

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: Does the Agency have a list of current NET Providers?

Response: 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.

2. Question: What NET Providers have been approved by the Agency's Medicaid Program?

Response: Presently there are no NET Providers approved by the Agency. We will provide a listing of the current NET Transporters for our current NET Program.

3. Question: Please define Commercial # Recipients as noted in Attachment H & I.

Response: The word Commercial in Attachment H and I refers to the number of trips made by commercial transport providers (Transporters) as opposed to trips made in private vehicles. The # of Recipients refers to the number of unduplicated recipients transported.

4. Question: What is the difference between a NET Provider and a NET Transporter? Please define NET Transporters.

Response: Please reference response to question number 1. NET Transporters are established public and private transportation providers that have presented the Agency with licensure and insurance information and have indicated that that they will transport Medicaid recipients for what the Agency reimburses and has indicated that they wish to be a referral source for our recipients in need of a transportation source. Providers are enrolled through the Agency's provider enrollment process and bills directly for their services.

5. Question: What is the Medicaid Payment schedule for the Agency's NET Program?

Response: With our current program there is not a schedule for reimbursement for transportation. Requests for transportation reimbursements are received and processed daily in the order of receipt. Reimbursements are added to the recipient's EBT Cards and the 16<sup>th</sup>.

6. Question: What parts of Alabama have been noted by the Agency as having insufficient transportation resources?

Response: The Agency currently reimburses recipients for transport in private vehicles therefore there are currently very few areas in the state with insufficient transportation sources. However, with the change proposed in this RFP, some of the more rural areas of the state will not be covered by a transportation company.

7. Question: Recipient Education – P.33 For the initial mailing, are we required to mail written material to the entire population of NET-eligibles or just to those that have used the service in the past year?

Response: The Agency requires the initial written material be mailed to recipients that have used NET services in the past year.

8. Question: Page 55 states that the electronic copies must be provided in Word format only. However, some documents (i.e., proposal attachments such as forms, manuals, etc) are only available in PDF format. Is submitting our electronic response in PDF form acceptable to the Agency?

Response: Yes, it is acceptable to submit attachments in PDF format.

9. Question: Page 55 states that a 5% performance guarantee is required of the Vendor. Is this 5% of the total contract or 5% of the first year value?

Response: The performance guarantee will be 5% of the bid price submitted on page 1 of the RFP. This price covers the initial two-year term of the contract.

10. Question: Please verify that all attachments provided in Appendix B, other than the Price Proposal Sheet, are to be submitted after contract award and not with our proposal.

Response: The documents in Appendix B except for the Price Proposal Sheet 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.

11. Question: The average waiting time cannot exceed 15 minutes. Generally, prearranged pick up times need to be accommodated within 30 minutes. Would the Agency consider relaxing this waiting time?

Response: No

12. Question: Page 19 states that “no more than 2% of all scheduled trips shall be late or missed per day”. Would the Agency consider relaxing this performance indicator?

Response: No

13. Question: Recipient Complaint Resolution and Appeal section on page 34. The stipulation states “the vendor shall respond to the complainant within one business day after receipt of a complaint.” Is this simply an “acknowledgement of the complaint” or does the Agency expect resolution within one business day?

Response: The Agency expects the Vendor to assign a unique Tracking Number and respond to the complainant within one business day after receipt of the complaint and follow-up with the Complaint Resolution process as agreed on with the Agency.

14. Question: Page 15: How does the Contractor verify a recipient doesn't have access to available transportation?

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

15. Question: Page 18 states member should not walk farther than ¼ mile to bus stop, however in Section B it states member should not walk farther than ½ mile. Please clarify.

Response: (See response to Question 13) the correct distance is in the second paragraph on page 18 stating that member should not walk farther than ¼ mile to bus stop. An amendment will address a change in Section B of this page.

16. Question: Will transportation providers be required to register with the PSC?

Response: Presently the PSC grants Authority for transportation and all persons subject to the Alabama Motor Carrier Act, as amended, which include those persons who transport passengers or property by motor vehicle in Intrastate commerce, and in Alabama in interstate commerce, for compensation, except persons engaging in transportation or transporting commodities who or which are exempted by the terms of that Act, as amended. Persons engaged in non-exempt transportation for compensation include, but are not limited to:

- Persons who receive direct compensation for transporting passengers or property. The PSC website is: <http://www.psc.state.al.us>

17. Question: What are the insurance requirements for transportation providers?

Response: The Agency does not enroll transportation providers for the current NET Program. As such we do have a requirement that addresses this issue; instead, the Alabama Public Service Commission grants authority for Transporters and sets insurance requirements.

18. Question: Is there a required format for the RFP response with regards to sections font page limits, etc.?

Response: No

19. Question: Provider Network: Companies wishing to bid on this business must have a network of providers/subcontractors in place at the time proposals are submitted. We must also “work to incorporate current NET Transporters in its Provider listing”. Will the Alabama Medicaid Agency work with prospective bidders to allow current NET providers to move easily from the incumbent NET vendor to a newly awarded NET vendor? Otherwise, the task of identifying and signing up new NET Providers is not feasible within the next five weeks. This provides a clear advantage to the incumbent. Can you please clarify your agency’s role is assisting new bidders with keeping current NET providers in place through a change in vendors?

Response: The brokerage process will be new to the State of Alabama. The Agency will post along with the responses to these questions a list of current Transporters the Agency utilizes as transportation referral sources.

20. Question: Proposed Modifications – Call Center: While it is understood from the RFP that the Alabama Medicaid Agency will consider proposed modifications to the RFP’s specifications, I have a specific question regarding the RFP provision that requires a call center within 20 miles of the Montgomery Capitol Complex. Is this a requirement for which modifications will realistically be considered? We feel that capabilities and responsiveness can be significantly enhanced with some modifications to this requirement, but want to ensure that they will be given due consideration. Please clarify.

Response: No, modification is not allowed for this requirement.

21. Question: The section titled "Telephone System Requirements" states that the Vendor shall maintain and operate a TDD for calls that require such a device. Will the Vendor be allowed to outsource TDD services for callers that require the service?

Response: Yes

22. Please provide a data dictionary and/or file specifications for the "Weekly Recipient Extract File".

Response: To be discussed with contracted Vendor.

23. Question: Page 44, "NET Services Scheduled Trip Request Report"

- a. Is this batch report in an 837 or other standard EDI format?
- b. Will the fiscal agent require an encounter data report in an 837 or other standard EDI format?

Response:

- a. To be discussed with contracted Vendor.
- b. To be discussed with contracted Vendor.

24. Question: Will the Vendor be required to track and report NPI or Medicaid ID numbers for medical facilities that are approved as eligible destinations?

Response: Yes

25. Question: Will the Vendor be allowed to route calls to a Vendor operated call center outside of Alabama during peak periods to avoid excessive wait times?

Response: Yes

26. Question: Will the Vendor be allowed to route non-English callers to a Vendor operated call center outside of Alabama where Spanish customer service representatives are available?

Response: Yes

27. Question: Will the Vendor be allowed to offer callers the option to elect receipt of a return call rather than waiting on hold?

Response: Yes

28. Question: NET Information in Attachments H and I

- a. Do the trip figures represent the number of one-way trips or the number of reservations? The footnote states the majority of trips are round trips, so we are wondering if we must double the trip figures to arrive at total one-way trips.
- b. What types of providers are included in the "Private Vehicle" category?
- c. Can you provide the # of NET-Eligible beneficiaries by month for the period October 2011 through June 2012 and FY 2010? Please provide separate figures for mental health NET-eligible beneficiaries for these same periods and for FY 2011.
- d. Should the number of recipients for Attachment I differ from Attachment H since it includes mental health trips?

Response:

- a. The Figure represents round trips. Yes, you would need to double the trip figures to arrive at total one-way trips.
- b. Presently the Agency reimburses recipients for transport in private vehicles i.e. family members, friends, and neighbors. These are the transports in the Private Vehicle category on the Attachments.
- c. For this information, please refer to the Agency's website [http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)  
Recipients transported to Mental Health are included in the number of eligibles.
- d. No

29. Question: Attachment G

- e. Should the number of NET-Eligibles under Option Two be different than Option One since Option Two includes mental health centers?

Response: No

30. Question: What is anticipated growth in NET-eligibles during the contract period?

Response: Unable to determine.

31. Question: Please explain how NET-eligibles schedule trips currently?

Response: Presently the Non-Emergency Transportation Program in Alabama operates a recipient driven reimbursement program wherein the recipient contacts the Agency either via the Recipient Call Center or one of ten NET District Coordinators to request transportation assistance to covered medical services. If there is a need for a transportation source one of the ten NET Coordinators is contacted. The trip is made via Private Vehicle transport or a Transporter and reimbursement is issued through the EBT Card or to the Transporter depending on the method of transport utilized.

32. Question: What is the expected growth in scheduled trips during the contract period?

Response: Unable to determine.

33. Question: What are the current trips rates?

Response: 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.

34. Question: Please provide a list of NET providers currently providing service for NET-eligibles, including provider name, address, phone number, counties served and # of vehicles.

Response: The Agency will post along with the responses to these questions, a list of current Transporters the Agency utilizes for referrals.

35. Question: How will PMPM rates for the optional 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> years be determined should Alabama wish to extend the contract?

Response: The PMPM rates are negotiated for the term of the contract and remain consistent for the optional years of the contract period. The PMPM rates will not change for the term of the contract.

36. Question: It is our understanding that under Alabama's current PSC model, any provider can prevent a new provider from attaining vehicle operating authority. Will the successful broker have a means of attaining some form of "emergency" authority should the broker need to address or prevent a gap in service by providing trips with its own vehicles?

Response: As the PSC grants Authority for transportation and all persons subject to the Alabama Motor Carrier Act, as amended, the Vendor must clear this issue with the PSC. The PSC website is: <http://www.psc.state.al.us> .

37. Question: I. Background-Page 8- Third Paragraph: This section states: "All information contained in this RFP and any amendments reflect the best and most accurate information available to Medicaid at the time of RFP preparation. No inaccuracies in such data shall constitute a basis for change of the payments to the Contractor...."

Would a significant increase in program utilization (caused by change in behavior not data inaccuracy) after contract award constitute grounds for rate negotiations? If not, under what conditions would you consider rate negotiations?

Response: Under this RFP rate negotiations remain consistent over the term of the contract period. Rates will not be renegotiated.

38. Question: I. Background-Page 8-Non-Emergency Transportation (NET) services overview: Does the State have established Medicaid rates for transportation? If so, what are they?

Response: Same response as Question 33: 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.

39. Question: Glossary -Page 11-Level of Service and Mode of Transportation: It states that the "Vendor shall include at a minimum the following level of service designations" and

then goes on to list Ambulatory and Wheelchair. By stating that “at a minimum” are there other levels of service that should be included?

Response: No

40. Question: II. Scope of Work- Page 14- General Administration: Are the Agency’s NET Policies referenced in this section the same as Chapter 8, Appendix G of the Provider Manual? If not, could Vendors please have access to all applicable policies?

Response: Yes, they are the same.

41. Question: II. Scope of Work- Page 14- General Administration: Is it mandatory that the recipient utilize the “nearest appropriate provider”? If not, under what circumstances would the “nearest appropriate provider” not be used?

Response: Presently, the Agency requests medical referral for trips outside the local area when there is an appropriate provider within the local area.

42. Question: II. Scope of Work- Page 15- Brokerage Process: What is the requirement for certification by the recipient that no access to transportation is available?

Response: Presently the recipient’s statement (oral or written) is accepted that transportation is not available.

43. Question: II. Scope of Work- Page 16- Out-of-State Meals and Lodging: When *in-state* meals and lodging is required, is the Vendor to bill the state? What is the per diem limit? Does the Department have to pre-approve all requests for in-state meals and lodging? If the Vendor is responsible for covering in-state meals and lodging, please provide historical data with regard to these expenditures.

Response: The Agency reimburses in-state meals and lodging only in rare situations usually in out of the area transplant situations when it is necessary for the transplanted recipient to remain locally for an extended period. Requests for in-state meals and lodging must be approved by the Agency. These costs will be billed to the Agency and in no case will the reimbursement exceed \$50.00 per person, per day.

44. Question: II. Scope of Work- Page 16- Residents of Long Term Care Facilities: The RFP states that residents of long term care facilities will be included in the NET Broker Program. Please clarify the following:

- a. By Long Term Care, do you mean to include trips from or to:  
 Nursing Homes?  
 Adult Day Care Centers?  
 Assisted Living Facilities?  
 Community Service Board / Mental Health Daily services?  
 Substance Abuse Centers (Methadone clinics)?

Response:

|  |      |
|--|------|
| Nursing Homes?                               | Yes  |
| Adult Day Care Centers?                      | No   |
| Assisted Living Facilities?                  | No   |
| Mental Health Daily services?                | Yes* |
| Substance Abuse Centers (Methadone clinics)? | Yes* |

\*Not all visits to Mental Health are provided by Mental Health transportation. NET Transporters and Private Vehicles also provide transportation for Mental Health visits.

- b. Have any of the entities listed above had transportation responsibilities for their own members? If so, which ones?

Response:

The facilities listed with "No" above may have transportation responsibilities for their own members.

- c. Historically, have any of these groups of facilities included their transportation cost in their Medicaid Cost report, facility daily rate, or program per diem? If so, which ones?

Response: No

- d. For those that had previously been responsible for their own transportation cost, where would these costs be reflected? We are assuming that they are not reflected in the system generated data provided in Attachment H and I.

Response: The Agency has no information on the groups listed with "No" above. Transportation costs for the other groups are included in Attachment H and I.

45. Question: II. Scope of Work- Page 17- Letters of Commitment: It is our understanding that the Public Service Commission regulates the licensing of transportation providers in Alabama. Such licensure is not mentioned in this RFP. Will PSC licensing be required

for NET Providers serving the Medicaid program? If so, what are the requirements for the broker and potential NET Providers? Will the Agency assist in interactions of the Vendor with the PSC for proper licensing to ensure network capacity?

Response: (Same as 16 above) Presently the PSC grants Authority for transportation and all persons subject to the Alabama Motor Carrier Act, as amended, include those persons who transport passengers or property by motor vehicle in Intrastate commerce, and in Alabama in interstate commerce, for compensation, except persons engaging in transportation or transporting commodities who or which are exempted by the terms of that Act, as amended. Persons engaged in non-exempt transportation for compensation include, but are not limited to:

- Persons who receive direct compensation for transporting passengers or property. The PSC website is: <http://www.psc.state.al.us>

46. Question: II. Scope of Work- Page 17- Fixed Route: Is the use of fixed transportation mandatory for the recipient when their trip meets the requirements of the RFP?

Response: It is recommended that the Fixed Route Transportation is utilized unless allowed exceptions are met.

47. Question: II. Scope of Work- Page 17- Fixed Route: The RFP states: "The farthest distance a recipient may be required to walk to or from a Fixed Route transportation stop is **¼ of a mile.**" However, under "b" in that same section, it states: "the availability of Fixed Route transportation in the recipient's area or community, including the accessibility of the location to which the recipient is traveling and whether the recipient must travel more than **½ of a mile** to or from the Fixed Route transportation stop.

Is the acceptable distance for a recipient to travel to or from Fixed Route transportation stop a ¼ mile or ½ mile?

Response: (See Response to Question 13) the correct distance is in the second paragraph on page 18 stating that member should not walk farther than ¼ mile to bus stop. An amendment will address a change in Section B of this page.

48. Question: II. Scope of Work- Page 18- Excessive Distance: Please define "excessive distance"? What is the process for a Vendor to request the Agency's permission to deny an excessive distance request?

Is it the Vendor's responsibility to determine if a covered service is available within the county and to request the medical certification, or is it the recipient's?

Response: The Agency currently considers transportation outside of the recipient's local area (over 30 miles) as excessive distances. However, in some of the more rural counties of the state, services may not be available to the recipient in the county or within 30 miles; this is an acceptable exception to Excessive Distance. Referrals are often made to physicians in Birmingham, especially for children. Referrals or medical statements documenting the necessity to travel excessive distances for services available locally are obtained.

49. Question: II. Scope of Work- Page 19- On-Time Arrival: The industry standard for on-time performance is in the range of 90 – 93%. This RFP requires 98%. Did you intend to include late trips in this calculation understanding that to insure this level of performance will lead to a higher PMPM for the State? Will it be up to the Vendor to self-report this data? Is the “no more than 2% of the schedule trips shall be late or missed per day” requirement based on a monthly average or is the requirement literally per day?

Response: No

50. Question: II. Scope of Work- Page 19-Vendor as NET Provider: Is there a limitation on number or percentage of trips a Vendor can complete? How will “inadequate number or availability” of NET Providers be determined?

Response: To be determined with contracted Vendor.

51. Question: II. Scope of Work- Page 19- Service Agreements with NET Providers: The Vendor and each NET Provider will have a business to business relationship. Please confirm that the Vendor can choose to terminate a Provider without Agency approval, pursuant to the specifications of termination contained in the Vendor's NET Provider agreement?

Response: The Agency agrees with this statement.

52. Question: II. Scope of Work- Page 19-20-Service Agreements with NET Providers: The last paragraph on page 19 indicates that Vendors cannot use NET Providers with which a service agreement has not been executed. However, there are certain situations where the use of a non-contracted provider is truly the best or only transportation option. For instance, if an issue arises with a contracted NET Provider on their way to pick up a recipient for dialysis treatment, and there are no other providers available for the trip, the

only available transportation option might be a taxi cab. Will the Agency consider an exception to this requirement, as other states have done in these special cases?

Response: Yes

53. Question: II. Scope of Work- Page 20-Service Agreements with NET Providers, Subpart t: Subpart (t) in the list of items or issues to be included in the transportation provider contracts specifies "Training for recipients..." Is it the intent of the Agency that the NET Providers have some obligation to train recipients, and if not, can this subpart be removed as a requirement for inclusion in the transportation provider contracts?

Response: It is the intent of the Agency that the NET Providers have some obligation to train/instruct recipients on how to access NET Services including providing telephone numbers for requesting transportation to covered medical appointment.

54. Question: II. Scope of Work- Page 21-Post-Transportation Authorization Requests: Please clarify the process for Post-Transportation Authorization requests. How will the Vendor know if an application is pending if such data is not included in the eligibility file? Who provides this authorization? How many post transportation authorization requests are occurring today?

Response: Post-Transportation Authorization Requests includes requests authorized after the transport when Pre-Transportation Authorization is not completed. As our current process is a reimbursement for transport the majority of transports are Post Transport Authorizations. However, eligibility is verified prior to reimbursement.

55. Question: II. Scope of Work- Page 21-Denials: The 3<sup>rd</sup> bullet in this section states: The medical service for which NET service is requested is not a Covered Medicaid Service. Will you please provide an example?

Response: Examples of non-covered services are dental services for adults, hearing services for adults, certain cosmetic services etc. You may reference the Agency's website for more information: <http://medicaid.alabama.gov> .

The 5<sup>th</sup> bullet states: Transportation to the medical service for which NET service is requested is covered under another Program. How will the Vendor know what other

transportation services are offered? Please provide a list of such services offered under another program / or another reimbursement methodology.

Response: Recipients enrolled in a certain Medicare related HMO's are provided transportation as a benefit, NET is appropriate only after these benefits are exhausted. The Weekly Recipient Extract File will contain information to identify these recipients. However, contact with the HMO will be necessary to determine when benefits are exhausted and the recipient is eligible for NET services.

56. Question: II. Scope of Work- Page 23-Telephone System Requirements: This section states that the vendor must obtain Agency approval prior to implementing any queue not required by the Agency. Does this apply to phone lines a Vendor might need to add for facilities or NET Providers?

Response: Yes

57. Question: II. Scope of Work- Page 23-Telephone System Requirements: This section of the RFP requires 8 hours of battery backup run time for the proposed telephone system. Will the Agency allow the Vendor to re-direct calls from the Alabama call center to another call center in the event of a power outage, in lieu of the 8 hour battery backup?

Response: No

58. Question: II. Scope of Work- Page 24-Validation Checks: There is a fine line between determining if a service is covered and verifying medical necessity. Does the Agency have guidelines for acceptable or reasonable methods for conducting validation checks?

Response: As stated in the requirements, the Vendor shall contact the Provider and verify that the recipient has an appointment for a Covered Medical Service. Vendor shall not verify the medical necessity of an appointment.

59. Question: II. Scope of Work- Page 25-Post-Transportation Validation Checks: For the post-transportation validation check, will the Agency accept an attendance report via fax or must the validation occur by phone?

The following is stated in this section: "If a post-transportation validation check cannot be completed because the call the Provider resulted in a busy signal or no answer after

three attempts, Vendor shall enter into its system information that will alert the Call Center Staff that any future requests to this specific Provider shall be validated before it can be authorized.” Our system is as robust as any in the industry and it does not currently have this capability. We believe no other Vendor’s system does either. Will the Agency consider a manual notification process for Call Center staff?

Response: Yes, process must be described in detail in the response.

60. Question: II. Scope of Work- Page 26-Vehicle Requirements: The RFP indicates that the name of the NET Provider’s business may not imply that Medicaid Recipients are being transported. If the word “medical” is a component of a Provider’s name, does this constitute a problem?

Response: No

61. Question: II. Scope of Work- Page 32-Real Time Communication: Please explain what is meant by “Real Time Communication efficiency”.

Response: The Agency requires the Vendor to list by name the Management staff responsible for Real Time Communication efficiency or live communication which minimizes delays or messages. Real Time Communication efficiency is the instant exchange of information or live communication.

62. Question: II. Scope of Work- Page 33-Implementation: The RFP requires that the initial educational mailing to recipients be done via first class mail. This is potentially a half million dollar expense. Will the Agency consider allowing bulk mailing rather than first class, as other states have done?

Response: Yes

63. Question: II. Scope of Work- Page 36-Recipients without RID’s: Is the Recipient’s Identification Number (RID) the same as their Medicaid number?

Response: Yes

64. Question: II. Scope of Work- Page 36-NET Transportation Provide Access to Information: This section of the RFP requires a web-based inquiry system for NET Transportation Providers to access information. Under the next Format and Content section, the RFP specifies that: “Web-based screens shall conform to the requirements

for readability set forth in the ADA. At a minimum, the screens shall provide the following information:

- a. Summary of Trips for a Date Range
- b. Summary of Trips by a recipient for a Date Range
- c. Details of Trips by Request tracking Number

We generally provide sufficient information to a Transportation Provider to perform the trips assigned to them. Is there a reason the Transportation Providers would need to receive a summary of trips for a date range when that is not expressly needed for them to perform their assigned services?

Response: No

65. Question: II. Scope of Work- Page 38/39-Readiness Review: The terms “Operations Start Date” and “Implementation Date” are used throughout this section and seem to be interchangeable. Do the two terms refer to the same date?

Response: Yes

66. Question: II. Scope of Work- Page 45-Qualifications and VI. Corporate Background and References Page 52-References: A conflict exists within the RFP with respect to the number and type of references Vendors are required to submit with their proposals.

The Qualifications section of the RFP requires Vendors to provide references from non-governmental business clients for the immediate past 3 years, as well as references from all governmental entities with which the Vendor has done or is doing business. Is the Agency simply requiring a list of all such contracts or actual references? Obtaining references from all non-government and government clients for this period will be a significant burden for larger companies. Many government entities will not provide a reference if they are in a procurement cycle as it is against state policy.

Under Section VI. Corporate Background and References, Vendors are asked to furnish 3 references for projects of similar size and scope, including name, contract type, size and duration of services. We presume these references are in addition to the “references” required by the Qualifications section.

Please clarify your requirements for references vs. lists as outlined in these two sections.

Response: A listing of all contracts with 3 references from projects of similar size and scope is acceptable.

67. Question: II. Scope of Work- Page 46- Staffing, Turnover, Implementation, Term & Other Specifications – 4<sup>th</sup> paragraph: This section indicates, among other items, that the Vendor will have experience operating an “interactive voice response system”. Will you please be more specific in terms of what IVR capabilities the Agency is interested in?

Response: The Agency requires the IVR with the capability to allow recipients to check information on trip requests, pick-up times, NET Transportation Provider, scheduled rides, etc. The IVR will provide the recipient with access to their transportation information 24 hours a day and 7 days a week without having to access a live call center representative.

68. Question: II. Scope of Work- Page 47- Project Organization and Staffing Requirements: The RFP states that the Vendor “shall employ staffs who are able to provide daily on-site data systems support, perform report development and analysis and perform all required Information Systems functions”. If a Vendor houses their main systems at centralized network operation centers (NOCs) outside of Alabama and a majority of the information technology management can be performed remotely, can these IT Functions be handled off-site if it helps to reduce costs to the State?

Response: Yes

69. Question: IV. General Medicaid Information-Page 50-Second Paragraph: The RFP states: “For certain recipient categories, eligibility determination is made by Agency personnel located in district offices throughout the state and by the out-stationed workers in designated hospitals, health departments and clinics. Medicaid eligibility is also determined through established policies by the Alabama Department of Human Resources and the Social Security Administration.”

Will the eligibility of recipients determined by Agency personnel located in district offices and out-stationed workers in designated hospitals, health departments and clinics be included in the weekly Recipient Extract File sent to the Vendor?

Response: Yes

70. Question: V. General-Page 51-First Paragraph: The RFP states: "It is imperative that potential Contractors describe, **in detail**, how they intend to approach the Scope of Work specified in Section II of the RFP."

In order for all potential Contractors' proposals to be compared on an apples-to-apples basis, does the Agency have a standard response format for all Vendors to use?

Response: No

71. Question: VI. Corporate Background and References-Page 52\_ - Entities Submitting Proposals Must: For the purpose of subsection (g) are NET Providers considered to be subcontractors?

Response: Yes. Service providers, such as transportation providers, are also considered subcontractors for the purposes of this requirement.

72. Question: IX. General Terms and Conditions –Page 57 C- Term of Contract: If the State decides to execute a one-year option period, will there be an opportunity to negotiate the price? If not, does the State anticipate that the Price Proposals submitted will take into consideration the possibility of a 5 year contract without any price increases?

Given the upfront investment to set up an operations center in Montgomery, as well as the initial mailing for recipients that could cost upward of a half million dollars, would the Agency consider a longer initial contract term, such as 3 years with 2 one year options, to allow a longer period to amortize this investment and thus reduce the price to the State?

Response: Any option periods will be at the same PMPM price as proposed on Attachment G. The initial contract term must be limited to two years due to a requirement of the Legislative Contract Review Committee

73. Question: IX. General Terms and Conditions –Page 59- L. Term for Convenience: This section indicates that the Agency may terminate for convenience with no notice to the Vendor. Due to Federal WARN notice requirements, and Vendor contracts with NET Providers, etc., will the Agency consider incorporating a notice period? Does the Vendor also have the opportunity to terminate for convenience?

Response: A termination for convenience is very unlikely, but we do not believe it to be in the State's best interests to have a specific notice period. However, the Agency will

endeavor to give the maximum notice possible if a termination for convenience becomes necessary.

74. Question: IX. General Terms and Conditions-Page 61- AA. Payment : This section says that the payment to the Vendor will be based on the number of NET eligible at the end of the month. Are there any groups of Medicaid members that are eligible for Medicaid but not for NET services that the agency would exclude from calculating the payment to the Vendor?

Response: Yes, these groups have been removed from the numbers provided in Attachment J.

75. Question: Attachment G-Page 79- Price Proposal Sheet: Since this is a multi-year contract and based on Estimated Number of NET-Eligible, please provide your estimate of NET eligibles for each of the contract periods.

Response: For historic statistical information, please refer to the Agency's website: [http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)  
Statistics are available on the number of eligibles since 2007.

76. Question: Attachment G-Page 79- Price Proposal Sheet: The Pricing Sheet in Attachment G shows an average NET Eligible count of 857,519 which appears significantly higher as an average than the September figure of 730,921 Shown in Attachment J. Will you please provide the latest NET eligible count as of Fiscal year End June 30, 2012 or any other most recent period in 2012?

Response: For historic statistical information, please refer to the Agency's website: [http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)  
Statistics are available on the number of eligibles since 2007.

77. Question: Attachment G and J-Page 79 & 83- Price Proposal Sheet: Does the 857,519 average eligible in Attachment G exclude those populations noted at the bottom of Attachment J – QMB, SLMB and Plan First?

Response: Yes

78. Question: Attachment H and I- Page 81- NET Information FY 2009 through FY 2011: Can you briefly explain what encompasses the Administrative cost reflected in Attachment H? Are these county office workers? Call Center employees? Please elaborate.

Response: Administrative cost includes the cost for state staff including salaries and benefits, Recipient Call Center Costs, and cost for the EBT services.

79. Question: Attachment H- Page 81- NET Information FY 2009 through FY 2011: Does the information provided in this attachment indicate trips or legs?

Response: The information provided indicated round trips (to and from) completed.

80. Question: Attachment H- Page 81- NET Information FY 2009 through FY 2011: # Of Recipients – Does this represent the number of members who took at least one trip during the FY reporting period? Are these unique riders?

Response: Yes, the # of Recipients is unduplicated recipients or unique riders.

81. Question: Attachment H- Page 81- NET Information FY 2009 through FY 2011: Membership Data – Can you provide monthly for FY 2009, FY 2010 and FY 2011 – Membership by aid category (TANF, ABD, etc.), and age, county of residence?

Response: For historic statistical information, please refer to the Agency's website:

[http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)

Statistics are available on the number of eligibles since 2007.

82. Question: Attachment H- Page 81- NET Information FY 2009 through FY 2011: Can you provide the same membership data in the previous question by unique rider?

Response: Data is unavailable.

83. Question: Attachment H and I- Page 81- NET Information: Please provide all trip data and cost data on a monthly basis for FY 2009, FY 2010 and FY 2011.

Response: Data is unavailable.

84. Question: Attachment H and I- Page 81- NET Information: Please provide Total Miles by level of service on a monthly basis for FY 2009, FY 2010 and FY 2011.

Response: Data is unavailable.

85. Question: Attachment H and I- Page 81- NET Information: Administrative Cost – What expenses are included in this amount? (Exp. Salary, salary and benefits, space rental, office furniture and fixtures, computer equipment, phone equipment etc.)

Response: This cost includes the cost for state staff including salaries and benefits, Recipient Call Center Costs, and costs for EBT services.

86. Question: Attachment H and I- Page 81- NET Information: Approximate Funds Expended – Your transportation cost spend per eligible member appears materially lower than other markets. Are there other funds that are expended in your NET program that may not be captured in this data?

Response: No

87. Question: Attachment H and I- Page 81- NET Information: Trip and cost information is provided and pricing is expected with Mental Health trips included and excluded. Can you explain how the # Of Recipients is the same under each scenario?

Response: The number presented is the anticipated number of eligibles. This number is inclusive of the recipients transported to and by Mental Health.

88. Question: Attachment H and I- Page 81- NET Information: Will you please clarify "Approximate Funds Expended"? Are these amounts that were paid directly to the transportation providers for NET services?

Response: Yes, these funds were reimbursements made to Transporters and recipients for private vehicle transports.

89. Question: Attachment H and I- Page 81- NET Information: Trip and cost information is provided and pricing is expected with Mental Health trips included and excluded. Will you please explain how Mental Health trips are performed now?

Response: Currently certain trips are provided under an MOU with Mental Health for the transport of recipients to Mental Health facilities only. Mental health is reimbursed \$17.00 per trip for these transports.

90. Question: Attachment H and I- Page 81- NET Information: Will you please elaborate on how Mental Health trips are paid and how the provider rates might differ from other trips? The data provided shows average cost per trip for Mental Health at \$15.00, \$17.00 and \$17.00 for FYs 09, 10, 11 respectively, while the average cost per trip excluding Mental Health in the same periods is \$16.75, \$15.94 and \$14.02.

Response: Currently the Agency reimburses recipients mileage for transport via private vehicle. This is less costly than commercial transports and most are reimbursed below the rate reimbursed for Mental Health Transports which may account for the lower average cost.

91. Question: Attachment H and I- Page 81- NET Information: Will you please explain the continued decrease in cost per trip excluding Mental Health as the data shows \$16.75, \$15.94 and \$14.02 for FY 09, 10 and 11 respectively?

Response: Currently the Agency reimburses recipients mileage for transport via private vehicle. This is less costly than commercial transports and may account for the decrease.

92. Question: Attachment H and I- Page 81- NET Information: What is the current process for paying NET Providers? How often do Providers currently submit their invoices and is this done electronically or does it require approval by a county or state employee?

Have there been any audits performed on NET services in Alabama, and if so, can you provide the results?

Are Providers currently getting paid the Medicaid fee schedule or are there individual rates negotiated with certain Providers?

Response: NET Transporters are reimbursed for transports verified and processed twice monthly. Requests for are received from the recipients, social workers, and etc. They are processed in the order received. Some requests are received electronically via the Recipient Call Center or emails, other requests are receive via fax, mail etc. In our current program Transporters do not bill the Agency, thus, there is not an established electronic submission process.

There are no Audit findings for the program to share.

Transporters are reimbursed the negotiated rate set for the District where their services are provided.

93. Question: Attachment H and I- Page 81- NET Information: The program dollars expended for NET, per this RFP, are extremely low compared to similar populations in other states. For instance:

**Georgia**

Members: 1.3 M

NET Expenditure: \$69.5 M

**North Carolina**

Members: 1.3 M

NET Expenditure: \$43 M

**Virginia**

Members: Over 890,000

NET Expenditure: \$100 M

**South Carolina**

Members: Over 689,000

NET Expenditure: \$62 M

**Mississippi**

Members: 536,000

Expenditure: \$32.5 M

Are the NET cost numbers reported in the only state funds?

Response: No

Are these the total funds used on the NET program including the State and Federal matching funds?

Response: Yes

Are Medicaid trips paid for at the County level?

Response: No

94. Question: Attachment H and I- Page 81- NET Information: Does the Department of Transportation provide mass transit trips or any trips that are not reflected in the data provided in Attachment H and I?

Response: No

95. Question: Attachment I- Page 82- NET Information FY 2009 through FY 2011: Are there any administrative expenses related to the Mental Health transports and payments made? If so, can you please provide?

Response: No

96. Question: Attachment J- NET Eligibles: How many eligibles on average would make up the QMB, SLMB and Plan First group on a monthly or yearly basis?

Response: For historic statistical information, please refer to the Agency's website:

[http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)

Statistics are available on the number of eligibles since 2007.

97. Question: Provider Manual: Chapter 8, Appendix G-Page G-2- Benefits and Limitations: This manual provided a good description of the NET services offered. Page G-2 lists a host of medical services that are covered. However, there are utilization contributors that are not listed. We would like to confirm whether these contributors are covered under the NET Program. Could you please confirm as covered or no covered for the following:

Nursing Homes – to and from these facilities

Daily Mental Health Programs

Youth Center Activity – day treatment program for adolescents

Summer School Programs for adolescents

Wound Care Services

Adult Day Care Center / Treatment  
 Transports from and to Assisted Living Facilities to Day Care Centers  
 Nutritional Site transports  
 Intra-facility transports  
 Psychosocial Rehab visits  
 Substance Abuse Programs (such as daily Methadone treatment)

Response:

|   |      |
|---|------|
| Nursing Homes – to and from these facilities                          | Yes  |
| Daily Mental Health Programs  | Yes  |
| Youth Center Activity – day treatment program for adolescents         | Yes* |
| Summer School Programs for adolescents                                | No   |
| Wound Care Services   | Yes  |
| Adult Day Care Center / Treatment                                     | No   |
| Transports from and to Assisted Living Facilities to Day Care Centers | No   |
| Nutritional Site transports   | No   |
| Intra-facility transports (hospital to Hospital)                      | No   |
| Psychosocial Rehab visits   | Yes* |
| Substance Abuse Programs (such as daily Methadone treatment)          | Yes  |

\*Not all visits to Mental Health are provided by Mental Health transportation. NET Transporters and Private Vehicles also provide transportation for Mental Health visits.

98. Question: Provider Manual: Chapter 8, Appendix G-Page G-1- Coordinators Responsibilities: Appendix G states: “Determine availability of free transportation, including recipient’s vehicle, transportation by relative or friend, or volunteer services. Medicaid will not reimburse services if recipient has access to free transportation, except in the case of evident hardship (determined by Alabama Medicaid).”

Other than asking the recipient if they have access to free transportation, does the Agency have specific requirements for the Vendor to use to verify this access? Or, is this part of the information provided by the Agency in its weekly eligibility file?

Response: No, this information is not provided in the weekly eligibility file. Presently the recipient’s statement (oral or written) is accepted that free transportation is not available.

99. Question: Provider Manual: Chapter 8, Appendix G- Page G-1- Prior Authorization: This section states that urgent care does not require prior authorization. Is the broker required to verify each urgent trip request?

Response: No

100. Question Provider Manual: Chapter 8, Appendix G- Page G-3- Meals and Lodging: The RFP mentions coverage for meals and lodging during out-of-state trips. This section of the provider manual references coverage for meals and lodging during any overnight trip. Which is correct? Are in-state meals and lodging to be billed to the Agency separately? If not, are these costs included in the numbers provided in Attachments H and I?

Response: The Agency reimburses in-state meals and lodging only in rare situations usually in out of the area transplant situations when it is necessary for the transplanted recipient to remain locally for an extended period. Requests for in-state meals and lodging must be approved by the Agency. These costs will be billed to the Agency and in no case will the reimbursement exceed \$50.00 per person, per day. These costs are included in the numbers provided in Attachments H and I.

101. Question: Provider Manual: Chapter 8, Appendix G- Page G-4- Non-Covered Services: What constitutes "evident hardship"? How is it currently determined?

Response: Evident Hardship is established in our current Transportation program when the recipient makes a request for transportation assistance.

102. Question: Provider Manual: Chapter 8, Appendix G- Page G-4- What do I do?: Is there presently a list of the groups or individuals that help recipients get a ride for little or no cost? Could the State please provide this list?

Response: This refers to City Bus Systems and 5311 Area Rural Area Transporters. They are included in the Transporter List posted with these Question and Answers.

103. Question: Provider Manual: Chapter 8, Appendix G- Page G-4- What do I do if I have a medical problem that can't wait?: This section states:

"Broken arms, a bad cut, a baby with a bad earache, or mild chest pains are examples of "urgent" problems."

Cuts, chest pain and fractures all have the potential to result in extreme negative outcomes up to and including death. Will the selected Vendor be permitted to set parameters for what constitutes urgent care?

Response: Yes

104. Question: Provider Manual: Chapter 8, Appendix G- Page G-5- Will Medicaid pay for someone to go with me?: Is paying for an escort / attendant part of the broker's duties? If so, what are the established rates / guidelines? What has been the history of escort / attendant use? Please provide number of trips requiring an escort/attendant and the associated costs.

Response: Yes, the broker will be responsible for paying transportation costs for escorts when required. In our present Program, NET pays travel costs for very few escort transports.

105. Question: Provider Manual: Chapter 8, Appendix G- Page G-5- How many rides will Medicaid pay for?: Is it correct that each beneficiary is allowed 14 trips per year after which the Vendor will deny additional trip requests? Does the annual trip limit apply only to doctor and/or clinic visits, or does the annual trip limit apply to all covered services?

Response: The annual physician office visit benefit limit is 14 office visits per calendar year. The Vendor may only deny transport to a doctor office after the 14 doctor office visits have been billed and a claim paid. Not every trip to a doctor's office result in a claim being filed and/or paid. This limit applies only for doctor and or clinic visits and does not include follow-up visits, labs, x-rays, mental health, dialysis, etc.

106. Question: Provider Manual: Chapter 8, Appendix G- Page G-5- How many rides will Medicaid pay for?: Appendix G states: "If your ride is approved, Medicaid will send your reimbursement through an Electronic Benefit Transfer (EBT). Once your transportation request to a Medicaid covered service/provider has been verified by a NET worker, your reimbursement will be loaded to an EBT (plastic) card. The EBT card can only be used at stores that display the Quest logo for cash withdrawal or cash purchase transactions."

Will the EBT payment process be incorporated with the Broker's requirements or will this section of Attachment G be obsolete under a new NET Brokerage contract? Please explain how this process currently works – do recipients pay drivers and then get reimbursed via the EBT card?

Response: Currently, the EBT Card is used mainly to reimburse the recipient for transport in Private vehicles and for the use of Public transportation. Limited reimbursement is provided for transport via Transporters using this method. Transporters are reimbursed directly for transports provided twice monthly on the 1<sup>st</sup> and the 16<sup>th</sup>.

107. Question: General Question- Network: Can you provide a list of current Providers?

Response: Presently there are no NET Providers approved by the Agency. The Agency will provide a listing of the current NET Transporters for our current NET Program.

108. Question: General Question-Trip Data: Will the Agency please provide trip data by County and Level of Service?

Response: Data is unavailable.

109. Question: General Question-Trip Data: Do the cost as reported in this RFP include the cost for dialysis trips or are dialysis trips handled by a different program as it is done in some other states and that is another reason the costs are so far below other state's Medicaid NET expenditures?

Response: Yes, Dialysis trips are included.

110. Question: Page 8, what criteria will the Alabama Medicaid Agency use to determine which Option will be selected with regards to carving mental health trips in or out of the NET Service program?

Response: Price will be the determining factor.

111. Question: Please provide the current rates paid to transportation providers and rate paid to individuals for private auto reimbursement.

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

112. Question: Page 18, Fixed Route description states the farthest distance a recipient may be required to walk to or from a Fixed Route transportation stop is ¼ mile, however item b. indicates the distance to be ½ miles. Please advise which is correct.

Response: (See Response to Question 13) the correct distance is in the second paragraph on page 18 stating that member should not walk farther than ¼ mile to bus stop. An amendment will address a change in Section B of this page.

113. Question: Will the Vendor be required to pay the current rate to transportation providers or, will the Vendor be allowed to utilize a different rate structure?

Response: The Vendor must establish a rate structure that is adequate to enroll a sufficient network of NET Providers. The rates do not have to be based on current rates paid by the Agency.

114. Question: Please provide a list of all NET providers currently providing services to Alabama Medicaid recipients.

Response: Presently there are no NET Providers approved by the Agency. We will provide a listing of the current NET Transporters for our current NET Program.

115. Question: Are meals and lodging covered for a transportation provider?

Response: No

116. Question: Page 8, states "NET services are those that are not needed within 72 hours from the request for services". How should the Vendor respond if a recipient requests transportation in less than 72 hours if the request is not for an urgent transport?

Response: The Agency requests that the Vendor respond positively to the request if possible and provide educational information to the recipient making the request for future appointments.

117. Question: Page 55, Performance Guarantee. Please confirm that the requirement to provide a performance guarantee in the amount of 5% of the contracted price is intended as the “annual” contracted price.

Response: See response to Question 9.

118. Question: Attachments H & I both state that the majority of trips are round trips, however, within the Glossary, on page 13, a Trip Leg is defined as one-way transportation. Is the number of Total Trips indicated in the Attachments round trips or single legs?

Response: The Figure represents round trips. You would need to double the trip figures to arrive at total one-way (single leg) trips.

119. Question: H & I indicate the same Administrative Costs? Where are the Administrative Costs for Mental Health reported? How much are the Administrative Costs for Mental Health?

Response: None, there are no Administrative Costs for transports made by and for Mental Health visits.

120. Question: Can you please identify how many mental health trips are provided by private auto?

Response: Private Vehicle Transports for Mental Health services are included in the total number of transports identified in Attachments H and I. The number of trips to Mental Health is unavailable.

121. Question: Please confirm that the Vendor is not responsible for the coordination and provision of stretcher transportation.

Response: No, Stretcher transport is not a covered category of service in Alabama. Anyone in a recumbent position who cannot be transported in a wheelchair must be transported via ambulance per the State Health Officer.

122. Question: Are the transportation providers reimbursed for member no-shows?

Response: No

123. Question: Appendix G states that the member is currently reimbursed for fuel via their EBT card. How is the Vendor expected to reimburse the recipient for use of their private auto?

Response: To be discussed with contracted Vendor.

124. Question: Appendix G indicates a limit on the number of doctor visits per year. What is annual number of allowable doctor visits?

Response: (See Response in Question 105) The annual physician office visit benefit limit is 14 office visits per calendar year. The Vendor may only deny transport to a doctor office after the 14 doctor office visits have been billed and a claim paid. Not every trip to a doctor's office result in a claim being filed and/or paid. This limit applies only for doctor and or clinic visits and does not include follow-up visits, labs, x-rays, mental health, dialysis, etc.

125. Question: Appendix G indicates there are "people or groups" in areas that may provide rides for a member at little or no cost. Please provide the list of people/groups.

Response: (See Response to Question 102) This refers to city bus systems and 5311 Rural Area Transporters. They are included in the Transporter List posted with these Question and Answers.

126. Please provide the annual number of authorized transports over 100 miles and out of state.

Response: Data not available.

127. Question: Please provide information on the number of eligible members for October 2011 through May 2012?

Response: For historic statistical information, please refer to the Agency's website:

[http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)

Statistics are available on the number of eligibles since 2007.

128. Question: Is there a required format for the RFP response with regards to sections, font, page limits, etc.?

Response: No

129. What steps will be necessary for a bid to be accepted and a broker model to begin?

Response: The deadline for proposals is August 30, 2012. Bids will be evaluated, Vendor selected and a contract signed. The Agency must then go before the Legislative Contract review Committee. The entire process must get approval from CMS prior to being finalized.

130. Question: Will Medicaid open a window for follow-up questions?

Response: Yes we will allow time for follow-up questions. See the amendment with the updated schedule.

131. Question: Under the broker model will NET Providers be required to go through the PSC for licensure?

Response: See response to question number 16.

132. Question: Looking at the figures in Attachment H and I in the back of the RFP it appears that they are based on state funds only.

Response: Funds expended is both State and Federal funds matched at the Administrative Rate of 50%.

133. Question: When application is made with the PSC to become a NET Provider could another Provider protests cause the application to be denied? Also would Medicaid take steps to reach out to PSC?

Response: See response to question number 16.

134. Question: Are there certain types of business licenses required to operate in the state of Alabama?

Response: Section VI. Corporate Background and Reference- c-page 52; contains the requirements for licensure for conducting business in the state.

135. Question: With regards to trips listed in attachment H and I; are they round trips treated and one or are they paid as a single trip?

Response: See response to question number 79.

136. Question: The recipients that are currently being reimbursed by and EBT Card; will the contracted Vendor be responsible for loading an EBT Card or will this form of reimbursement still be required?

Response: The Agency hopes to maintain some form of recipient reimbursement for transports; however, this will be discussed further with the contracted Vendor.

137. Question: Is the number of current Medicaid recipient available for FY 2012?

Response: The Agency's Fiscal Year ends September 30, 2012, therefore the numbers requested are not available. However, please refer to the Agency's website for the most current figures. [http://medicaid.alabama.gov/CONTENT/2.0\\_Newsroom/2.6\\_Statistics.aspx](http://medicaid.alabama.gov/CONTENT/2.0_Newsroom/2.6_Statistics.aspx)

138. Question: Will you post the answers to the questions when they are available or all at one time?

Response: The answers to the questions will be posted all at one time on the website.