

RFP #: IFB #20180511

Date: 06/08/2018

IFB Question and Answer Document

Question #	IFB Section #	IFB Page #	Question	DOM Response
1.	2.2	14	<p>The RFP states that the Contractor shall provide an annual forum to the public on the NET program.</p> <ul style="list-style-type: none">• Is this currently being performed?• If so, is there any feedback, i.e. minutes that can be provided as guidance as to the status of the program?	This is a new requirement.
2.	2.2	15	<p>The RFP states that Operational meeting minutes will be provided 3 business days after each meeting with DOM.</p> <ul style="list-style-type: none">• Are these public minutes available for review by an awarded bidder to allow them to come up to speed on current challenges?• If so, can you provide these?	This is a new requirement.
3.	2.2	14	<p>This section states, “The Contractor is not required to reimburse for unauthorized NET Services.” But Section 2.17-7 Miscellaneous Operational Rules discusses a post authorization process.</p> <ul style="list-style-type: none">• Question: With 24/7/365 access, can all trips be required to have prior authorization?	Post-transportation authorization shall be allowed in instances when prior authorization was not obtainable. Post-transportation authorization requests shall be handled on a case-by-case basis when unforeseen and/or extenuating circumstances arise. The Contractor shall submit The Post-Transportation Authorization Requests Policy to DOM sixty (60) calendar days prior to the Operational Start Date and the policy must be approved by DOM prior to the Contractor commencing operations.
4.	2.4	16	<p>This section states, “For beneficiaries with minor children, if the beneficiary is the sole caregiver of minor child/children at the time of the scheduled appointment, the Contractor shall authorize transport of the additional minor child/children.”</p>	A limit cannot be placed on the number of additional minor children authorized for transport when the beneficiary is the sole caregiver of minor children at the

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			<ul style="list-style-type: none"> Question: Can a limit be placed on the number of additional children based on provider capacity? 	time of the scheduled appointment.
5.	2.4	17	<p>This section states that “NET transportation for beneficiaries residing in all Long Term Care (LTC) facilities including Nursing Facilities (NF)” are not eligible for NET.</p> <ul style="list-style-type: none"> Question: This language appears to contradict Administrative Code Title 23: Medicaid, Part 201 which reads: “Transportation Services Rule 2.4: Transport of Nursing Facility Residents by NET Non-emergency transportation for nursing facility residents is covered under the NET Program. [Refer to Part 207, Rule 2.11.] Please clarify whether these populations are included in this program. 	The Administrative Code will be updated with an effective date that coincides with the operational start date of this contract. The language in the IFB is correct.
6.	2.5	17	IFB lists “Vision Threatening Eye Injury” as a “High Risk” trip request that must be accommodated by Contractor. “Eye Injury” implies a new event or injury that should be excluded from Non-Emergency coverage and be referred to Emergency or 911 system. Please confirm.	No.
7.	2.5	17 and 18	Page 17 states that requests for NET Services must be made at least three (3) business days before the NET Service is needed. Page 18 references two (2) business days in multiple locations. Please confirm the amount of advanced notice that is required.	NET Services must be made at least three (3) business days before the NET Service is needed.
8.	2.5	17	In order to estimate the cost of sending written information addressing advance reservations, please define “habitually.”	A pattern identified by the Contractor that warrants notification.
9.	2.5	17	Please provide the number of unduplicated members that requested transportation less than two business days in advance of the appointment date during the most recent 6 months for which data is available.	10/01/17 – 12/31/17 Total Members Requesting Short Notice Trips (< 3 Business Days) 8,663.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				1/1/18 – 3/31/18 Total Members Requesting Short Notice Trips (< 3 Business Days) 8,523.
10.	2.5	17	The RFP states that written informational material must be made available in English and any other language as DOM requires. <ul style="list-style-type: none"> • Can you provide what other languages have been required so bidders can estimate the cost of providing these? 	Spanish and Vietnamese on a case-by-case basis. Notices of Non-Discrimination Statements should include the appropriate language taglines.
11.	2.5	17	Do you have an estimate of the average monthly volume of informational material required to be delivered?	No.
12.	2.5	17	RFP states that “The written material shall be provided via mail out, posted on Contractors public website, and upon request.” <ul style="list-style-type: none"> • What is DOM’s expectation for the frequency of mail out materials being sent? Does DOM expect the mail out of materials to be to all eligible beneficiaries? 	Specifically, in reference to 2.5 “written informational material concerning how to request NET Service and shall educate beneficiaries; their family members, guardians or representatives and Mississippi Medicaid Providers on how to request NET Services when a beneficiary is in need of transportation services.” DOM expects the Contractor to mail out materials to beneficiaries and Mississippi Medicaid Providers, prior to the Operational Start Date and upon DOM request. Example: <ol style="list-style-type: none"> 1. If there is a change in how to request NET Service. 2. Provider/beneficiary requests. 3. DOM and/or Stakeholder

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response										
				concerns.										
13.	2.5	17	If the expectation is for materials to be mailed out to all eligible beneficiaries, will it be acceptable to mail out a single communication to each eligible address for all eligible beneficiaries listed as residing at that address?	Yes, as long as HIPAA compliance is maintained.										
14.	2.7	18-19	In an attempt to gauge the health of the network and how best to augment assets and resources that exist today on the ground can you provide the average monthly % of trips whereby the <ul style="list-style-type: none"> a) Pickups that have exceeded the 15 minute window? b) Return trip pick-ups that have exceeded the 30 minute window? c) Will call return trip that have exceeded the 60 minute window? d) Hospital discharge trip pick-ups that have exceeded 1 hour window? e) After-hour hospital discharge trip pick-ups that exceeded 3 hour window? 	April 2018 Preliminary Timeliness Report <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Trip Type</th> <th>% Exceeding Windows</th> </tr> </thead> <tbody> <tr> <td>HOSPITAL DISCHARGE</td> <td>4%</td> </tr> <tr> <td>FROM TRIP(30 Min)</td> <td>9%</td> </tr> <tr> <td>TO TRIP(15 Min)</td> <td>5%</td> </tr> <tr> <td>WILL CALL</td> <td>2%</td> </tr> </tbody> </table>	Trip Type	% Exceeding Windows	HOSPITAL DISCHARGE	4%	FROM TRIP(30 Min)	9%	TO TRIP(15 Min)	5%	WILL CALL	2%
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15.	2.7	18	“The contractor shall ensure: The monthly beneficiary waiting time for pick-up at their originating site (example: home) does not exceed 15 minutes. Not more than 5% of these trips shall exceed 15-minute wait time for pick-up per NET Provider.” <ul style="list-style-type: none"> • Is this the current vendor’s service level agreement/requirement? • If so, what is the current vendor’s performance and what associated liquidated damages have been assessed in the past 12 months? 	This is a new requirement.										

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
16.	2.7 a. – e.	18	Please confirm that the standards listed in items a – e refer to a monthly average.	The standards are not a monthly average.
17.	2.7 f.	19	Please explain the difference between 2.7 f. and 2.7 a. & b.	<p>2.7f – appointment arrival and pick up standards based on pre-arranged time. It is the responsibility of the Contractor to ensure the NET Provider arrives at the appointment on time based on the pre-arranged time of arrival. <i>Example: If the Beneficiary pre-arranged time for arrival at the appointment is 11:00 am, then 11:01 am is late.</i> It is the responsibility of the Contractor to ensure that beneficiaries are picked up on time based on the pre-arranged time. 2.7a and 2.7b define a late pick up. <i>Example 2.7a: If the Beneficiary pre-arranged time for pickup is 11:00 am, then 11:16 am is late. Example 2.7b: If the Beneficiary pre-arranged time for pickup is 11:00 am, then 11:31 am is late.</i></p> <p>Difference between 2.7a and b. – location of pick up and wait time pick up standards.</p>
18.	2.9	21	The first bullet under “Sufficiency standards” requires the Contractor to contract with no less than 46 NET providers. How many providers are in the current Contractor’s network?	As of Thursday, March 15, 2018 there were fifty (50) providers in the Contractors network.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
19.	2.9	21	<p>The first bullet allows DOM to impose liquidated damages or a stop work order if the Contractor fails to maintain the “sufficient number of NET Providers in the Network.”</p> <ul style="list-style-type: none">• Will DOM please clarify if “sufficient number of NET providers” is set by definition to be 46 NET providers regardless of performance?• Specifically, would DOM be authorized under this contract to assess liquidated damages if the broker has only 40 contracted NET providers but still meets all service and performance requirements defined in the contract?	<p>The Contractor is expected to maintain a NET Provider Network of no less than forty-six (46) contracted NET Providers.</p> <p>DOM is authorized to assess liquidated damages as described in Section 2.51.2 of IFB #20180511.</p>
20.	2.9	21	<p>Non-Emergency (Ground) Ambulance is listed as part of the network. For clarification purposes does this Include BLS, ALS, Critical Care, and Neonatal transports? Are there any exclusions?</p>	<p>Include: BLS.</p>
21.	2.9	21	<p>How was the current minimum of forty-six contracted NET Providers established?</p>	<p>Forty-six (46) contracted NET Providers represents the average number of NET providers in Network during the current RFP #20130802 contract period.</p>
22.	2.9	21	<p>Is the current network smaller than it was in previous years? If so, can you provide clarity as to why the network size has decreased?</p>	<p>No.</p>
23.	2.9	21	<p>What is the current performance associated with this 46 NET Provider network?</p> <ul style="list-style-type: none">• Specifically, what is the current on-time performance?• And, what is the current % of trips out of compliance?	<p>See Question #14 response.</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
24.	2.9	21	As Mississippi has transitioned Medicaid members over to Mississippi CAN almost every year, is it possible that this 46 has shrunk over time because the DOM program has become smaller?	See Question #22 response.
25.	2.9	21	How would you envision further member transition to the Mississippi CAN affecting this 46 minimum requirement of providers?	DOM cannot predict changes in membership in the next fiscal year. DOM MississippiCAN enrollment is legislatively mandated at this time.
26.	2.9	21	Under “sufficiency standards,” it states that Contractor must submit contingency plans to address unexpected peak transportation demands. a) Are any taxi providers currently being used in any manner to service members and/or recover trips? b) Are any ride-share programs (Uber, Lyft, etc.) currently being used in any manner to service members and/or recover trips?	a. Not that DOM is aware of. b. Not that DOM is aware of.
27.	2.9	22	Can you provide the average number of monthly trips by county currently being provided for bariatric type transportation?	DOM is unable to provide the monthly trips by county for bariatric type transportation.
28.	2.10	22	What are the current credentialing requirements for a volunteer driver?	Current volunteer drivers must, at a minimum, meet all credentialing and insurance requirements outlined in the current contractor’s volunteer driver agreement, and must also adhere to Mississippi Administrative Code and federal, state, county or local laws and ordinances.
29.	2.10	23	The driver states that the Contractor shall submit evidence of a background check including fingerprint requirements. As many of the fingerprinting is done at a county level, please confirm that this is a current requirement for all NET Providers and their drivers today? As this would add cost to	Yes, this is the current requirement.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			the transportation provider network, if this is not a current requirement and it is being asked for this future contract, is the network aware of this? This will ensure that the cost is appropriately considered in this response.	
30.	2.10	23	The RFP states that DOM can request the removal of a provider that meets the definition of substandard performance. In order to stay in line with the minimum of 46 network providers and understand the challenges ahead, can DOM provide the number of providers it requested (terminated) not be used for this program over the last twelve months?	DOM has not requested termination of any provider over the last twelve months. DOM has not requested removal of any provider over the last twelve months.
31.	2.10	22	<p>The second paragraph appears to contain a typo.</p> <ul style="list-style-type: none"> Which of the listed providers are “subject to agreements with the NET Broker” and which “are not considered contracted NET Providers in the NET Provider Network.” 	<p>Contracted providers in the NET Provider Network (credentialed)</p> <p><u>Transportation Company</u> (operates Basic Vehicle and/or Enhanced Vehicle (Wheelchair/Stretcher))</p> <p><u>Ambulance company</u> (Non-Emergency (Ground) Ambulance)</p> <p>Providers subject to agreement (credentialing requirement does not apply) with the NET Broker: Volunteer Drivers, Gas Mileage Reimbursement, Fixed Route (Public Transit), Commercial Carrier (Ground), Commercial Carrier (Air), Fixed Wing Non-emergency Air ambulance.</p>
32.	2.10	22-23	Which, if any, NET Providers are required to be enrolled and active providers with Mississippi Medicaid?	None. NET Providers are not required to be enrolled and active providers with Mississippi Medicaid.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
33.	2.12	25	The following statement is included at the end of section 2.12 (emphasis added): “The Contractor is responsible for all reimbursement of NET Providers, and shall reimburse the Division for any overpayment <u>made by the Division</u> to a NET Provider.” Please confirm this provision only applies if the Division pays a NET Provider for a trip that is properly payable by the Contractor under this IFB and the terms of the contract between the Contractor and the NET Provider, and specifically would not apply if the Division made a payment error or mistake.	Circumstantially, this provision may apply if the Division made a payment error or mistake.
34.	2.12	25	Since the Contractor is at risk under the fixed rate fee, is at risk and is to pay the transportation provider, please provide an example of when an overpayment by DOM would be made to a transportation provider?	An example would be duplicative billing. But DOM will use all available remedies to recoup any overpayments.
35.	2.12	25	The RFP states that every county must have no less than 2 providers. Can you provide those counties that have had less than 2 over the last 12 months?	DOM is not able to provide this data.
36.	2.13	25	This section states that the Contractor shall provide a monthly report demonstrating geographic coverage and network. <ul style="list-style-type: none"> • Is this report currently being provided? • If so, can DOM make a couple of monthly reports available for review? 	This is a new requirement.
37.	2.13	25	Please define or otherwise identify the “medical communities in the adjacent states of Alabama, Arkansas, Louisiana, and Tennessee.”	Any bordering counties or parishes in adjoining states.
38.	2.13	25	This section allows DOM to assess liquidated damages if the Contractor fails to meet the geographic access standards Please clarify if “geographic access standards” is set by definition to be 2 NET providers per county regardless of	The Contractor is expected to maintain a NET Provider Network of no less than two (2) contracted NET Providers per county providing transportation services. Prior to the Operational Start Date the

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			performance?	<p>Contractor shall be required to attest: Adequate geographic access exists in the absence of two (2) NET Providers per county providing transportation.</p> <p>For every month the Contractor meets all service and performance requirements defined in the contract, liquidated damages will not be assessed specific to the geographic access standard.</p>
39.	2.13	25	Specifically, would DOM be authorized under this contract to assess liquidated damages if the broker has only 1 contracted NET provider in one or more county but still meets all service and performance requirements defined in the contract?	See Question #38 response.
40.	2.14	25	<p>This section reads: “If DOM identifies in sufficient transportation resources, DOM will notify the Contractor”</p> <ul style="list-style-type: none"> • Question: How will DOM make the determination? • Are there parameters that will be shared with the contractor? 	<p>Section 2.14 states: The Contractor shall ensure that its NET Providers have a sufficient number of vehicles available to meet the timeliness requirements of the NET Broker Program.</p> <p>Parameter: timeliness requirements of the NET Broker Program are not being met.</p>
41.	2.14	26	<p>This section reads: “The Contractor shall also submit all agreements with Volunteer Drivers, Gas Mileage Reimbursement, Fixed Route (Public Transit), Commercial Carrier (Ground), Commercial Carrier (Air), and Fixed Wing Non-emergency Air Ambulance to DOM thirty (30) calendar days prior to the Operational Start Date.”</p> <p>Is there an expectation for Fixed Route (Public Transit), Commercial Carrier (Ground), Commercial Carrier (Air), and</p>	<p>“Is there an expectation for Fixed Route (Public Transit), Commercial Carrier (Ground), Commercial Carrier (Air), and Fixed Wing Non-emergency Air ambulance to have executed agreements with the Contractor?”</p> <p>Yes.</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			Fixed Wing Non-emergency Air ambulance to have executed agreements with the Contractor? For example, if the Contractor purchases a commercial airline ticket from Delta Airlines for a Member, is it a requirement of DOM that Delta execute an agreement with the Contractor as a precondition before the member can use the airline ticket?	
42.	2.14	26	Is the Contractor precluded from expanding the network and adding newly contracted NET Providers beyond thirty (30) calendar days prior to the Operational Start Date?	The contractor must submit the provider network to DOM no less than 30 days prior to the operational start date and it must be approved prior to operations commencing.
43.	2.14	26	Will DOM consider the use of non-contracted providers for use when a member’s trip is either outside standard operating hours or the member has traveled outside the normal area of operations? Example if commercial air was booked to take a child to the Shriners hospital in Utah there may not be a contracted provider available to move the child and mother to the hospital. In this scenario, the use of Lyft, a taxi or shuttle may be necessary to get the member to their needed medical care.	Driver and Vehicle standards would apply.
44.	2.18	29	<p>“If the NET Provider cannot arrive on time to the pick-up location, the Contractor shall contact the beneficiary or the beneficiary’s representative and the Provider. No more than 2% of the overall scheduled trips shall be late or missed per day, due to the fault of the Contractor, NET Provider, or Driver.”</p> <ul style="list-style-type: none"> • Is this the current vendor’s service level agreement? • If so, what is the current vendor’s performance and what associated liquidated damages have been assessed in the past 12 months? 	<p>“Is this the current vendor’s service level agreement?” The current contract, Request for Proposal (RFP) # 20130802 states: No more than two percent (2%) of the scheduled trips shall be late or missed per day.</p> <p>The current RFP is available on line at DOM’s procurement website.</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
45.	2.18	30	“... The Contractor shall generate and mail denial letters to beneficiaries no later than the next business day...” What is the raw number or % of denials that have been generated and mailed (by month) over the past 12 months?	DOM is unable to provide any additional information at this time.
46.	2.18	30	“... The Contractor shall generate and mail denial letters to beneficiaries no later than the next business day...” <ul style="list-style-type: none"> • What were the denial reasons generated over the past 12 months and how many denials were issued for each category? 	DOM is unable to provide any additional information at this time.
47.	2.20.3	33	Are the validation checks required for Fixed Route transportation requests in addition to, or included as part of, the pre- and post- checks required by 2.20.1 and 2.20.2?	In addition to.
48.	2.24 #4.	36	Does DOM require a specific annual drug test for sub-contracted drivers (i.e., 5-panel DOT type, or 10-panel, or some other)? Please define.	No.
49.	2.30	39	The RFP states that the Contractor must conduct monthly beneficiary surveys. <ol style="list-style-type: none"> a) Are these currently being conducted? b) If so, can the results be shared? 	This is a new requirement. The current contract, Request for Proposal (RFP) # 20130802 states: Every six (6) months, the Contractor shall conduct a Beneficiary satisfaction survey regarding the NET Brokerage Program.
50.	2.30	39	“Monthly, the Contractor shall conduct a monthly beneficiary satisfaction survey regarding the NET Brokerage Program. The survey shall be mailed to beneficiaries and the material shall set forth...” <ul style="list-style-type: none"> • Would the Department be willing to consider these surveys being offered electronically and through other mediums besides mail? 	Yes, this can be proposed for Division of Medicaid review by the contractor
51.	2.31	40	“The numbers shall be answered by live operators at a minimum Monday through Friday, 7a – 8p CST...” Is the expectation that the Contractor will support these 13 hours of	Yes.

Question #	IFB Section #	IFB Page #	Question	DOM Response
			daily operation from the Mississippi office location?	
52.	2.31.3	41	<p>“... The Contractor shall monitor no less than 3% of Call Center calls per month for compliance with customer care guidelines.”</p> <ul style="list-style-type: none"> • Would the Department consider allowing this to be managed from another location where standards and efficiencies could be recognized and passed along to the State? 	DOM requires a MS call center.
53.	2.31.3	41	<p>This section requires the Contractor to monitor no less than 3% of “Call Center calls per month...”</p> <p>Please confirm this requirement is specific to reservations and ride assistance lines.</p>	<p>The Contractor shall record calls received at the Call Center and monitor no less than 3% of “Call Center calls per month...”</p> <p>The Contractor shall record and monitor all four (4) telephone lines.</p> <p>IFB #20180511 states “The Call Center shall maintain four (4) separate statewide toll-free telephone numbers which include:</p> <ol style="list-style-type: none"> 1. Statewide toll-free telephone number for receipt of requests for NET transportation services. 2. Statewide toll-free telephone number to call if a ride is more than fifteen (15) minutes late. 3. Statewide toll-free telephone number for receipt of complaints and grievance made by beneficiaries, their family member, guardian, representative and

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				Mississippi Medicaid Providers. 4. Statewide toll-free telephone number for NET Providers complaints and grievances.”
54.	2.31.7 #9	43	Is the ability to seamlessly reroute calls to another call center an acceptable alternative to housing an 8-hour battery backup system in the local call center?	No. Upon submission of the IFB bid, the Company Representative certifies agrees and will comply with all provisions of the IFB without reservation, deviation, exception and without expectation of negotiation.
55.	2.32	43	Understanding that fixed route transit agencies, Commercial Ground Bus, Commercial Airlines, and fixed wing air ambulance providers are not providers to whom a broker can dictate performance standards or other program requirements, please clarify the purpose of a provider manual for each of these types of providers and the expected content of such manuals.	The purpose and expected content is described in section 2.32 of IFB #20180511.
56.	2.32	43/44	The RFP requires the Contractor to develop and maintain Provider Manuals for Fixed Route (Public Transit), Commercial Carrier (Ground), Commercial Carrier (Air), and Fixed Wing Non-emergency Air ambulance providers. <ul style="list-style-type: none">• Could these be replaced by internal P&P manuals?	No, the Manuals cannot be replaced by internal policy and procedure manuals. The Manuals shall be specific to the Mississippi Medicaid NET Broker Program and compliant with all requirements of IFB #20180511.
57.	2.32	43	If the Contractor purchases a commercial airline ticket for a beneficiary from Delta Airlines, is it the expectation of DOM that Delta would review and comply with the Contractor’s commercial airline provider manual?	DOM’s expectations are outlined in section 2.32 of IFB #20180511.
58.	2.34	49	The last sentence of the second paragraph prohibits the Contractor and NET Providers from charging beneficiaries for “appointments” to which they do not show up.	“Appointment” should be understood to mean a scheduled trip, reoccurring (standing order) trip, will call trip.”

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			Please confirm “appointment” should be understood to mean a “scheduled trip.”	
59.	2.39	52	Please provide copies of DOM’s written policies and procedures regarding data security and integrity.	DOM will provide this information.
60.	2.39.2	53	Please provide the encounter data reporting requirements for public transit, commercial ground, commercial air, and fixed wing air ambulance.	DOM will provide this information.
61.	2.39.2	54	This section requires the Contractor to resubmit all required data elements in the correct format within 14 calendar days from the date the Contractor receives the rejected file. Please confirm “rejected file” means an explanation file that provides full detail of the cause of each rejected item.	DOM will provide this information.
62.	2.46.8	60	Please define the expected time by which DOM expects to determine “all requirements under the Contract have been completed.” For example, within 3 months after contract termination?	Please refer to Section 2.53.3 of IFB #20180511 for guidance.
63.	2.50	63	Please confirm the list of hardware or software companies is limited to material subcontractors of the Contractor, and does not include bulk purchase agreements with companies like Dell, Cisco, or Microsoft.	DOM will provide this information.
64.	2.51.1	65	The last sentence in this section requires any recovery related to fraudulent provider conduct will be returned to the Division. However, given the Contractor is at full financial risk for the cost of transportation services and is required to refer all suspected cases of FWA to the Medicaid Fraud Control Unit, please confirm the actual cost of transportation services recovered from a provider will properly belong to the Contractor.	No. The contractor should refer to DOM PI. If DOM pays a broker for a bene utilizer and the trip was fraudulent, then the Broker must repay DOM for the bene utilizer rate.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
65.	2.47	61	<p>Unduplicated Riders by Level of Service Report</p> <ul style="list-style-type: none">a) Will this be the basis for the Contractor's reimbursement?b) Is this report already currently in place? And if so, can it be shared?	<p>During the operational phase of the contract, the Contractor shall be paid monthly in accordance with the Contractor's bid response based on a retrospective review of the prior month transportation claims.</p> <p>The Contractor's monthly payment shall be based on:</p> <ul style="list-style-type: none">1. The Contractor's bid rate: per beneficiary per month utilized by transportation trip type, and2. Per beneficiary per month non utilizers. <p>If a Beneficiary utilizes more than one trip type during the month, the Contractor's payment shall be based on the per beneficiary per month higher rate category for that Beneficiary, but not both categories.</p> <p>A similar payment methodology in which a fixed rate for beneficiaries utilizing services and a separate rate (\$0) is in place for RFP #20130802-1 which can be found on the DOM public website.</p>
66.	2.47	61	<p>Since this report is being provided by the 15th calendar day of the following month, and not all claims have been received and paid to transportation providers, we can only assume that this report currently represent all trips (after cancellations) that have either been paid by the 15th and or are open to be paid (Net Authorized status), please confirm?</p>	<p>Please see the response to #65.</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
67.	2.51.2 LD	66	The actual fixed rate being developed for the unduplicated users is a product of how many trips per month each user avails themselves to. Over time as the healthier members transition (with lower trips per month) to MS-CAN, the DOM is left with the higher frequent users (think of sort of your end stage renal program but for other waiver type programs) that would drive the # of trips per unduplicated users up, thus requiring a change to the rate. How does DOM take this into consideration when reviewing the rates being paid half-way into the program? Please provide your thoughts and approach to this circumstance.	Please refer to the answer to Question #25 and Question #128 and to IFB section 2.51.3.
68.	2.51.2 LD	66	a) Are these liquidated damages currently in place? b) How many liquidated damages have been assessed over the last six months with the current vendor by type?	a. Please refer to RFP #20130802 Section 1.33.2 for liquidated damages that are assessable under the current contract. https://medicaid.ms.gov/wp-content/uploads/2014/04/NETRFP20130802.pdf b. DOM does not understand the question and cannot answer the question as presented.
69.	2.51.2 LD	66	Is the current Contractor required to publish their LD assessment? If so, where is this published?	No.
70.	2.51.2	65	RFP lists the metrics that must be met and any associated liquidated damages for not meeting the metric. <ul style="list-style-type: none">• Are there currently LD's associated with these metrics in place?• If so, have liquidated damages been assessed to the incumbent broker?• If so, what amount has been assessed each year for the last 2 years and for what metrics?	Please refer to RFP #20130802 Section 1.33.2 for liquidated damages that are assessable under the current contract. https://medicaid.ms.gov/wp-content/uploads/2014/04/NETRFP20130802.pdf DOM is unable to provide any additional information at this time.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
71.	2.52.2/ 5.10.18	68	<p>RFP states with regards to Operation Pricing that “If a Beneficiary utilizes more than one trip type during the month, the Contractor’s payment shall be based on the per beneficiary per month higher rate category for that Beneficiary, but not both categories.”</p> <p>Please confirm that the beneficiary count provided on the Data Sheet 5.10.18 represents “Paid” beneficiaries for each trip type category and does not duplicate beneficiaries who utilized more than one trip type, but were only compensated at the higher level of trip type.</p> <p>If there is duplication, will DOM please provide the beneficiary count and associated trip leg counts for those beneficiaries who took trips in more than one trip type category and which trip types those trips were taken.</p> <p>As an example, if John Doe takes an ambulatory trip in a given month and in the same month, John Doe also takes an Advanced Wheelchair trip in the same month, does the data provided include John Doe in only the beneficiary count for Advanced (as instructed in 2.52.2 of the RFP), or is John Doe’s reflected in the data for both Ambulatory AND Advanced levels of trip?</p>	<p>Please refer to the Notes in Attachment B and the Data book.</p>
72.	2.52.4	68	<p>RFP states “Contractor affirms invoices shall be submitted to DOM in line item format as determined by DOM.”</p> <p>Please clarify what these invoices will be for (i.e. the monthly capitation rate by utilizer / non-utilizer for the prior month, etc.) and what format/support will be required with these invoices.</p>	<p>This is not a capitated rate contract. This contractor is compensated for services in the form of a firm fixed-rate agreement. The bid rate shall remain firm and fixed for each invoice, although the number of beneficiaries per month in each category may fluctuate.</p> <p>Please also refer to the response to</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				Question #128.
73.	3.2 / 3.3	71	Section 3.2 states a contract for services may not exceed 4 years with 1 one-year option to renew, but section 3.3 states the contractor will be expected to provide NET brokerage services for 3 years with 2 optional one-year renewals. Please clarify what the expected contract term will be for the awarded vendor.	The contract will be for a term of three years with the option to renew for two 12 month periods. Section 3.2 refers to Mississippi State law that (excluding statutory authority) does not allow for a contract to exceed 60 months or a term to run concurrently for 60 months. Therefore, the prescribed three year term with two 12 month renewals is in compliance with state law.
74.	3.4.2	72	<i>Bidders shall be deemed responsible if all of the following minimum qualifications are met. Please provide detailed justification of each of the following as an attachment to Attachment B.</i> Please confirm that these justifications should be an attachment to Attachment A (Bid Cover Sheet) and not Attachment B (Bid Form)?	These qualifications should be an attachment to Attachment B as stated in the IFB.
75.	3.4.6	73	<i>The Bid Package must contain Attachment A, B, C and D.</i> However the document contains no Attachment D (Certification and Assurances Form). Can DOM please provide Attachment D - Certifications and Assurances Form?	There is no Attachment D. Please disregard.
76.	3.4.6	73	Will DOM confirm that the redacted electronic copy <u>will not be</u> uploaded on MAGIC?	Responding vendors are only required to send a redacted bid as a part of their sealed physical response.
77.	3.4.6	73	Can DOM please provide a specific link and submission instructions for MAGIC submission?	Please refer to section 1.3.1.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
78.	3.4.6	73	Are we required to submit Appendix A and B with our submission?	Yes.
79.	3.4.6	73	In the event MAGIC will not accept the upload of a vendor's additional electronic copy, will we be considered on time if the physical copy was received by the specified due date and time?	Yes, DOM can confirm this will be considered on time. Further, if a vendor experiences technical difficulties in MAGIC, please contact DOM's Office of Procurement.
80.	4.1 versus 4.9	77 & 87	The order of priority in Section 4.1 seems to conflict with the order of priority in Section 4.9. Please clarify.	After the Contract, the order of priority is: Att. C, Bidder Questions and Answers; Att. B the Bid Sheet; Att. A, the IFB.
81.	4.9.7	89	Please confirm the Contractor's obligation to pay attorney fees applies only if the State and DOM prevail in an enforcement action or activity. See similar "in which DOM prevails" language in Section 4.9.6.	No, DOM or the State does not have to prevail under this section (4.9.7) in order for the contractor to be responsible for reasonable attorney fees.
82.	4.13.2 #1	94	The §455.104(c) disclosures are due with the submission of the bid. Does DOM have a required form to use for this information?	Please make this an attachment to the Bid Form.
83.	4.13.6	94	Is the §455.106(a) ownership and disclosure information to be submitted with the bid? Is there a required form to use for this information?	Please make this an attachment to the Bid Form.
84.	4.16.11	100	Is there any processing fee associated with payment made through the State's accounting system?	Currently there is no charge associated with this; however, this is subject to change according to the Mississippi State Legislature.
85.	Attachment A	104	The RFP asks bidders "How many governmental client(s) has your company provided NET Broker Services to in the past five (5) years? Please include the dates, the size of the area maintained, and the annual amount of the billing. Please provide locations, and details."	Total received from the governmental client.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			<ul style="list-style-type: none"> By “annual amount of the billing” in the above question, is DOM looking for the amount subcontractors billed the broker for services rendered, or is DOM looking for the total PMPM the broker received from the state program? 	
86.	Attachment A	104	<p>The RFP asks bidders to provide the monthly average of rides by trip type that your company has overseen for each governmental client in the past three (3) years.</p> <ul style="list-style-type: none"> Can we assume that you would like this reported by the same trip types that are used in the cost proposal? Should the data be provided as single trip legs or round trips? Should the data be provided for each of the 3 years or is this to be an average by month for the last three years? 	Yes, single, average by month three years.
87.	Attachment A	104	<p>The RFP asks bidders to provide the monthly average cost of rides by trip type that your company has overseen for each governmental client in the past three (3) years?</p> <ul style="list-style-type: none"> Can we assume that you would like this reported by the same trip types that are used in the cost proposal? Should the data be provided as single trip legs or round trips? Should the data be provided for each of the 3 years or is this to be an average by month for the last three years? 	Yes, single, average by month three years.
88.	Attachment B –	105	<p>Bid form lists “Implementation Costs” and identifies [4 Implementation Months]. Please clarify that the amount expected to be entered in the bid form is the total implementation cost expected, OR if it is a monthly implementation cost for each of the 4 implementation months.</p>	Total implementation cost.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
89.	Data Sheet 5.10.18	1	<p>The 2017 RFP issued by the Mississippi DOM included a separate request for pricing on ESRD beneficiaries, but that delineation is not included in this 2018 IFB.</p> <ul style="list-style-type: none">• Is the remaining ESRD population included in the data provided and will those members be included in this pricing request?• If so, would DOM please provide monthly data for the ESRD population that is included in each month's data set?	ESRD is not included in this IFB.
90.	Data Sheet 5.10.18	1	<p>Data is provided for July 2017 through December 2017, broken down by mode of transport and utilizers.</p> <ul style="list-style-type: none">• Please confirm that the trip leg count represents actual paid trip legs or completed trip legs.• If completed, please provide the paid trip leg counts for each mode of transport and month.	<p>1) Completed trip legs.</p> <p>2) DOM is not able to provide this data</p>
91.	Data Sheet 5.10.18	1	<p>Data is provided for July 2017 through December 2017, broken down by mode of transport and utilizers.</p> <ul style="list-style-type: none">• Please confirm that the beneficiary count provided represents the number of unique utilizers using the service in a given month.	See Question #72 response.
92.	Data Sheet 5.10.18	1	<p>Data is provided for July 2017 through December 2017, broken down by mode of transport and utilizers. For each month, there are 3 subsets of data for Eligible NF Residents, PRTF Residents, and ICF/IID Residents, and labeled as a "subset of total monthly eligibles." Please confirm that these are truly a subset of the "total monthly eligible" data listed in the first table for each month, and the fourth data set for each month (in orange highlight) represents the total NET eligible beneficiary population and utilization.</p>	Yes.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
93.	Data Sheet 5.10.18	1	Data is provided for July 2017 through December 2017, broken down by mode of transport and utilizers. Will DOM be providing data for all of 2017 and 2016 to allow prospective bidders to accurately project trends in utilization?	Bidders should utilize data available in attachment and is also located on the public website.
94.	Data Sheet 5.10.18	1	For each month of data, there is a green highlighted data set identified as “**Billed to DOM – Outlier” What does this data represent and is it included in the total data labeled as “Final estimates with NF, PRTF, and ICF/IID Residents removed.”	<p>Non Emergency Ambulance (ground) trip legs billed to DOM.</p> <p>Total Max for Non Emergency Ambulance (Ground) based on July - December 2017 data plus Total Max for Non Emergency Ambulance (Ground) Outlier Data</p> <p>****227 is reflected on the bid sheet as the Non Emergency Ambulance (ground) beneficiary count. ****543 is reflected on the bid sheet as the Non Emergency Ambulance (Ground) Trip Leg count</p>
95.	2.15 Modes of Transportation 2. Advanced Vehicle	27	This RFP section defines Advanced Vehicles as Wheelchair / Stretcher, and Non-Emergency (ground) Ambulance. It is our understanding that each county contracts with a specific EMS company. Is the Broker limited to that contracted EMS provider for Advanced Vehicle transports via stretcher?	<p>Assume Bidder is referencing: Non-Emergency Transportation Services IFB #20180511</p> <p>DOM is not aware of any issues caused by local EMS service contracts regarding Advanced Vehicle transports via stretcher.</p>
96.	2.17 Miscellaneous Operational Rules 5. Choice of NET Provider	29	The IFB states “Beneficiaries must be given the opportunity to choose his or her network provider to the extent possible and appropriate”. Is the beneficiary’s choice limited to options that represent the most economical means of transportation available? For example, if the beneficiary	NET Provider availability, performance, quality of service and beneficiary safety should also be considered.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			requests Provider A but Provider B can provide the required level of service at a lower cost, is the Broker required to use Provider A?	
97.	2.22 Wheelchair Lifts	35	The IFB only mentions wheelchair vehicles with mechanical lifts. Some wheelchair vehicles are now equipped with ramps instead of lifts. Will DOM allow wheelchair vehicles with ramps provided they are ADA compliant?	Yes.
98.	2.30 Monitoring Plan	39	The IFB states monthly beneficiary satisfaction surveys shall be mailed to beneficiaries. Will DOM allow satisfaction surveys to be conducted by telephone in lieu of mailed surveys?	Yes, this can be proposed for DOM review by the contractor.
99.	2.30 Monitoring Plan	39	How many satisfaction surveys are required to be conducted each month? Is the number based on issued surveys or returned (completed) surveys?	Representative sample of beneficiaries utilizing services. Number based on returned (completed) surveys.
100.	3.4.2 Minimum Qualifications	72	The IFB requires Bidders to provide references from governmental business clients. Brokers often provide NET services for Medicaid recipients via contracts with Medicaid Managed Care organizations as a downstream contract to the State Medicaid Agency. Will DOM accept references from such downstream state contracts?	Yes, this is acceptable.
101.	3.4.2 Minimum Qualifications	72	<p>This section states, <i>“Bidders shall be deemed responsible if all of the following minimum qualifications are met. Please provide detailed justification of each of the following as an attachment to Attachment B.”</i></p> <p>The second page of Attachment A: Bid Cover Sheet, includes specific questions that address all the requirements listed in 3.4.2. Since this information will be provided as part of Attachment A, is it also necessary to provide it again in Attachment B?</p>	Please supply the necessary responses to Attachment A and B and required by the IFB.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
102.	3.4.6 Bid Submission Format	73	<p>Section 3.4.6 references all the items that must be included in a respondent bid package, including:</p> <ul style="list-style-type: none">•Bid Cover Sheet (Attachment A)•Bid Form (Attachment B)•References (Attachment C)•Certifications and Assurances (Attachment D) <p>The IFB does not contain an Attachment D. Is this attachment supposed to include the Drug Free Workplace, and Debarment and Suspension Certifications shown as Appendix A and B?</p>	See Question #76 response.
103.	2.51.1	83	<p>The Program Integrity requirements indicate that the contractor is required to refer all instances of suspected fraud, waste, and abuse within three (3) business days however, RFS Section 4.13.9 page 149 indicates that the contractor notify the DOM Office of Program Integrity within two (2) business days. Please provide the most current requirement for reporting.</p>	<p>Section 2.51.1 of the RFP refers to the time frame for submitting credible allegations of fraud of identified providers and/or beneficiaries. Section 4.13.9 requires the Broker to submit a notification to PI of any person affiliated with them or any enrolled provider whom they discover has been debarred and/or excluded from participation in the Medicaid program as a result of the required database checks. The requirements are for two different types of information to be submitted thus the two different time frames.</p> <p>Please refer to RFP #20130802 for current requirements. https://medicaid.ms.gov/wp-content/uploads/2014/04/NETRFP20130802.pdf</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
104.	2.51.1	85	The Program Integrity requirements indicate that a description of specific controls surrounding a post-payment and prepayment review of claims should be included in the written Program Integrity Compliance Plan. What does DOM anticipate a prepayment claims review to include from the Broker's perspective? Would it comprise a review of the trips booked in the system with rates prior to the trips being submitted to claims by the transportation provider?	This request refers to procedures the Contractor may have that verify different elements of each claim for specific inconsistencies or errors that, if present, trigger the denial of the claim. For example, a claim denied as the result of a beneficiary not receiving any other services on the day of transport.
105.	N/A	N/A	How many providers are there by type? (Can we get a list?)	DOM is not able to provide any additional information at this time.
106.	N/A	N/A	What is the breakdown of trips by mode/type?	Please refer to Attachment B.
107.	N/A	N/A	What is the quantity of trips by month/year?	Please refer to NET Databook.
108.	N/A	N/A	What is the number of Medicaid recipients (plus any projections that may exist)?	Please refer to NET Databook.
109.	N/A	N/A	What is the overall call volume by month/year?	April 2018 reported call volume: 36,748 for RFP #20130802.
110.	N/A	N/A	What is the percentage of Medicaid recipients using transportation services?	Please refer to the NET Databook and Appendix B of the IFB #20180511 as well as the beneficiary data available on DOM's website.
111.	N/A	N/A	Can an IVR with voice recognition be used to: Identify the client <ul style="list-style-type: none">Give the client a selection of possible reasons for	No.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			their call so they can be routed properly <ul style="list-style-type: none"> • Indicate readiness for a will call return ride • Make changes to an existing trip • Schedule a trip • Cancel a trip • Request trip status 	
112.	N/A	N/A	Who is the current provider?	Medical Transportation Management, Inc. (MTM)
113.	N/A	N/A	What are the current rates being paid to the current provider?	The current NET Broker's contract and contract amount is located at Transparency Mississippi: https://www.msegov.com/dfa/transparency/contracts/contracts.aspx . However, this information is currently under a protective order.
114.	N/A	N/A	How is the current provider being paid? (monthly/weekly) Also, what are the net payment terms?	Please refer to RFP #20130802 Section 1.34 Contractor Payment https://medicaid.ms.gov/wp-content/uploads/2014/04/NETRFP20130802.pdf .
115.	N/A	N/A	Is any remote management or call taking allowed to be done remotely (outside of the state of Mississippi)?	Upon submission of the IFB bid, the Company Representative certifies agrees and will comply with all provisions of the IFB without reservation, deviation, exception and without expectation of

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				negotiation.
116.	2.4 Screening	17	Please confirm that NET transportation for beneficiaries residing in all Long Term Care (LTC) facilities including Nursing Facilities (NF), Psychiatric Residential Treatment Facility (PRTF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are NOT the responsibility of the Contractor, even though data on these trips were included in the data sheet.	Confirmed.
117.	2.5 Advance Reservations	17	Please confirm that the required mailing to Medicaid members can be limited to “heads of household” only. This eliminates the possibility of multiple letters being mailed to the same household and is a cost-saving approach.	Confirmed, as long as HIPAA compliant.
118.	2.6 Notification of Arrangements	18	Is an SMS text message an acceptable media for notification of arrangements?	SMS can be proposed in addition to the requirements outlined in IFB #20180511 Section 2.6.
119.	2.7 Scheduling and Dispatching Trips, Part 1.a; 2.17 Miscellaneous Operational Rules, Part 2	18; 29	Page 18 states that no more than 5% of trips shall exceed a fifteen minute wait time. Page 29 states that no more than 2% of trips shall be late and/or missed daily. These metrics seem to conflict- can DOM please clarify?	<p>Page 18. No more than five percent (5%) of these trips shall exceed the fifteen (15) minute wait time for pick-up per NET Provider.</p> <p>Page 29. No more than two (2%) of the overall scheduled trips shall be late or missed per day, due to the fault of the Contractor, NET Provider or Driver.</p>
120.	2.12 Reimbursement	25	Will DOM pay ambulance providers directly as it has in the past? If so, is DOM willing to develop a process whereby it sends all providers/trips to the broker first to maintain the integrity of the program? We believe it would be unfair for the broker to have to pay for trips it is completely unaware of through no fault of its own.	<p>Please refer to RFP #20130802 1.6.4 Modes of Transportation (Non-Emergency Ambulance) under the current contract.</p> <p>https://medicaid.ms.gov/wp-content/uploads/2014/04/NETRFP20130802.pdf.</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
121.	2.17 Miscellaneous Operational Rules, Part 1	28	Please clarify the standards for considering trips “Excessive Distance.” Would DOM consider limiting this to 100 miles?	Standard are defined in Section 2.17.
122.	2.17 Miscellaneous Operational Rules, Part 5	29	Item 5 states that “Beneficiaries must be given the opportunity to choose his or her network provider to the extent possible and appropriate.” If the broker uses routing and scheduling software to group trips for cost savings, can the broker schedule to the lowest cost shared-ride provider, rather than the beneficiary’s choice provider?	NET Provider availability, performance, quality of service and beneficiary safety should also be considered.
123.	2.17 Miscellaneous Operational Rules, Part 7	29	Are there any restrictions on the types of post-authorizations that are allowed (i.e. certain modes or trip reasons)?	The Contractor shall develop and implement a policy to allow for post-transportation authorization of NET Services. The policy shall address a., b. and c. as outlined in Section 2.17 #7.
124.	2.18.1 Denial Reasons	31	Item 12 states, "For mileage reimbursement, a copy of the driver’s license and/or proof of automobile insurance were not received from the driver, was expired, or was illegible." Is it a requirement of the NET program to capture driver's license and proof of insurance as a part of the NET mileage reimbursement claim adjudication process? Requiring collection of this information will increase administrative costs and may negatively impact utilization of this low cost mode.	2.18.1 Denial Reasons 12: This requirement refers to denial of authorization. The Contractor is required to collect this information prior to authorizing the beneficiary’s utilization of gas mileage reimbursement. This requirement is not in reference to claim adjudication.
125.	2.31.1, Call Center Location and Hours of Operation	40	The call center hours requested in the RFP are extended beyond the hours currently required for the existing contract. If the broker has fully trained agents answering calls in a 24/7 call center and is able to meet the call performance metrics for the program, are these extended hours necessary? It	Bidders agree to abide by IFB requirements All provisions and requirements of the Contractor outlined in the IFB are mandatory. The Bidder is

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
			appears that DOM is seeking a low cost bid, but this will increase costs for the program as additional staff will be required. Please consider modifying the hours to 7 a.m. to 6 p.m.	disallowed from taking exceptions to these mandatory requirements. Any exceptions and/or deviations are cause for rejection.
126.	2.13.7 Sufficient Resources	42	DOM has modified the standard for the average monthly speed to answer to 40 seconds, from the current three minutes. It appears that DOM is seeking a low cost bid, but this will increase costs for the program as additional staffing will be required to meet this metric. Please consider increasing the response time to at least 90 seconds.	Bidders agree to abide by IFB requirements All provisions and requirements of the Contractor outlined in the IFB are mandatory. The Bidder is disallowed from taking exceptions to these mandatory requirements. Any exceptions and/or deviations are cause for rejection.
127.	2.13.7 Sufficient Resources	42	DOM has modified the average monthly abandonment rate requirement from 5% to 4%. Will DOM consider maintaining the current 5% metric, which is standard across the call center industry and recommended by the National Committee for Quality Assurance (NCQA)? It appears that DOM is seeking a low cost bid, but this will increase costs for the program as additional staffing will be required to meet this metric.	Bidders agree to abide by IFB requirements All provisions and requirements of the Contractor outlined in the IFB are mandatory. The Bidder is disallowed from taking exceptions to these mandatory requirements. Any exceptions and/or deviations are cause for rejection.
128.	2.52.2 Operation Pricing	68	How will DOM ensure actuarially-sound pricing for this contract given the non-traditional pricing methodology outlined in cost proposal? We are unaware of any state NEMT contract utilizing capitated rates for users and non-users. Further, DOM has indicated that the lowest, responsible bidder will be awarded the contract. Will DOM verify the actuarial soundness of the lowest bid price prior to award to ensure that the rate is sustainable? If so, what data will be used to verify the bid price? Actuarially-sound pricing is required by CMS and the absence of actuarially-sound pricing exposes DOM to unreimbursed expenses. (42 C.F.R. § 438.4)	Compensation for services will be in the form of a firm fixed-rate agreement. The bid rate shall remain firm and fixed, although the total value may fluctuate based on the number of beneficiaries per month. The DOM NET program is not a Prepaid Ambulatory Health Plan (PAHP) as defined in 42 CFR §438. Specifically, in 42 CFR §438 “Enrollee means a Medicaid beneficiary who is currently enrolled in an MCO, PIHP, PAHP, PCCM, or PCCM

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				<p>entity in a given managed care program.” Add in the rest of the prior response as to why 438.4 is not in any way applicable to this contract.</p> <p>Actuarial soundness is a requirement for capitated rates for a PAHP or MCO, which this contract is not subject to. This is a State Plan Brokerage option and regulations regarding Prepaid Ambulatory Health Plans (PAHPs) as defined in C.F.R. Part 438 are not applicable to this program. All Bidders must acknowledge and agree this IFB is not for a PAHP.</p> <p>CFR 438, as referenced in the question, is applicable to capitation payments, as defined by CFR 438.</p> <p>“Capitation payment means a payment the State makes periodically to a contractor on behalf of each beneficiary enrolled under a contract and based on the actuarially sound capitation rate for the provision of services under the State plan. The State makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment.”</p> <p>On September 1, 2016, DOM sought validation from CMS that the NET program is not governed in any way by CFR 438, as the DOM NET program is</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				<p>not a PAHP. CMS responded on September 15, 2016 affirming that the DOM NET program is not a PAHP.</p> <p>“Thank you for the opportunity to provide the state with technical assistance for the NEMT state brokerage authority at 440.170(a)(4). As indicated on the call, under this authority, the state is not required to submit actuarially certified rates nor are you required to submit to CMS the broker contract for CMSs approval.”</p> <p>IFB #20180511 Attachment B, states Compensation for services will be in the form of a firm fixed-rate agreement. The bid rate shall remain firm and fixed, although the total value may fluctuate based on the number of beneficiaries per month.</p> <p>Section 2.52.2 states “During the operational phase of the contract, the Contractor shall be paid monthly in accordance with the Contractor's bid response based on a retrospective review of the prior month transportation claims. The Contractor’s monthly payment shall be based on: 1. The Contractor’s bid rate: per beneficiary per month utilized by transportation trip type, and 2. Per beneficiary per month non utilizers. If a Beneficiary utilizes more than one trip</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
				<p>type during the month, the Contractor’s payment shall be based on the per beneficiary per month higher rate category for that Beneficiary, but not both categories.”</p> <p>All Bidders submitting bids in response to the IFB must acknowledge that they have read, understood and agreed to all provisions of the IFB without reservation and without expectation of negotiation (see Attachment B signatory).</p>
129.	3.2 Multi-Term Contracts; 4.3, Term of Contract	71, 78	Page 71 indicates that the contract will be four years with one optional renewal; page 78 states that the base term is three years with two extension periods. Can DOM please clarify the term of the contract?	Please refer to the answer to question 74.
130.	3.6 Award	73	Because DOM plans to award to the lowest responsible and responsive bidder, what protections are in place to ensure that transportation providers are offered fair compensation for their services? If providers are not paid a fair rate, they may withdraw from the program, impacting the reliability of the service for the state’s beneficiaries. Further, several states who have awarded to low bidders in recent years (most recently Connecticut) have experienced rough transitions, and significant increases in missed trips and complaints.	<p>Please refer to IFB #20180511 section 2.12, 2.14, 2.25, 2.30, 2.32, 2.33, 2.35, 2.38, 4.16, 4.3.2.1, 4.9.4, for applicable information.</p> <p>The Contractor is responsible for all reimbursement of NET Providers, and shall reimburse the Division for any overpayments made by the Division to a NET Provider.</p> <p>It is understood and the expectation of DOM that any responding bidder ensure that transportation providers are offered fair compensation for their services and maintain network adequacy.</p>

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
131.	4.3.2 Termination of Contract	79	Will DOM consider providing the Contractor with the option to terminate the contract for convenience?	DOM will not consider this option.
132.	4.13.1 Information to be Disclosed	93	Is this information to be disclosed within the bidder's response? Or is this to be submitted after award? If it is to be submitted with the bid, where/how should this be provided within the IFB response?	Please make this an attachment to the Bid Form.
133.	4.15.2 Release of Public Information	97	Are bidders supposed to submit both redacted and un-redacted versions of their bids with the idea that only the redacted version would be provided by DOM in response to a third party's public records request?	Please make this an attachment to the Bid Form.
134.	Attachment B, Bid Form for NET Services	105	<p>Can DOM explain how payments will be made related to the proposed payment structure which separates utilizers from non-utilizers?</p> <p>PMPM payments are typically made in the month of service, but at that point in time DOM won't know who will utilize the service and who won't. So will payments be made in arrears? Or will there be an initial estimated payment and later reconciliation once reporting for said month is complete? We understand that the broker will provide utilization reports, but these reports would not be available during the actual month of service when the initial payment is made.</p> <p>Further, when is a beneficiary considered to have "utilized" service? Is it at the time a trip is booked? The time a trip is performed? Or only after a claim is paid to a transportation provider?</p>	<p>This is not a capitated rate contract and not paid as a PMPM.</p> <p>This contractor is compensated for services in the form of a firm fixed-rate agreement. The bid rate shall remain firm and fixed for each invoice, although the number of beneficiaries per month in each category may fluctuate.</p> <p>Please refer to the response for Questions #128 and #65.</p>
135.	Attachment B, Bid Form for NET Services	105	Will DOM consider carving out ambulance and allowing that to be billed fee for service? Since this appears to be a post-authorization process, the broker will have little control over this expense, and there is limited information available for bidders to estimate these costs.	DOM intends to contract with a NET Broker to administer and operate the NET Brokerage Program as outlined in IFB #20180511.

RFP #: IFB #20180511

Date: 06/08/2018

Question #	IFB Section #	IFB Page #	Question	DOM Response
136.	Attachment C, References	110	Can DOM clarify how points will be assigned to the reference surveys and/or how many total points are available per survey? Page 11 states that two references must score a minimum combined 12 points in order to be deemed responsible (i.e. six points each), but it is not clear how many points are possible for each survey. Further, is this a pass/fail evaluation, or are bidders receiving higher reference survey scores awarded more points than bidders who barely pass the 12 point minimum?	Procurement