

## Non Emergency Transportation for End Stage Renal Disease Patients (NET ESRD) RFP #20090417

## **Responses to Submitted Questions**

| Question<br># | RFP<br>Section # | RFP Page<br># | Question  | Response  |
|---------------|------------------|---------------|---|---|
| 1             | 3.1              | 9             | All rates set by the contractor for delivery of service<br>must be actuarially sound and certified. In the 2007<br>RFP this requirement was removed. Would the<br>State consider removing this requirement for the<br>2009 RFP? | DOM desires that the rates submitted by the<br>Contractor be verified prior to submission so that<br>DOM may rely upon the proposal with confidence<br>that the rate will be sufficient reimbursement for<br>services rendered. |
| 2             | 3.2              | 9             | States the State reserves the right to assess<br>liquidated damages. Has the state assessed any<br>liquidated damages under the current contract? If<br>yes, please describe the reasons.                                       | No.   |
| 3             | 4.3              | 27            | When do you expect to notify the successful bidder?   | We expect to notify the successful bidder before May 29, 2009.  |
| 4             | 4.3              | 27            | Will the State consider allowing the successful<br>bidder a minimum of 60 days for implementation?<br>As its listed here a new vendor would have<br>approximately 15 days to implement a state wide<br>program.                 | The successful bidder must be able to provide operations on July 1, 2009.   |

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| 5             | Attachment<br>1  | 54            | Please provide the Average Trip Mileage.  | This information is not available.   |
| 6             | Attachment<br>1  | 54            | Please provide the total number of trips by month by mode for 2008.                 | This information is not available.   |
| 7             | Attachment<br>1  | 54            | Please provide the total number of attendants used by month for 2008.               | This information is not available.   |
| 8             | Attachment<br>1  | 54            | Please provide the total number of one-way trips that went into neighboring states. | This information is not available.   |
| 9             | Attachment<br>1  | 54            | Please provide the average mileage for trips going into neighboring states.         | This information is not available.   |
| 10            | Attachment<br>1  | 54            | Please provide the total call volume by day, by month for 2008.                     | This information is not available. The typical<br>process would be the beneficiary would be set up<br>as a repetitive trip, so there should be very little<br>call volume unless the beneficiary had to cancel<br>or change appt times or had a complaint. |
| 11            | Attachment<br>1  | 54            | Please provide the top ten drop off zip codes.                                      | This information is not available.   |

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| 12            | Attachment<br>1  | 54            | Please provide the top ten pick up zip codes.   | This information is not available.   |
| 13            | Attachment<br>1  | 54            | Please provide the current rates paid to the transportation providers by mode.                    | This information is not available.   |
| 14            | Attachment<br>1  | 54            | Please provide the current rates paid to the broker for this contract.                            | This information is not available.   |
| 15            | Attachment<br>1  | 54            | This program seems to be trending downward from 2005 to 2008. Can you explain the downward trend? | This program is only for the beneficiaries that<br>were in the former PLAD category as of<br>12/31/2005 for dialysis transportation only. These<br>beneficiaries are in a category of eligibility that<br>does not receive transportation benefits.<br>Reductions have occurred for various reasons,<br>including but not limited to, death, the beneficiary<br>found other means of transportation, the<br>beneficiary became eligible for full Medicaid<br>benefits which includes transportation. |
| 16            | Attachment<br>1  | 54            | Does the State expect that trend to continue throughout this contract as well?                    | Yes.   |

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| 17            | Attachment<br>1  | 54            | Who can call to request transportation?   | The beneficiary, a caregiver, or a dialysis social worker may call on behalf of the beneficiary if requested by the beneficiary.   |
| 18            | 8.2              | 44            | Please provide more details around the "open<br>enrollment". Do the participants only become<br>eligible if they enroll during these "open enrollment:"<br>periods? | DOM will provide an approved listing of the former<br>PLAD beneficiaries that are being transported to<br>dialysis. The Contractor is responsible for<br>developing a process to "enroll" individuals on the<br>list in the Contractor's system. Contractor is<br>responsible for maintaining information such as<br>Medicaid ID, Beneficiary Name, Full Beneficiary<br>Address, Name and address information of the<br>dialysis facility, appointment dates and times.<br>From the initial list, new beneficiaries may be<br>added who meet agency criteria. DOM will assist<br>the Contractor with questions on individual<br>beneficiary eligibility. |
| 19            | Attachment<br>1  | 54            | What is the current vendor doing for open enrollments?  | See question #18.  |
| 20            | Attachment<br>1  | 54            | Will the successful bidder receive an eligibility file from the State?  | Yes.   |

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| 21            | Attachment<br>1  | 54            | What improvements would the State like to see for this program?   | No improvements are being requested at this time.  |
| 22            | 3.1              | 9             | This section states that all rates shall be actuarially sound and certified, please, please define the term "actuarially sound".  | DOM desires that the rates submitted by the<br>Contractor be verified prior to submission so that<br>DOM may rely upon the proposal with confidence<br>that the rate will be sufficient reimbursement for<br>services rendered |
| 23            | 3.1              | 9             | Regarding the "actuarially sound" rates, please describe the process that you intend the proposers to use to provide the rates.   | The Offeror must make this determination.  |
| 24            | 3.1              | 9             | Regarding the "actuarially sound" rates, may a certified statement from the Chief Financial Officer of the company be sufficient acceptance of the actuarially sound rates? | Yes.   |
| 25            | 4.3              | 27            | Please provide the expected date of award notice to<br>the winning proposer as a result of this RFP, as this<br>step does not appear in the Timetable outlined.             | We expect to notify the successful bidder before May 29, 2009.   |
| 26            | 4.3.1            | 27            | Will the Division of Medicaid, Office of the Governor please release the names of the companies who filed Letters of Intent?  | This information cannot be released during the procurement process.  |

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| 27            | 7.2.2.2 (6)      | 41            | <ul> <li>Will the Division of Medicaid, Office of the Governor consider issuing an amendment requiring all proposers to answer the following questions:</li> <li>Have you ever withdrawn from a transportation brokerage or transportation services contract during the service delivery phase?</li> <li>Have you ever entered into a legal settlement regarding a transportation brokerage or transportation brokerage or transportation services contract? If so, please explain the circumstances.</li> <li>Have you ever ended or terminated a NET contract prior to its original termination date for any reason? If so, please explain.</li> </ul> | An amendment will not be issued.   |
| 28            | 8.2(5)           | 44            | This section mentions other states that are used for<br>dialysis treatments. Can you please provide the<br>names of the facilities, the cities they are located in,<br>and the number of trips (by location) for October<br>2007 - March 2009 that were provided to these out-<br>of-state locations?  | This information will be made available to the winning bidder upon award of the contract |

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| 29            | 8.5              | 45            | The last sentence of the first paragraph under<br>Section 8.5 could be interpreted that the Contractor<br>may outsource transportation services <u>or</u> use a<br>combination of their own vehicles and outsourcing.<br>This appears to conflict with Statement 15 of the<br>Transmittal Letter, which requires proposer's to<br>include a statement that the bidder has no conflict<br>of interest with the performance of the service,<br>moreover the Centers for Medicare and Medicaid<br>Services (CMS) has provided guidance in the<br>Federal Register (Vol. 73, No. 245) that brokerage<br>firms shall not have any relationship with direct<br>vehicle operations. Please clarify that this<br>sentence is intended to read that the transportation<br>provider may use their own vehicles or outsource,<br>but the broker is prohibited from operating vehicles. | This program is funded separately from the<br>Medicaid program and is not part of the Medicaid<br>NET program. The Contractor may use their own<br>vehicles or outsource.  |
| 30            | 8.5(6)           | 45            | This section states that the Contractor must notify<br>DOM when a beneficiary is admitted or discharged<br>from a nursing facility to ensure that the beneficiary<br>is not disqualified from the NET ESRD program.<br>Please explain how the Contractor will be notified of<br>the admittance or discharge from a nursing facility.  | The Contractor must notify DOM when they are<br>aware or suspect that a beneficiary is admitted or<br>discharged from a nursing facility. This<br>information is often discovered as the result of a<br>transport. |

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| 31            | Attachment<br>1  | 54            | Attachment 1 provided the number of participants,<br>please provide a breakdown of the number of trips<br>provided for the same time frame, by the mode of<br>transportation provided (ambulatory, non-<br>ambulatory, stretcher, or other categories available)<br>for these participants. | This information is not available. |
| 32            | Attachment<br>1  | 54            | Please provide the number of miles (or average trip<br>length) for all one-way trips from October 2007-<br>March 2009, by the mode of transportation provided<br>(ambulatory, non-ambulatory, stretcher trips, and<br>other categories).  | This information is not available. |
| 33            | Attachment<br>1  | 54            | Who is the current contractor?  | LogistiCare.                       |
| 34            | Attachment<br>1  | 54            | Please provide the rates that are being paid today to the current contractor.   | This information is not available. |

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| 35            | Attachment<br>1  | 54            | Is the total number of members per month that the<br>budget is to be based on different than the<br>"participants transported" provided in Attachment 1?   | Attachment 1 was provided to show the actual<br>number of beneficiaries transported each month.<br>The Contractor is only paid for those beneficiaries<br>that were actually transported during a month.<br>Bidders should use this information to develop<br>their PMPM rate. |
| 36            | Attachment<br>1  | 54            | If "yes" to Question 5, please provide total number<br>of members, by month, for October 2007 - March<br>2009.   | See #15.   |
| 37            | Attachment<br>1  | 54            | How many vehicles and of what type and capacities are currently needed for the trip demand levels?   | This information is not available.   |
| 38            | Attachment<br>1  | 54            | Can you provide available call center historical volume information? Please include hourly in-bound telephone statistics for at least a month of service and then other typical call center information such as lost calls, etc? | This information is not available. The typical<br>process would be the beneficiary would be set up<br>as a repetitive trip, so there should be very little<br>call volume unless the beneficiary had to cancel<br>or change appt times or had a complaint.                     |
| 39            | Attachment<br>1  | 54            | Is any existing software available to the contractor and, if so, what software is provided?  | No software is being provided by DOM.  |
| 40            | Attachment<br>1  | 54            | What is the current method of storing client and trip<br>information and will this historical information be<br>available to the contractor prior to the   | The current contractor maintains this information<br>in their system electronically. The winning bidder<br>will be provided all information necessary for the<br>turnover phase.   |

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|               |                  |               | implementation phase? Given such a short<br>implementation phase, this would greatly assist in<br>transition activities.   |  |
| 41            | 3.1              |               | The RFP states, "All rates set by the contractormust be actuarially sound and certified" Does this refer to the certification process that the agency goes through, or is this asking each bidder for an actuarial certificate" on their bid?  | DOM desires that the rates submitted by the<br>Contractor be verified prior to submission so that<br>DOM may rely upon the proposal with confidence<br>that the rate will be sufficient reimbursement for<br>services rendered |
| 42            | 5.4.2            |               | If the bidding entity has been in existence for less<br>than 5 years, is the bidder allowed to provide the<br>latest available financial statements, which usually<br>provide two full years worth of information? If the<br>bidding entity is a partnership, must the partners to<br>the entity provide financial statements in addition to<br>whatever statements the partnership may provide?   | Financial statements for the contracting entity<br>shall be provided for each of the last five (5) years<br>or for the life of the company. Financial<br>statements for partners or a parent company<br>should be provided.    |
| 43            | 5.4.3, 5.5.2     |               | Section 5.4.3 asks for "a minimum of one" corporate<br>reference for "each type of experience". However,<br>5.5.2 requires bidders to identify corporate<br>references for " <i>any</i> previous business clients that<br>have received services similar to those<br>proposedfor this contract." Furthermore, the<br>specified information for reference under 5.5.2 is<br>different from the specified reference information in<br>5.4.3. Could you please clarify this apparent<br>discrepancy for us? | Section 5.5.2 should only refer to staff references.<br>Please omit the first paragraph of this section.   |

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| 44            | 5.4.3            |               | We understand "each type of experience" to refer to<br>the two types of experience mentioned in the<br>previous sentence: that is, "Medicaid experience"<br>and "experience with the type of service to be<br>provided by this RFP". Is our understanding<br>correct?   | That is correct.  |
| 45            | 5.4.3, #8        |               | We understand item 8 under 5.4.3 to be asking<br>whether the bidder has had any contract<br>terminations within the past five years for each of<br>the two types of service identified above. We do not<br>understand this question to be asking just for<br>terminations occurring with the corporate reference<br>contracts chosen by the bidder. Is our<br>understanding of this requirement correct?  | Bidders must provide at least one corporate<br>reference for each of the two types of service<br>identified. For each reference, the eight items<br>listed must be addressed in the response. |
| 46            |                  |               | Since the ESRD program does not allow for the<br>enrollment of new participants, it seems that<br>covered population will eventually be depleted.<br>Based on past trends (please see table and graph<br>below), LogistiCare currently projects an annual<br>decrease of about 15 - 20% for the ridership and<br>revenue of this program. Since the projected<br>ridership level is critical for accurate pricing, does<br>DOM have any ridership estimates for the next two<br>fiscal years? | We do not have any future ridership estimates.  |
| 47            | Арр А            | 50            | How much has been budgeted for this program for the proposed contract period 7/1/09 – 6/30/10?  | Budget information is not provided during the RFP process.  |
| 48            | Арр А            | 50            | How much has been spent on this program for the most recent 12 month period you have figures for?   | This information is not available.  |

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| 49            | Арр А            | 50            | What is the current PMPM fee?  | This information is not available.   |
| 50            | Арр А            | 50            | Is the Operating Cost per Member per Month the proposed fee per person or the total budged cost for the entire contract period?  | The PMPM fee will be paid to the Contractor for each eligible beneficiary transported in the billing month.  |
| 51            | Арр А            | 50            | How do we compute the Total Contract Price for<br>this Attachment? Do we multiply the PMPM fee<br>times a certain number of members and then<br>annualize that number? If so, please provide the<br>number of members? | Multiply the proposed PMPM by your estimate of<br>total members to annualize the number. For<br>comparison among all bidders you can use the<br>March 2009 member information listed on<br>Attachment 1.   |
| 52            | Attachment<br>1  | 54            | Does the # of participants transported equal the<br>number of eligible participants?   | No.  |
| 53            | 8.2.2            | 44            | Can DOM provide a copy of the approved enrollment form that is currently used?   | This information is not available.   |
| 54            | 8.2.3            | 44            | Is the open enrollment only open to the PLAD<br>beneficiaries included on the DOM list referenced in<br>Section 8.4 of the RFP?  | The Contractor will enroll those beneficiaries that<br>DOM indicates is eligible. a beneficiary that was<br>a PLAD on December 31, 2005 may not be<br>currently transported to dialysis; however, that<br>does not preclude them from being able to receive<br>dialysis transportation in the future, assuming they<br>are not in a full Medicaid covered category of<br>service |
| 55            | 8.2.3            | 44            | Does DOM review the open enrollment forms and<br>make the final decision on who is eligible for<br>transportation during the new contract period<br>beginning 7/1/09?  | Yes.   |

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| 56            | 8.6.2            | 48            | This section states the Contractor is paid a PMPM<br>fee for each participant transported during the<br>month. However, it also states the PMPM fee is<br>paid for all eligible participants. Which statement is<br>correct? Are we paid only for participants that take<br>at least one trip per month? | A PMPM is paid for only those eligible beneficiaries that were transported during the billing month. |
| 57            | 8.6.2            | 48            | Does the Contractor receive the same PMPM fee<br>for an attendant who must ride with an eligible<br>participant?   | No.  |