vendor.

38. Question: Attachment I: Is there additional trip data that can be released regarding the \$12,649,909.42 spent on transportation services in fiscal year 2011. If the data is not available by month, is it available for the entire fiscal year?

- a. Total one-way trips per month
- b. Total one-way trips, by mode (e.g. ambulatory, wheelchair, stretcher, bus pass, or mileage reimbursement) per month
- c. Total one-way trips by county per month
- d. Total mileage travelled by mode per month
- e. Total trips by category for all current categories, such as Aged, Blind and Disabled, MLIF, Plan First, SOBRA if eligible) by month
- f. Total trips that were provided out of the state, for the last two (2) years?

Response: Data is not available.

39. Question: Attachment I: Where are public transportation trips classified?

Response: Public Transportation trips are included in the Commercial Trip category.

40. Question: Can the Agency identify the total number of miles traveled for the total trips reported of 481,952 in FY 2011?

Response: Data is unavailable.

41. Question: Given the fiscal year 2011 ended September 30, 2011, can the Agency provide updated one-way trips by month by transportation mode from October 1, 2011 through May 31, 2012.

Response: Data is not available in format requested. See information below for period October 1, 2011 through July 31, 2012.

TRIP INFORMATION 10/01/2011 thru 07/31/2012

Total Trips	400,753 *
AA/CA	362,203 **
AW/CW	38,550 **
Private Vehicle	261,593
Commercial	139,160

*This total represents a majority of Round Trips

** AA/CA= Adult Ambulatory/Child Ambulatory

**AW/CW=Adult Wheelchair/Child Wheelchair

42. Question: Can the Agency provide the monthly trip level detail report requested on page 42 of the RFP for FY 2011 broken down by the following mileage tiers:
- 10 miles or less
 - 11 miles to 25 miles
 - 26 miles to 50 miles; and
 - 51 miles or greater

Response: Data is unavailable.

43. Question: Does the Agency have any enrollment projections for Medicaid eligibles for FY2013 or subsequent years?

Response: No, Data is unavailable.

44. Question: Can the Agency provide call statistics, including number of calls received, answered, abandoned, average wait time and average answer time for the last fiscal year or any time period where this information has been gathered?

Response: Data is unavailable as the Agency's Recipient Call Center handles calls for NET services as well as all other calls for the Agency.

45. Question: How many Personnel are handling the incoming calls to provide NET services currently? Please break out the staff persons by duty, such as Customer Service Operators, Accounting Personnel, Administrative Support, Management, etc.

Response: Data is unavailable as the Agency's Recipient Call Center handles calls for NET services as well as all other calls for the Agency.

46. Question: Please provide a contact list, including contact name, phone or email, for all transportation providers that are operating within the system today.

Response: See list posted with the RFP on the Agency website:
<http://medicaid.alabama.gov>.

47. Question: What are the current rates that are being paid to the transportation operators today by transportation mode, such as taxi, wheelchair and stretcher?

Response: Stretcher transport is not a covered category of transport Alabama. Currently rates are negotiated with Transporters. Ambulatory rates range from \$4.00 to \$20.00 for a local trip and out of the area trips at \$.54 per mile to \$.58 per mile. Wheelchair rates range from \$4.00 to \$55.00 for local trips and mileage for out of the area trips from \$.54 to \$1.00 per mile.

48. Question: What is the cost of a bus pass in the geographic areas where passes are issued? Do you have multiple bus passes, i.e., daily, weekly and monthly and the cost of each for each geographic area?

Response: Currently, the Agency does not issue bus passes.

49. Question: Does the Agency currently allow individuals to utilize a mileage reimbursement program? If so, what is the mileage reimbursement rate?

Response: Yes. Private vehicle transports are reimbursed at \$5.00- \$6.00 for local trips or \$.25 per mile.

50. Question: If the member has access to a vehicle in the household, it is operable, and the member is capable of driving, is the member denied state-funded transportation services today?

Response: No

51. Question: Is any complaint information available? If so, will the Agency please provide this information to potential vendors?

Response: Data is unavailable.

52. Question: Are any Annual Reports that cite any data, barriers, goals, etc. for transportation services available? If so, will the Agency please provide these reports to potential vendors

Response: Data is unavailable.

53. Question: Many proposers do not fully disclose negative information which would impact their qualifications and/or the evaluation of their qualifications. Based on this, we would like to request that the RFP be amended to require proposers to fully disclose certain serious negative contract problems, for themselves as well as their principles and affiliates, at least for contracts or potential contracts in the last seven years, which we feel should include at a minimum:

- a. Any investigative or audit or similar findings or charges of proposer or proposal principle's fraud, malfeasance, anti-trust violation, civil violation, violation of transportation regulations, criminal activity or fine including those agreed to by settlement;
- b. Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies;
- c. Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under the prime contract agreement or under agreements to transportation subcontractors.

Response: The Agency does not want to amend the RFP at this point. While information such as that listed above is relevant in determining during the evaluation process whether a vendor is responsible, the Agency believes the procedures established in Section VI, Corporate Background and References, are sufficient for that purpose.

54. Question: Page 22 states the contractor will schedule 98% of all routine requests within three business days of request, and 100% of all routine requests within ten days of request. What if a request involves a level-of-need assessment or prior authorization, and the contractor does not get appropriate documentation returned in a timely manner?

Response: Transports requiring these services may not be classified as routine. Exceptions will be discussed with the contracted Vendor.

55. Question: Is it correct that cab, bus, wheelchair, and mileage reimbursement will be the only approved modes of transport? Will we be allowed to use air if that is more cost effective for a long distance trip?

Response: Presently, reimbursement for air travel is only issued for out-of-state transports when it is the most appropriate mode of transport that meets the needs of the recipient. To be discussed further with the contracted Vendor.

56. Question: II. The Alabama Medicaid web site under the "Statistics" tab provides each fiscal years Medicaid Eligibles by Monthly Count. Can you provide that same report by "NEMT Transportation Eligibles" which excludes the QMB, SLMB, and Plan First Eligibles for fiscal years 2009, 2010, 2011, and through the month of June 2012?

Response: Yes, see "NET Eligibles October 2008-July 2012" provided with these questions attached at the end of this document.

57. Question: Attachment I – Provides the number of Mental Health Trips and the amount of Mental Health Funds Expended for each fiscal year. How many unduplicated recipients received Mental Health Trips each year?

Response: Data is unavailable.

58. Question: In Attachment H – How much of the "Approximate Funds Expended" was expended for meals and lodging in FY2009, FY2010, and FY2011?

Response: Data is unavailable.

59. Question: II. In Attachment H – How many Public transportation trips are included in the Commercial category for each fiscal year – FY2009, FY2010, and FY2011?

Response: Data is unavailable.

60. Question: The detailed requirements in your response to Question #67 outlining the State's expectations regarding the Vendor's "interactive voice response system" are not included in the Call Center requirements section of the RFP. Is this type of IVR system currently utilized by the State? Is your intent for this type of system to be used only after hours? If the Vendor provides 24-hour live attendant would the IVR system still be required? As this may add significant cost to the project, would the State consider making use of this equipment optional?

Response: The response to question # 67 indicates the type of optional IVR capabilities we are interested in; however, the Agency did not intend to impose additional mandatory IVR requirements beyond the Call Center specifications in the Scope of Work.

61. Question: Page 44 of the RFP states that the "*Vendor shall have experience operating all aspects of a full brokerage NET Services program for a population of at least 30,000 lives*". This experience requirement seems minimal in recognition of the intricacies of

providing the level of service described in the RFP's scope of work and technical requirements. Is this number correct?

Response: This number is merely a threshold requirement. See the attachment "NET Eligibles October 2008-July 2012" included with these questions for current number of eligibles.

62. Question: IX. General Terms and Conditions –Page 56- General Terms and Conditions: Do you have a sample contract that the successful contractor is expected to sign? If so, please provide a sample copy.

Response: Please see Appendix B, Attachment A - Sample Contract.

63. Question: II-Scope of Work-Page 19-On Time Arrival-Follow-up to Questions 49: The answer was not clear in that several questions were asked and the entire answer was "No". Please clarify:

1. Since this standard is far above the industry standard, are **late and missed** trips included in the "no more than 2% of scheduled trips" standard?
2. Will this standard requirement be measured on a monthly average or is the requirement literally per day?
3. What is the current rate of late and missed trips?

Response:

1. Yes, the Agency will allow both late and missed trips to be included in this standard.
2. It will be measured on a monthly average.
3. Data is unavailable as the broker model will be new to the Agency.

64. Question: Follow-up to question 92- Reimbursement for Transporters: It is stated that "Transporters are reimbursed the negotiated rate set for the District...", are these rates negotiated individually with each of the transporters in the Districts or is this the same rate for all of the transporters?

Response: The Agency establishes a Prevailing Rate with the Transporters in a District. Transporters in the District are reimbursed up to the Prevailing Rate.

65. Question: Follow-up to question 33 & 107- Transporters: In the answer to question #33, it is stated that "Currently rates are negotiated with Transporters." In the answer to

question #107 it is stated that "Presently there are no NET Providers approved by the Agency."

1. Rates have been negotiated, how can there be no NET Providers approved by the Agency?
2. Would you consider providing a list of the providers with whom you and have approved rates?

Response: Please refer to question/response #4 in the original responses. There is a difference in our Transporter and NET Providers. Transporters are not enrolled by Medicaid where as Medicaid Providers are enrolled by and bills the Agency. We do obtain licensure information on Transporters and they agree to transport for what Medicaid reimburse.

See Transporter list posted with the RFP on the Agency website:

<http://medicaid.alabama.gov>.

66. Question: II-Scope of Work-Page 15-Hospital Discharges: Please describe the current program for how recipients and hospitals arrange for transportation upon the discharge of a recipient.

Response: Currently the Agency reimburses recipients mileage for transport via private vehicle. A large part of these NET services are via private vehicle with reimbursement being requested within the next business day. Additionally, recipients/social workers contact NET Transporters and/or the NET Coordinator to arrange transportation. If a Transporter provided transport to the hospital that Transporter will usually provide transport for the return trip home.

67. Question: II-Scope of Work-Page 22- Telephone System Requirements:

1. Does the Agency operate a NET Call Center?
2. If so, please provide the current average speed to answer and abandonment rate?
3. If so, what is the current staffing of customer service representatives?
4. If there is no NET Call Center, how and to whom do recipients contact for after hour and weekend urgent transportation needs?
5. Who currently takes the calls for trip reservations from recipients for the mental health trips

Response:

1. Response: The Agency's Recipient Call Center (RCC) answers calls for NET Services along with all other calls for the Agency.

2. Response: This data is not available as the RCC answers calls for all Agency services.
3. Response: The Agency's Call Center is currently provided via a contract.
4. Response: Currently the Agency reimburses recipients mileage for transport via private vehicle. Most urgent transports are handled via private vehicle with reimbursement being requested within the next business day.
5. Response: Trips provided by and to the Department Mental Health are arranged by Mental Health.

NET ELIGIBLES

October 2008-July 2012

Medicaid Eligibles Receiving

Full Medicaid Benefits

Month	Number of Eligibles	Month	Number of Eligibles
Oct-08	624,894	Sep-10	715,309
Nov-08	624,693	Oct-10	718,486
Dec-08	623,855	Nov-10	719,454
Jan-09	629,695	Dec-10	718,600
Feb-09	633,123	Jan-11	723,428
Mar-09	639,607	Feb-11	726,033
Apr-09	642,656	Mar-11	731,264
May-09	645,378	Apr-11	733,369
Jun-09	648,752	May-11	733,899
Jul-09	653,180	Jun-11	739,278
Aug-09	659,994	Jul-11	744,917
Sep-09	664,789	Aug-11	750,738
Oct-09	668,228	Sep-11	752,657
Nov-09	667,043	Oct-11	755,813
Dec-09	665,632	Nov-11	750,054
Jan-10	671,644	Dec-11	745,522
Feb-10	674,357	Jan-12	749,111
Mar-10	680,806	Feb-12	747,531
Apr-10	687,161	Mar-12	748,870
May-10	691,335	Apr-12	748,484
Jun-10	696,002	May-12	746,786
Jul-10	702,417	Jun-12	743,963
Aug-10	711,105	Jul-12	741,202

QMB, SLMB, and Plan First eligibles do not receive full benefits and are excluded from this number.

NOTE: The numbers in this chart should be used instead of those in *Attachment J of the RFP*. That *attachment* reflected a lower number of NET-eligible recipients because pregnant SOBRA women were incorrectly excluded from the eligible count. SOBRA adults do receive NET benefits among their pregnancy-related services.