

**A Request for Proposal for
New York State Medicaid Transportation Management – Finger Lakes Northern New York
RFP #17222**

QUESTIONS AND ANSWERS

August 30, 2017

Question #	Corresponding RFP Section	Bidder's Question	Answer
1	Proposal Submission	Subsections E.1 – E.14 repeat most of the requirements in Section 4.0 Scope of Work. Please clarify whether the bidder's Technical Proposal must include a response to each item in Section 4.0 Scope of Work, AND a response to subsections E.1 – E.4.	<p>The Scope of Work, Section 4.0, within the RFP describes the tasks and deliverables the transportation management contractor is required to provide once the contract is in place.</p> <p>The Bidder should provide a response to each item in the Technical Proposal, section 6.2, subsections E.1-E.14.</p>
2	Introductory and Background	<p>RFP states that contractor will not pay transportation providers. The Department of Health directly reimburses Medicaid-enrolled transportation providers that provide transportation for fee-for-service Medicaid enrollees at fees established by the Department of Health.</p> <p>Confirm that the awarded broker will not be responsible for payment of transportation costs to providers.</p> <p>Does this include direct member reimbursements such as necessary travel expenses or gas reimbursement?</p>	<p>Correct, the awarded contractor will not pay transportation providers.</p> <p>The awarded contractor will be responsible for rendering payment to eligible Medicaid enrollees who incur travel related expenses when obtaining Medicaid covered services, if such expenses are in agreement with the Medicaid Transportation Travel Reimbursement Policy. Reimbursement for fuel is not an allowable expense.</p>
3	Staffing Requirements Core Management Team	<p>RFP states In addition to the core management team, the contractor will be required to maintain a Registered Nurse(s) (RNs) and/or Medical Doctor(s) (MD) on staff.</p> <p>What is the minimum staffing requirement for these roles?</p> <p>Is it DOH's intent that a sufficient staff in these categories be available during the open NY call center hours or 24 hours per day?</p> <p>Do these positions have to be dedicated to the New York Finger Lakes contract or may they be a shared resource for other clients?</p>	<p>The minimum staffing requirements for the Registered Nurse (s) (RNs) and/or Medical Doctor(s) (MDs) can be found in Section 4.2.1 Core Management Team.</p> <p>Per Sections 4.1.4, 4.1.8 and 4.2, it is expected that the Contractor will maintain sufficient personnel to perform the transportation management functions during normal call center hours and it is unlikely they will be needed during afterhours and weekends.</p> <p>It is expected that the contractor will provide RN(s) and/or MD(s) to fulfill the scope of work of this RFP/contract.</p>

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4	Reference Checks	How are the results of the reference checks scored included in the final award recommendation?	Reference checks are a non-scored item.
5	Performance Standards	The penalty provision for the Primary Call Center performance standards and for the Prior Authorization performance standards both state, "[t]he total reduction for the month will not exceed 10%." Please clarify and confirm the cumulative reduction for both sets of standards is 10% and that the monthly reduction is not additive (i.e., 20% total).	The total reduction for a given month will not exceed 10% for <i>each</i> performance standard category. If standards are not met in both categories, the maximum total reduction penalty would be 20% of the subject month.
6	Quality Assurance	In order to hold Transportation Providers accountable for on-time performance, will DOH permit vendors to ADD to the transportation providers' ATTESTATION screen (online) the actual pick-up and drop-off times for each trip leg? Up to now DOH has not allowed this but has expressed its willingness to do so.	The Department does not require transportation vendors to add their actual pick-up and drop-off times for each trip leg during the online attestation process. The transportation providers are required to maintain the actual pick-up and drop-off times for each trip leg in their records should they be asked to provide it.
7	Education, Training & Outreach Activities	Is it correct that regarding 4.1.6. that if a communication is foreseen to enrollee, TP's, Medical practitioners via the mail or other sources, prior to go-live, that the vendor will be responsible for that communication? If so, how soon before go live will the enrollee information be made available	These questions are not clear and therefore cannot be answered.
8	Attachment N Travel Reimbursement Policy Manual	Regarding Attachment N are there DOH-approved mileage reimbursement rates for volunteer drivers and for reimbursements directly to enrollees who drive themselves? If so what are those rates and what were the number of such	As of January 1, 2017, the current standard mileage reimbursement rate for volunteer drivers is \$0.54 and \$0.17 for enrollees who self-drive. The Department does not have the data for mileage reimbursement paid per county. The total amount of mileage reimbursement paid during 2015

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		reimbursements, and the corresponding number of miles, for a recent three-month period, by county?	<p>was \$1,351,437 and \$1,376,310 in 2016 respectively. The number of miles per number of trips per year are itemized below.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Mileage Reimbursement</th> <th style="text-align: center;">Year</th> <th style="text-align: center;">Trips</th> <th style="text-align: center;">Miles</th> <th style="text-align: center;">Average</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">2014</td> <td style="text-align: center;">199,095</td> <td style="text-align: center;">5,268,070.10</td> <td style="text-align: center;">26.46</td> </tr> <tr> <td></td> <td style="text-align: center;">2015</td> <td style="text-align: center;">197,105</td> <td style="text-align: center;">5,611,700.90</td> <td style="text-align: center;">28.47</td> </tr> <tr> <td></td> <td style="text-align: center;">2016</td> <td style="text-align: center;">210,137</td> <td style="text-align: center;">6,205,820.70</td> <td style="text-align: center;">29.53</td> </tr> </tbody> </table> <p>Mileage reimbursement paid in a 12-month period for years 2015 and 2016 is outlined in Exhibit 1.</p>	Mileage Reimbursement	Year	Trips	Miles	Average		2014	199,095	5,268,070.10	26.46		2015	197,105	5,611,700.90	28.47		2016	210,137	6,205,820.70	29.53
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9	Attachment R Medicaid Transportation Data (Table 1)	Table 1 shows a total of 489, 926 enrollees in the coverage area as of January, 2017. Same Attachment but Table 4 shows 2016 average membership of 541,452. Does the DOH expect membership to continue to decrease? If so, what is expected to drive this decrease?	The figures shown in Table 1 were actual numbers of enrollees in each county during the month of January. The figures in Table 4 are an average of 12 months of data. The number of Medicaid eligible enrollees changes monthly, therefore the figures fluctuate.																				
10	Attachment R Medicaid Transportation Data (Table 2)	One-way trip counts were provided as annual counts for 2015 and 2016. Counts do not include public transportation or gas reimbursement. Will DOH provide counts for mass transit and gas reimbursement trips?	<p>Please refer to Table 6, Level of Service Column, Mass Transit and further detail in Exhibit 2.</p> <p>The Department does not reimburse for fuel.</p>																				
11	Attachment R Medicaid Transportation Data (Table 2)	One-way trip counts were provided as annual counts for 2015 and 2016. Will DOH provide trip counts by month for each of the given years?	Refer to Exhibit 1 for the trip counts per month during the years 2015 and 2016.																				
12	Attachment R Medicaid Transportation Data (Table 2)	Table 2 shows total one way trips not including public transit or mileage reimbursement. Considering these types of trips also need to be processed, can we get the stats for these trips as well to insure we are properly staffed?	See response to Question #11.																				
13	Attachment R Medicaid Transportation Data (Table 2/6)	The total trips in Table 6 by Level of Service for 2015 and 2016 are 2,099,991 and 2,141,190, respectively. The total trips in Table 2 for 2015 and 2016 (not including public transit) was 1,658,110 and	Table 6 represents the TOTAL trips for each year. The variances in numbers can be attributed to the different dates when the data in the two tables were generated. Further, Table 2 only reflects paid claims for trips that took place, while the data in Table 6 (excluding Mass Transit trips)																				

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		<p>1,717,192, respectively. The number of mass transit trips in Table 6 is 334,609 and 332,628, respectively.</p> <p>When removing the mass transit trips from table 6 totals, there is still a variance (i.e. 2015 – 2,099,999 minus 334,609 = 1,765,382) greater than the total reported for 2015 in Table 2. What data set represents the TOTAL trips for each year (table 2 or table 6)? What is the cause or level of service of the 107,272 trips (1,765,382 minus 1,658,110) variance for 2015? The same variances exist for 2016 data as well.</p>	reflects trips scheduled by the transportation manager and attestations completed by the transportation providers.												
14	Attachment R Medicaid Transportation Data (Table 2/6)	Tables 2 and 6 show trip volume for 2015 and 2016, however Table 6 seems to show significantly higher numbers than Table 2. Why is this the case? Which one is correct? What is driving the increase?	Refer to response provided to question # 13.												
15	Attachment R Medicaid Transportation Data (Table 3)	Table 3 shows the total calls received for the past three (3) years. Are these call stats just for the 7:00 AM to 6:00 PM primary call taking period or do they represent the total calls received including after hours?	Table 3: Annual Number of Calls Received and Average Talk Time in the Finger Lakes/Northern New York Region represents all calls in a 24 hour/365-day period.												
16	Attachment R Medicaid Transportation Data (Table 4)	Average annual enrollees were provided for 2014 – 2016. Can DOH provide the member type breakdown of this membership data (i.e. TANF, ABD, SSI, Duals, etc.)?	The Department's Medicaid Transportation Unit does not track this level of data.												
17	Attachment R Medicaid Transportation Data (Table 4)	Please provide the number of unique riders (unique utilizers) for each year of data.	<p>The average number of unique users (riders) are as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><i>Year</i></th> <th style="text-align: center;"><i>Average Number of Enrollees Eligible</i></th> <th style="text-align: center;"><i>Average Number of Unique Users (riders)</i></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2014</td> <td style="text-align: center;">475,315</td> <td style="text-align: center;">63,953</td> </tr> <tr> <td style="text-align: center;">2015</td> <td style="text-align: center;">488,296</td> <td style="text-align: center;">68,926</td> </tr> <tr> <td style="text-align: center;">2016</td> <td style="text-align: center;">541,452</td> <td style="text-align: center;">69,942</td> </tr> </tbody> </table>	<i>Year</i>	<i>Average Number of Enrollees Eligible</i>	<i>Average Number of Unique Users (riders)</i>	2014	475,315	63,953	2015	488,296	68,926	2016	541,452	69,942
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18	Attachment R Medicaid Transportation Data (Table 6)	Please confirm that the trip data in Table 6 represents one-way" trip legs by level of service.	Table 6 represents the total number of one-way trip legs performed per level of service.
19	Attachment R Medicaid Transportation Data (Table 6)	Data includes trip counts by year and level of service. Please provide average mileage / total mileage by year and level of service.	See Exhibit 2.
20	Attachment R Medicaid Transportation Data	Do the number of enrollees and trips in attachment R. include Medicaid managed care enrollees and trips? Also, does it include HARP and ALIESSA enrollees?	Yes, Medicaid managed care enrollees are included in the Medicaid Transportation data. The data in Attachment R includes HARP and Aliessa enrollees eligible for Fee for Service non-emergency medical transportation services. There are currently three HARP enrollees in the Finger Lakes NNY region who have a Plan of Care Grid eligible for non-medical transportation to obtain Health and Recovery Plan (HARP) program related services.