



**Amendment #3: IFB Responses to Questions  
Non-Emergency Transportation Brokerage Services  
IFB # 20230113 / RFX #3160005602  
Date: March 2, 2023**

**This document contains all questions submitted by potential offerors by the IFB Questions Deadline of February 1, 2023.**

**Receipt of Amendment #3 Acknowledged:**

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**Signature**

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**Print Name**

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**Title**

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**Entity Name**

Question #	RFP Section #	RFP Page #	Question	DOM Response
1	1.1	4	The IFB says: "Track NET providers in real-time using GPS technology which also alerts beneficiaries of the driver's location and estimated time of pick-up;" <u>QUESTION:</u> Will this apply to all modes of transportation including volunteer drivers, EMS and public transit or only to contracted providers?	GPS only applies to contracted NET providers.
2	1.1	4	<b>Member Notification:</b> Track NET providers in real-time using GPS technology which also alerts beneficiaries of the driver's location and estimated time of pick-up; <u>QUESTION:</u> Will this apply to all modes of transportation including volunteer drivers, EMS and public transit or only to contracted providers?	GPS only applies to contracted NET providers.

3	2.23	63	<p>"The Contractor shall employ staff able to provide daily on-site data systems support, perform report development and analysis, and perform all required Information System function." Is this required to be a full-time position?</p>	<p>Yes, this would be a full time position.</p>
4	2.4	17	<p>The Contractor shall maintain a non-residential based Call Center/Business Office within Hinds, Madison or Rankin County, Mississippi</p> <p>Can the call center be sourced within the state of MS without county strictions? Is the state open to a work from home call center staff, so long as the staff are located within MS? We have used this model with great success in other contracts, as it allows for a greater pool of qualified applicants, provides cost savings, increases employee satisfaction, and reduces absenteeism. If no, can the contact center agents be WFH agents during Business Continuity conditions (inclement weather, Natural Disasters, etc.)?</p>	<p>2.4 Call Center/Business Office Requirements. The Contractor shall maintain a non-residential based Call Center/Business office within Hinds, Madison or Rankin Counties, subject to DOM Approval. This contract does not allow a work from home model.</p> <p>The Contractor shall submit WFH requests to DOM for approval in the event that inclement weather, natural disasters, etc., impact business continuity. Each request will be reviewed individually by DOM.</p>
5	2.5	85	<p><b>Liquidated damages:</b> Is there a process for disallowing transportation to a member who has multiple instances of providers who are unwilling to transport due to behavioral or other issues? Are these situations subject to liquidated damages?</p>	<p>1. Please refer to IFB section 2.9.1.2 Education for Non-Compliant Beneficiaries.</p> <p>2. These situations may be subject to liquidated damages. The determination of the assessment of liquidated damages shall be at DOM's discretion. DOM will provide written notice to Contractor of DOM's intent and its basis to assess liquidated damages. Contractor shall be provided fifteen (15) calendar days from the date of written notice to respond before DOM invokes the actual or liquidated damage assessment.</p>
6	2.6	26	<p><b>Fixed Wing Air Ambulance Transports:</b> When situations arise where meals and lodging are required for the beneficiary and/or attendant; Will the broker be reimbursed for the cost of the meals and lodging expense?</p>	<p>The Broker is reimbursed for meals and lodging and should include those cost in the rate development. The Broker will not be paid separately for meals and lodging reimbursement.</p> <p>Please refer to IFB section 2.6 Trip Types that states "In certain situations, meals and lodging may be provided for a beneficiary and up to one (1) attendant for extended treatment out-of-state which requires at least an overnight stay. All requests for out-of-state meals and lodging must be evaluated and pre-approved by the Contractor. Additional information regarding meals and lodging is in the Mississippi Administrative Code. The Contractor shall report those beneficiaries to DOM quarterly via a deliverable report."</p>
7	2.8	28	<p>In reviewing the IFB for changes/addition specific to Network (section 2.8), I am seeing the term "sufficient" throughout, however I am not seeing any mention of specific numbers i.e. 46 minimum providers or 2 per county. Will these parameters remain within guidelines outside the IFB? Its my understanding that these were legislative in origin</p>	<p>IFB #20230113 does not require a specific number of NET providers. The Division of Medicaid (DOM) will determine sufficiency based on various performance indicators, that include, but are not limited to member experience, timeliness requirements, and performance measures.</p> <p>Yes, the specifics will continue to be handled outside of the IFB.</p>

8	2.8	28	<b>NET Provider Contracting:</b> Will the Division provide data on the current number of providers, vehicles, and drivers - in aggregate and by county?	DOM is not able to provide this data.
9	3.7	76	This section states, "The contract shall be awarded to the lowest responsible and responsive Bidder whose bid meets the requirements and criteria set forth in this IFB." The IFB also states that Bidders shall provide written descriptions that demonstrate its capability to meet each requirement outlined in Section 2: Scope of Services. Will DOM be evaluating the detailed responses to each item in the Scope of Services as pass/fail only, or will the capability response be scored and factored into the final award?	No, the detailed responses will not be evaluated for pass/fail or scored. The detailed responses falls under Section 1.8, Eligibility and Minimum Requirements and are required for responsiveness and should reflect Bidders experience and capability to meet the requirements in Section 2, Scope of Services.
10	4.6	96	Please provide a definition of "Subcontractor".	For the purpose of IFB #20230113, DOM defines subcontractors as a third party entity the NET Broker contracts with to be responsible for certain administrative functions, that adhere to requirements of the IFB for the NET Brokerage Program. NET Providers are not considered subcontractors for the purpose of this IFB.
11	1.1.1	5	<b>Background Information:</b> With the national public health emergency ending, can the Division provide insight into how this will impact eligibility under this program?	At this time, DOM is unable to provide insight into how the end of the continuous coverage requirement will impact this program.
12	1.8.2	8	Can a waiver be issued for the 5 years experience of 100,000 lives if there is 3 years experience with 700,000 lives?	All provisions and requirements outlined in the IFB have been carefully considered prior to being released and are mandatory. There will be no deviation from the provisions of the IFB.
13	1.8.3	9	<b>Capability to Provide Services (Attachment C Addendum 2):</b> Please confirm that the state intends for bidders to provide a narrative response to every requirement in Section 2.1 through Section 2.28 of the Scope of Services.	Yes, narrative responses should be provided for every requirement in Section 2.1 through 2.28 of section, Scope of Services. And should reflect Bidders experience and capability to meet the requirements listed therein.
14	2 On-Time Arrival	16	No more than two percent (2%) of the overall scheduled trips shall be late or missed per day, due to the fault of the Contractor, NET Provider or Driver. The percent of scheduled trips late and/or missed daily shall be reported to DOM via a monthly deliverable report. The percent of scheduled trips late and/or missed daily per provider shall be reported to DOM via a monthly deliverable report.  Please confirm the Department's definition of a late trip is when a member misses their appointment as a result of transportation.	Please refer to 2.5.5 Scheduling and Dispatching Trips.

15	2 On-Time Arrival	16	<p>No more than two percent (2%) of the overall scheduled trips shall be late or missed per day, due to the fault of the Contractor, NET Provider or Driver. The percent of scheduled trips late and/or missed daily shall be reported to DOM via a monthly deliverable report. The percent of scheduled trips late and/or missed daily per provider shall be reported to DOM via a monthly deliverable report.</p> <p>Late and Missed Trips are two different metrics. As written, the RFP seems to place emphasis on the driver's timeliness for pick up; however, in our experience, the Member's arrival time at their appointment is most critical. Would the department be willing to separate the two metrics so greater emphasis is placed on the appointment time versus driver arrival time?</p>	All provisions and requirements outlined in the IFB have been carefully considered prior to being released and are mandatory. There will be no deviation from the provisions of the IFB.
16	2.11, 2.12	17	<p>Complaints - Combined complaints by members, facilities, and providers (excluded rider no show and rider late) shall not exceed 0.17% of total trips per month. Measured each month by an Operations Report does not exceed 0.17%.</p> <p>Please confirm that the complaints, combined by members, facilities, and providers described in this section is referring to substantiated complaints vs gross complaints</p>	Complaints shall be calculated using Total Complaints divided by requested trip legs. This is not limited to substantiated complaints.
17	2.11, 2.12, 2.5	85	<p>Liquidated damages - "Liquidated damages between \$1 - \$5,000"</p> <p>Can the state provide detail on how liquidated damage amounts will be determined? What are the monthly liquidated damages being assessed to the current broker?</p>	The amount of liquidated damages will be determined based on factors including but not limited to the severity of the noncompliance, number of occurrences, etc. DOM is not able to provide the monthly liquidated damages being assessed to the current broker as the amount varies.
18	2.13.1 - 3	53	<b>Denials:</b> How many denial letters were issued in 2019 and 2022 by denial reason?	DOM is not able to provide this data.
19	2.13.1-3	53	<p><b>Denials:</b> The beneficiary has access to available transportation;</p> <p><b>QUESTION:</b> if the beneficiary has access to a vehicle but no funds to operate the vehicle, would this be considered lack of access or a denial?</p>	This would be considered a lack of access.
20	2.2.1	14	<p>Modes of Transportation</p> <p>Does the state currently allow Rideshare (Lyft / Uber) as an Ambulatory option? If not, are there any plans for future use of Rideshare services?</p>	The Division of Medicaid exclusively utilizes the services of a NET Broker to arrange transportation. Currently Ride Share platforms are not being used by the NET Broker.
21	2.2.1 - 1e□	14	<p><b>Insurance:</b> The volunteer driver must at a minimum meet all credentialing and insurance requirements, timeliness standards, report accidents and incidents, accept/deny trip assignments, comply with policies outlined in the Contractors volunteer driver agreement and submit claims to the Contractor. Volunteer drivers will only be driver/owners and cannot be reimbursed for services in more than one vehicle during the same time period or overlapping time periods.</p> <p><b>QUESTION:</b> Is it DOMs intention that volunteer drivers carry general liability, workers compensation, and commercial auto insurance?</p>	Current volunteer drivers must, at a minimum, meet all credentialing and insurance requirements outlined in the NET Broker's volunteer driver agreement, and must also adhere to Mississippi Administrative Code and federal, state, county or local laws and ordinances.

22	2.2.1 - 2b□	15	<p>The Contractor is not responsible for scheduling or reimbursement of nonemergency ground ambulance hospital to hospital transports.</p> <p><u>QUESTION:</u> is it DOM's intention that although contractor will not be responsible for ground ambulance hospital to hospital, the contractor will be responsible for air ambulance/ fixed wing hospital to hospital?</p>	Please refer to Section 2.6 Trip Types for air ambulance/ fixed wing transports.
23	2.27.2	67	<p>Operation Pricing</p> <p>In the RFP, it states that "An administrative fee capped each month at an amount not to exceed 15% of the monthly trip leg payment." Are the guidelines for this administrative fee in line with the CMS 85/15 guidelines?</p>	The CMS 85/15 guideline does not apply to this contracted service.
24	2.27.2	67	<p>Operation Pricing</p> <p>With the increased administrative burden due to inflationary pressures and higher hourly wages, will the state consider adjusting the 15% cap?</p>	DOM will not adjust the 15% cap.
25	2.27.2	67	<p>Can DOM clarify how the successful bidder will be compensated for trip costs through this program? Will the "trip leg" reimbursement be based on the rate the bidder includes on the Attachment C price form, regardless of the actual cost of the trip? Or is the rate on Attachment C only used to calculate the payment cap, and the broker will instead be reimbursed based on the actual cost of the trip (as a pass-through cost)?</p>	Bidder will be reimbursed based on the rate the bidder includes on Attachment C.
26	2.27.2	67	<p>Can DOM please clarify how the broker will be reimbursed for the administrative fee? Will the broker receive the monthly administrative fee fixed amount submitted on the Attachment C price form, or will the broker be reimbursed based on the percentage monthly administrative fee and trip volume for that month?</p>	<p>The Broker will be reimbursed on a monthly basis for the Administrative Fee. The amount of the Administrative Fee may be proposed as either: (1) a flat monthly fee not to exceed 15% of the trip leg volume X the bid rate for the trip type; or (2) a percentage of the monthly trip leg volume (not to exceed 15% of the trip leg volume X the bid rate for each trip type. If proposed as a flat monthly fee, the monthly Administrative Fee will be reimbursed at the flat fee amount proposed on the bid form. If proposed as a percentage (not exceeding 15%), the percentage rate will be capped at the proposed percentage on the bid form; however reimbursement will be at your proposed % X [actual monthly trip leg volume X the bid rate for each trip type]. Please note, for purposes of determining total contract amount during contract development, DOM will utilize the Administrative Fee method proposed on the bid form (flat fee or percentage) using the Trip Leg Volumes and Bid rates per trip type included on the Bid Form.</p>
27	2.27.2	67	<p>Will trip reimbursement be based solely on encounters after they are approved and accepted by the DOM Fiscal Agent?</p>	Yes, trip reimbursement will be based solely on encounters after they are approved and accepted by the fiscal agent.

28	2.3 - 1□	15	<p><b>Out of State Transports:</b> The Contractor shall report to DOM all beneficiaries whose originating address is outside of Mississippi via a monthly deliverable report. The report shall include, but is not limited to, the beneficiary’s Mississippi Medicaid ID, originating address, date of transport and destination.</p> <p><u>QUESTION:</u> Is it DOMs intention that beneficiaries with a primary address outside Mississippi be scheduled for transportation upon request indefinitely? Or will transportation take place for a set period of time while the beneficiary obtains coverage in their new state of residence?</p>	<p>For the purpose of this contract question, the originating address is not exclusively referring to a residential address.</p> <p>The expectation is for the Contractor to adhere to reporting requirements for Out of State Transports.</p>
29	2.3.1	15	<p>The Contractor may question whether a Covered Medical service could be provided closer to the beneficiary’s residence.</p> <p>Will the contractor be provided with information about what medical facilities members are eligible to attend?</p>	<p>DOM is unable to provide this information to the Contractor.</p>
30	2.3.5	16	<p>Beneficiaries must be given the opportunity to choose his or her network provider to the extent possible and appropriate.</p> <p>Should the beneficiary be allowed to choose his or her provider if it significantly and adversely impacts cost?</p>	<p>Beneficiaries must be given the opportunity to choose his or her network provider to the extent possible and appropriate.</p>
31	2.4.1	18	<p>This section states, “Calls placed during hours that the Call Center is not open shall receive a voice message..” The RFP later states that after-hour calls may be handled at any call center location in the United States. Can DOM clarify whether the contractor will be required to have a live agent responding to calls 24/7 (as available currently), and if so, is the recording is still required?</p>	<p><b>The call center numbers shall be answered by live operators at minimum Monday through Friday, 7:00 a.m. to 8:00 p.m. Central Standard Time including State holidays except for New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day</b></p> <p>Calls placed during hours that the Call Center is not open shall receive a voice message, in English, stating the hours of operation and advising the caller to dial “911”, or the appropriate emergency number, if there is an emergency.</p> <p>The Contractor <i>may</i> also route calls placed during hours that the Call Center is not required by DOM to be open to any call center operated by Contractor staff in any location in the United States of America. The Contractor may never route calls outside of the United States of America.</p>
32	2.4.1	18	<p><b>Call Center:</b> Please provide the following call center statistics for 2019 and 2022: Monthly call volume, number of calls answered, ASA, average talk time, average hold time, number of abandoned calls, percentage answered in 30 seconds, FTEs per month. What is the Average Handle Time for calls in 2022?</p>	<p>DOM is not able to provide this data.</p>

33	2.4.1	7	<p>The IFB states: "The Contractor shall maintain a non-residential based Call Center/Business Office within Hinds, Madison or Rankin County, Mississippi, subject to approval by DOM. Live Operators, Customer Service Representatives, Call Center Supervisors, State Project Manager, Assistant Project Manager(s) Complaint Grievance Coordinator, trip dispatchers and all other MTM staff working on the Mississippi Medicaid project will be staffed and perform their duties solely at the call center/office location. This contract does not allow a work from home model."</p> <p><b>QUESTION:</b> Does DOM intend to allow positions that are performed at the corporate level to share duties and be based out of other offices ie: compliance oversight and claims processing?</p>	<p>DOM intends for all staff be located locally, unless otherwise approved by DOM.</p> <p>Also, Please refer to Section 2.23 Organization and Staffing</p>
34	2.4.2	18	<p>2.4.2 Language Requirements</p> <p>Please provide the call volume statistics related to different languages.</p>	<p>DOM is not able to provide this data.</p>
35	2.4.3	19	<p>This section states, "When determined by DOM that Call Center staff did not treat the caller with respect or with due consideration of his/her dignity, or right to privacy and confidentiality, the Contractor may be placed on a corrective action plan." How is this determination made by DOM? Is it based on a substantiated complaint?</p>	<p>DOM will use all tools at its disposal to make a determination to include a substantiated complaint.</p>
36	2.4.4	19	<p>Call Distribution Metrics</p> <p>Please provide the following statistics from the past three (3) years for historical perspective to be used for accurate forecasting related to Contact Center Requirements and to be compliant with established SLAs: calls offered, and type of calls included (reservation, ride assist, healthcare support, etc.).</p>	<p>DOM is not able to provide this data.</p>
37	2.4.4 h	19	<p><b>Reporting:</b> Is it DOM's intent for the broker to produce all call center reports at the call center agent level, or are you simply determining whether it is possible for brokers to identify and report on calls handled by a specific agent if the need arises?</p>	<p>DOM's expectation is to receive all reports as outlined in the IFB.</p>
38	2.4.7.1	20	<p>This section states, "The Contractor shall record calls received at the Call Center and monitor no less than three percent (3%) of calls for compliance with customer care guidelines." Can this monitoring be performed through automated call monitoring/scoring software, or does this have to be a manual monitoring process?</p>	<p>DOM's intent is for call monitoring to be a manual monitoring process.</p>
39	2.4.7.1	20	<p><b>Backup System:</b> Is it acceptable to allow calls to roll over to a backup facility in the event of a sustained call center outage instead of a back-up system? For instance, if there is a severe weather emergency impacting call center personnel, a back-up facility would be a better option than a back-up system.</p>	<p>In the event of a power failure or outage, the Contractor shall have a back-up system capable of operating the telephone system for a minimum of eight (8) hours, at full capacity, with no interruption of data collection identified in this bid.</p>

40	2.5.2	22	<p>2.5.2 Advance Reservations</p> <p>Any form requirements needed for member reservations? If so, please outline the current process?</p>	<p>DOM does not provide any forms to the NET Broker for the purpose of Advance Reservations.</p>
41	2.5.2	22	<p><b>Advance Reservations:</b> □ Letters must be mailed to eligible members. Can DOM identify the number of “eligible” members and the definition used to determine if a member was “eligible” for mailing purposes?</p>	<p>Please refer to Historical Data - NET Eligible Beneficiary Count (01/13/2023).</p> <p>A member is determined eligible if member has coverage during the service month.</p> <p><a href="https://medicaid.ms.gov/wp-content/uploads/2023/01/Historical-Data-NET-Eligible-Beneficiary-Count.pdf">https://medicaid.ms.gov/wp-content/uploads/2023/01/Historical-Data-NET-Eligible-Beneficiary-Count.pdf</a></p>
42	2.5.4	24	<p><b>Member notification:</b> If possible, the Contractor shall inform the beneficiary, their family members, guardians, or representatives of the transportation arrangements during the phone call requesting the NET Service.</p> <p><b>QUESTION:</b> Does DOM expect this to include the identity of the provider assigned to the trip as this will not happen during the reservation call.</p>	<p>DOM's expectations regarding Member notification are outlined in Section 2.5.4 of the IFB.</p>
43	2.5.5.1.c	24	<p>a. The monthly beneficiary waiting time for pick-up (scheduled pick-up) from their medically necessary covered service (example: appointment, pharmacy, screening, doctors visit) does not exceed fifteen (15) minutes for each NET Provider.</p> <p>Nationally, a more common wait-time SLA to return after the appointment is within 45-60 minutes. Would DOM consider extending the window to 30 minutes or more (from 15)?</p>	<p>All provisions and requirements outlined in the IFB have been carefully considered prior to being released and are mandatory. There will be no deviation from the provisions of the IFB.</p>
44	2.8.1	29	<p><b>NET Provider Contracting:</b> Will DOM screen and approve providers prior to starting the onboarding process or is this done after the provider has completed onboarding?</p>	<p>All contracted NET Providers must be approved by DOM prior to providing NET Services. The Contractor shall submit a request for DOM approval ten (10) business days prior to the anticipated date of the contracted NET Provider’s participation in the NET Provider Network.</p>
45	2.8.10	38	<p><b>Driver/Vehicle removal:</b> The Contractor shall immediately remove from service any vehicle or driver found to be out of compliance with this IFB, Title 23 of the Mississippi Administrative Code or with any state or federal laws or regulations. The Contractor must notify DOM within one (1) business day of its intention to remove a vehicle or driver from service.</p> <p><b>QUESTION:</b> Is notification of DOM to take place prior to removal or within 1 day of the removal?</p>	<p>One (1) business day means a period commencing at the time the decision has been made to remove the vehicle and concluding at the same time on the next following day that contractor is open for business.</p>

46	2.8.14.1	41	<p>Monthly, the Contractor shall conduct a satisfaction survey regarding the NET Brokerage Program.</p> <p>How many surveys must be attempted and or completed to satisfy the requirement?</p>	A statistically Meaningful Representative sample of beneficiaries utilizing services.
47	2.8.2 NET Provider Contracting/Model Contract	29	<p>During implementation, the Contractor shall submit to DOM a model contract for approval that the Contractor intends to use with the contracted NET Providers [Basic Vehicle, Enhanced Vehicle (Wheelchair/Stretcher) and Non-Emergency (Ground) Ambulance are considered contracted NET Providers]. The model contract for each Mode of Transportation must be pre-approved by DOM. Any deviation from the approved model contract must be pre-approved by DOM. The Contractor shall not include NET Providers in the NET Provider Network with which the Contractor has not executed a contract.</p> <p>Please confirm the Department will only be required to review and approve the model contract and not TP contracts for each vendor.</p>	The model contract for each Mode of Transportation must be pre-approved by DOM. Any deviation from the approved model contract must be pre-approved by DOM.
48	2.8.4; 2.8.6	31-32	<p>Section 2.8.4 states that the Contractor must demonstrate “geographic access standards” in terms of adequate NET coverage in all 82 counties. The previous requirements had specified a minimum of two providers per county. Does DOM still require at least two providers per county, or is there an alternate standard for compliance? If not, what measurement is used to determine assignment of the liquidated damage for “Failure by Contractor to maintain a NET Provider network sufficient to meet the standards of the Contract, as determined by DOM”?</p>	<p>IFB #20230113 does not require a specific number of NET providers. The Division of Medicaid (DOM) will determine sufficiency based on various performance indicators, that include, but are not limited to member experience, timeliness requirements, and performance measures.</p> <p>Yes, the specifics will continue to be handled outside of the IFB.</p>
49	2.8.7.2	34	<p>If a post-transportation validation check cannot be completed because the call to the Provider resulted in a busy signal or no answer after three (3) attempts, the Contractor shall enter into its system information that will alert the Call Center Staff that any future requests to this specific Provider shall be validated before it can be authorized.</p> <p>Please confirm that if a provider is unresponsive no transportation can be arranged to that provider without prior authorization regardless of beneficiary. Additionally if a provider is responsive during a prior authorization check will continued prior authorization still be required?</p>	<p>If a post-transportation validation check cannot be completed because the call to the Provider resulted in a busy signal or no answer after three (3) attempts, the Contractor shall enter into its system information that will alert the Call Center Staff that any future requests to this specific Provider shall be validated before it can be authorized. The Contractor shall report validation check findings to DOM, by NET Provider, via a quarterly deliverable report.</p>
50	2.8.7.3	34	<p>Is the 3% Fixed Route pre-transportation validation requirement in addition to the 6% pre- post-requirements in sections 2.8.7.1 and 2.8.7.2? Fixed route makes up a very small percentage of the overall transportation volume, and any additional administrative requirements could further depress utilization of a very efficient and cost-effective mode of transportation.</p>	<p>Yes, DOM's expectation is that the 3% Fixed Route pre-transportation validation requirement is in addition to the requirements in sections 2.8.7.1 and 2.8.7.2.</p> <p>The Contractor shall perform pre-transportation validation checks for three percent (3%) of Fixed Route transportation requests. The Contractor shall perform post-transportation validation checks for three percent (3%) of Fixed Route transportation requests.</p>

51	2.8.8	36	<b>Vehicle Requirements:</b> What communication equipment needs to be inspected.	Please refer to Section 2.8.8 Vehicle Requirements, #5 and #6: 5. Require all vehicles in a NET Provider’s fleet have a working real-time link via a phone or two-way radio. Pagers are not acceptable as a substitute. 6. Test all communication equipment during regularly scheduled vehicle inspections.
52	2.8.8 - 14	36	<b>Vehicle Requirements:</b> What are the NET Provider insurance limit requirements for General Liability and Commercial Auto coverage?	Please refer to Section 2.8.8 Vehicle Requirements, #18: 18. Have insurance coverage for all vehicles at all times in compliance with state law and any county or city ordinance.
53	2.8.8 (4e)	37	The requirement for external placards on vehicles is new, and the IFB states that they are required on “each door” and the rear of the vehicle. Does this mean a four-door sedan would need five placards?	Non-emergency medical transport vehicles shall display a placard on the exterior of each door and exterior rear of the vehicle a visible placard, visible from other vehicles, which states, specifically: NON-EMERGENCY MEDICAL TRANSPORT VEHICLE – THIS SERVICE DOES NOT PROVIDE MEDICAL CARE. SOURCE: Miss. Code Ann. §41-59-5,Rule 1.20.4.
54	2.8.8 e	35	<b>Vehicle Requirements:</b> Is the intent to have a placard on “each door” or can the placard be located on each side of the vehicle and in the rear?	Non-emergency medical transport vehicles shall display a placard on the exterior of each door and exterior rear of the vehicle a visible placard, visible from other vehicles, which states, specifically: NON-EMERGENCY MEDICAL TRANSPORT VEHICLE – THIS SERVICE DOES NOT PROVIDE MEDICAL CARE. SOURCE: Miss. Code Ann. §41-59-5, Rule 1.20.4.
55	2.8.9	37	The requirement for high visibility safety apparel for drivers is new. Does this apply to all modes of transportation (i.e. ambulance, volunteer, etc.)?	High Visibility Safety Apparel for Staff: Non-transport vehicles must be equipped with high visibility safety apparel for each person staffing or participating in the operation of the vehicle. All garments must meet the requirements of the American National Standard for High Visibility Apparel ANSI/ISEA 107-2004 Performance Class 2 or Performance Class 3, or the ANSI/ISEA 207-2006 21 Standard. All garments must have labels, affixed by the manufacturer in accordance with the standard, that indicate compliance with the Performance Class 2, Performance Class 3, or 207-2006 standard. Miss. Code Ann 41-59-5 Rule 1.20.6.
56	2.8.9	37	<b>Driver Requirements:</b> What is expected to “inspect all NET employee records... At least every (6) months...” Is the expectation to run a MS sex offender registry, criminal background, OIG and SAM report every six months?	DOM's expectation is that the Contractor will review and inspect the NET Provider's individual personnel record for each NET Driver.

57	3.5□	74	<p><b>Bid Evaluation:</b> Will the State provide the scoring method to be used for evaluation? The IFB specifies points only for bidder’s references in Section 1.8.2 Minimum Qualifications. We would like to understand how the remainder of our submission will be scored.</p>	<p>The IFB will be reviewed according to the requirements within Sec. 1.8 (Eligibility and Minimum Qualifications). Responses to these requirements are reviewed for responsiveness; however, only the Bidder's references will be scored strictly to determine responsiveness (pursuant to the reference form entitled "To be filled out by DOM Staff Only" within Attachment D (References)). All other Bidder responses to Section 1.8 will be reviewed for responsiveness to the requirements.</p> <p>See Amendment #2 for revised language regarding Attachment D - References in Section 1.8.2(3) and Section 3.5.5 Bid Submission Format.</p>
58	3.5.5	75	<p>This section states that, "all information must be presented in the same order and format as described below," and includes <i>Attachment E – References</i> as a standalone item listed after <i>Attachment C – Bid Form</i> . However, page 9 suggests References are to be included as part of Attachment C: Addendum 1 (1.8.2 Minimum Qualifications). Please clarify whether <i>Attachment E – References</i> should be included as stated in Section 3.5.5 or as part of Attachment C: Addendum 1.</p>	<p>References should be included at Attachment D.</p> <p>See Amendment #2 for revised language regarding Attachment D - References in Section 1.8.2(3) and Section 3.5.5 Bid Submission Format.</p>
59	3.5.5	74	<p>Bid Submission Format states that one combined PDF file should be uploaded in SharePoint for all required documents. Is there a file size limit to your SharePoint System? And if one file is too large to upload, do we have permission to include some documents such as the Financial Statements as a separate file for upload?</p>	<p>There is no file size limit in our SharePoint system.</p>
60	4.2.2	85	<p>Some of the liquidated damages (such as those pertaining to Sections 2.8.3, 2.11, 2.12, 2.5) state that the liquidated damage will range, “between \$1 and \$5,000 per instance.” Can DOM clarify how it will calculate the actual dollar amount assigned and where it falls in that range?</p>	<p>The liquidated damages assessed will be a reasonable estimate of the loss incurred.</p>
61	4.2.2	85	<p><b>Liquidated damages:</b> Complaints- Combined complaints by members, facilities, and providers (excluded rider no show and rider late) shall not exceed 0.17% of total trips per month. Measured each month by an Operations Report does not exceed 0.17%.</p> <p><b>QUESTION:</b> Does this only include complaints deemed as valid or substantiated, where the provider or broker is at fault or could have prevented the issue?</p>	<p>No. The formula used would be Total Complaints divided by requested trip legs.</p>
62	4.2.2 Liquidated Damages	83	<p>The determination of the below liquidated damage amounts shall be at DOM’s sole discretion up to the below amounts for each requirement:</p> <p>The liquidated damages are broad, up to or from \$1 up -- is this a tiered liquidated damage that will be provided to the broker? Will there be a grace period before assessing LDs to the broker?</p>	<p>1. No, the liquidated damages assessed will be a reasonable estimate of the loss incurred.</p> <p>2. At DOM’s discretion, a grace period may be granted before assessing LDs to the broker.</p>

63	4.2.2 Liquidated Damages Section 2.11/2.12	85	<p>Complaints - Combined complaints by members, facilities, and providers (excluded rider no show and rider late) shall not exceed 0.17% of total trips per month. Measured each month by an Operations Report does not exceed 0.17%.</p> <p>Is there any consideration for adjusting the metric of 0.17% for complaints to be within the industry standard of 0.5% -1% for substantiated complaints?</p>	<p>All provisions and requirements outlined in the IFB have been carefully considered prior to being released and are mandatory. There will be no deviation from the provisions of the IFB.</p>
64	4.2.2 Liquidated Damages Section 2.11/2.12	85	<p>Complaints - Combined complaints by members, facilities, and providers (excluded rider no show and rider late) shall not exceed 0.17% of total trips per month. Measured each month by an Operations Report does not exceed 0.17%.</p> <p>Is the broker allowed to take action against members who have excessive no shows? For example, are bidders permitted to implement restrictions on these members such as limiting service levels to mileage reimbursement or public transit?</p>	<p>Please refer to section 2.9.1.2 Education of Non-Compliant Beneficiaries</p>
65	Attachment C	1	<p>"in no case will payments exceed the Total Bid amount"</p> <p>Does this mean that the total payments to the broker are annually capped by the bid amount? If utilization, and therefore cost to the broker, is higher than expected will the state compensate the broker for additional costs? If changes are made to the plan that increase utilization, membership, volume, or cost will the state compensate the broker?</p>	<p>1. Payments to the broker will be capped by the bid amount for the initial term (3 years) and for subsequent renewal terms.</p> <p>2. DOM will compensate the broker for actual utilization up to the total bid amount. Also, please see response #3 below.</p> <p>3. Any increase in utilization that impacts cost, such as federal and/or state program changes or other unanticipated increases in standard utilization as approved by the DOM Program Area, will be assessed by DOM, at the vendor's request, to determine if an increase in the total contract price is required and if so, will be subject to approval by the Public Procurement Review Board (PPRB). The Vendor will need to track utilization trends and associated billing against the total bid amount throughout the duration of the agreement.</p>
66	Attachment C	118	<p>Trip Leg Volume</p> <p>If the Total Bid amount cap is determined by the monthly volume provided by the state in Attachment C, can the state provide background on the calculation of trip volumes represented in Attachment C?</p>	<p>Refer to the historical data. Additionally, Attachment C states "Data estimates are based on NET Broker Total Monthly Eligible Beneficiary Count, Monthly Trip Type, and Trip Leg Volume for the Eligible Beneficiaries and represents an average count using Calendar 2020 timeframe 1/1/2020 through 3/31/2020 and Calendar Year 2022 Timeframe 1/1/2022 – 11/30/2022 Counts by Month. Trip Leg data is an estimate and not a guarantee of service volume or ratio of service type."</p>
67	Attachment C	1	<p>"Bid Rate"</p> <p>Can the state define "Bid Rate" and what is expected to be included in it?</p>	<p>The Bid Rate is the price per trip leg to be proposed by the Bidder for each trip type.</p>
68	Attachment C	1	<p>"Bid Rate"</p> <p>Is "Bid Rate" the expected average cost per completed ride?</p>	<p>The Bid Rate is the price per trip leg to be proposed by the Bidder for each trip type.</p>

69	Attachment C	1	<p>Monthly Administrative Fee</p> <p>Is the monthly administrative fee fixed, by trip completed, by trip booked, or will it be paid as a percentage of aggregated "Bid Rates"?</p>	<p>The monthly administrative fee may be proposed as a fixed amount or it may be a percentage of the actual monthly trip leg payment made during the contract for completed trips, depending on the Bidder's proposal. Refer to Attachment C, which states "The Bidder may propose a fixed monthly Administrative Fee or a percentage of the monthly trip leg volume. In no case will the amount paid be greater than 15% of the monthly trip leg volume."</p> <p>See also response to Question #26.</p>
70	Attachment C	123	<p>Please confirm the subcontractor requirements on this page do not apply to NET Providers.</p>	<p>No, it does not apply.</p>
71	Attachment C	118	<p>This section says, "The monthly payment may fluctuate based on volume of actual services utilized by beneficiaries, but in no case will the contract payments exceed the Total Bid amount for the applicable contract period". Does this mean that if there is higher than expected volume, payment to the broker will not increase and will instead be capped based on volume estimates?</p>	<p>Please refer to response for Question #65.</p>
72	Attachment C	118	<p><b>Period of rates:</b> Given that this is a 3-5 year contract, will the bid price per trip be allowed to vary by year?</p>	<p>No.</p>
73	Attachment C	118	<p><b>Bid rate:</b> Given that there is an explicit charge added to the bid rate for admin, does this mean that if our costs end up being less than the expected/bid per trip, we will need to reimburse the state for the difference in costs?</p>	<p>No.</p>
74	Attachment C	123	<p>If individuals cannot be readily designated in bidder's response, is the bidder required to provide resumes of individuals they may propose? Or is this optional, with the understanding that committed team members will be provided to DOM for approval prior to contract execution?</p>	<p>If an individual cannot be readily designated in the Bidder's response, then resumes of proposed individual(s) or job description(s) for each role would be acceptable; however, DOM still reserves the right to approve such Bidder staff.</p>
75	Attachment C - Bid Form for NET Brokerage Services	123	<p>As an attachment to this Bid Form, please provide your Organization and Staffing Plan that identifies all key staff members, as well as others, identified in IFB Section 2.23 who will be dedicated to this project. If individuals cannot be readily designated in bidder's response, bidder may provide resumes of proposed individuals to work on the project with the understanding that a final Staffing Plan with committed project team members shall be provided to DOM for approval prior to contract execution.</p> <p>Please confirm that it is the Department's intent to allow bidders to submit <i>job descriptions</i> versus <i>resumes</i> for all staff not readily designated in the bidder's response with the understanding that a final Staffing Plan with committed project team members shall be provided to DOM for approval prior to contract execution.</p>	<p>If an individual cannot be readily designated in the Bidder's response, then resumes of proposed individual(s) or job description(s) for each role would be acceptable; however, DOM still reserves the right to approve such Bidder staff.</p>
76	Attachment C & Historical Data pdf	118	<p><b>Trip type buckets:</b> Trip count data for wheelchair and stretcher mobilities are combined. These mobilities have very different costs, however. Would it be possible to see data with this category broken down into wheelchair and stretcher separately?</p>	<p>DOM is not able to provide this data.</p>

77	Attachment C & Historical Data pdf	118	<b>Trip Breakdown:</b> Could we see trip breakdowns with mileages and county of origin?	DOM is not able to provide this data.
78	Data Needs		Please provide a list of active transportation providers with volume by the level of service by county by year.	DOM is not able to provide this data.
79	Did not Provide	Did not Provide	Can you please provide a breakdown of member trip requests by County?	DOM is not able to provide this data.
80	Did not Provide	Did not Provide	What is the number of trips per day? Is there a breakdown of type of service? Ambulatory, Wheelchair, Stretcher ?	DOM is not able to provide this data.
81	Did not Provide	Did not Provide	What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?	All payments to contractors can be found on the Mississippi Transparency Web site at the following link <a href="http://www.transparency.ms.gov">www.transparency.ms.gov</a> . The current NET Broker for Mississippi is MTM.
82	Did not Provide	Did not Provide	How are fees currently being billed by any incumbent(s), by category, and at what rates?	All contracts can be found on the Mississippi Transparency Web site at the following link <a href="http://www.transparency.ms.gov">www.transparency.ms.gov</a> . The current NET broker for Mississippi is MTM.
83	Did not Provide	Did not Provide	Can you provide a breakout of calls by hour or provide peak call times?	DOM is not able to provide this data.
84	Did not Provide	Did not Provide	Does the call center have to be located in Mississippi	The Contractor shall maintain a non-residential based Call Center/Business Office within Hinds, Madison or Rankin County, Mississippi, subject to approval by DOM.
85	Did not Provide	Did not Provide	What was your average monthly call volume over the past year?	DOM is not able to provide this data.
86	Did not Provide	Did not Provide	Over the past year, what is the percentage of calls received were English versus non-English?	DOM is not able to provide this data.
87	Did not Provide	Did not Provide	Please provide member no show percentage of trips.	DOM is not able to provide this data.

88	Did not Provide	Did not Provide	Please provide average talk time and average handle time of calls.	DOM is not able to provide this data.
89	Did not Provide	Did not Provide	If possible, please provide current broker's staffing levels for call center staff (CSRs, Dispatch, Utilization Review, Management etc.)	DOM is not able to provide this data.
90	Did not Provide	Did not Provide	What is the average monthly trip cancellation percentage%	DOM is not able to provide this data.
91	Did not Provide	Did not Provide	Please provide the top 5 reasons for complaints.	DOM is not able to provide this data.
92	Did not Provide	Did not Provide	Are TNCs currently being used? What percentage of trips were scheduled to a TNC?	1. The Division of Medicaid exclusively utilizes the services of a NET Broker to arrange transportation. Currently Ride Share platforms are not being used by the NET Broker. 2. DOM is not able to provide this data.
93	Did not Provide	Did not Provide	Is a bid bond required? If yes, amount?	No.
94	Did not Provide	Did not Provide	Is a performance bond required? If yes, amount?	No.
95	Did not Provide	Did not Provide	What is the current budget for this service?	DOM is not able to provide this data.
96	Did not Provide	Did not Provide	Please provide the current provider performance as they relate to the Performance Standards for the services as listed in the RFP for the past 12 months.	DOM is not able to provide this data.
97	Did not Provide	Did not Provide	Please verify that there is no Disadvantaged Business Enterprise (DBE) goal established for this contract and that a good faith effort is not required.	This IFB is not impacted by Disadvantaged Business Enterprise (DBE).
98	Did not Provide	Did not Provide	Call Center - calls anticipated (quantity and peak)	DOM is not able to provide this data.
99	Did not Provide	Did not Provide	Call Center - please provide average hold time, talk time, and handle time.	DOM is not able to provide this data.
100	Did not Provide	Did not Provide	Call Center - please provide call abandon rate.	DOM is not able to provide this data.

101	DOM Non-Emergency Transportation IFB	16	P 16; S -2 Can the state provide historical data for on-time performance and missed trips?	DOM is not able to provide this data.
102	Historical Data	1	Eligible Beneficiary Count Will DOM provide membership data for the last 3-5 years?	Please refer to historical data posted with the NET Procurement (NET Eligible Beneficiary Count)
103	Historical Data	2	Eligible Beneficiary Count Will DOM provide utilization data for the last 3-5 years?	Please refer to historical data posted with the NET Procurement. Trip leg volume for calendar years 2020-2022 is provided.
104	Historical Data	3	Eligible Beneficiary Count Will DOM provide a detailed list of trips by county by level of service by month?	DOM is not able to provide this data.
105	Historical Data	1	Eligible Beneficiary Count Can the state provide membership by county and month?	DOM is not able to provide this data.
106	Historical Data	1	NET Trip Leg Volume Can the state provide volume by level of service, county, month and year going back to 2019?	DOM is not able to provide this data.
107	Historical Data	1	NET Trip Leg Volume Can the state provide distance by level of service, county, month and year going back to 2019? If not, can the state provide average distance by level of service?	DOM is not able to provide this data.
108	Historical Data	1	NET Trip Leg Volume Can the state provide cost by level of service, county, month and year going back to 2019?	DOM is not able to provide this data.
109	Historical Data	1	NET Trip Leg Volume Can the state provide volume by county, level of service and mileage bucket such as 0-3 miles, 4-6, 7-10, and greater than 10?	DOM is not able to provide this data.
110	Historical Data	1	NET Trip Leg Volume Is the Volume reported by the state inclusive of cancelled trips or does it just represent paid trips? What percentage of overall trips are completed and paid?	DOM is not able to provide this data.

111	Historical Data	1	NET Trip Leg Volume What percentage of trips are on standing order?	DOM is not able to provide this data.
112	Historical Data	1	Call Volume Can the state provide Call Volume data by month for three years prior?	DOM is not able to provide this data.
113	Historical Data	1	NET Trip Leg Volume As volume was affected heavily by COVID and appears to be returning, does the state expect volume to return to/exceed pre-COVID levels? If the volume is not expected to return, can the state provide data/explanation for levels of service or counties that have been most heavily effected?	DOM is not able to provide this data.
114	link to historical data	120	Can the Department provide historical call data for the following categories: afterhours calls, claims, complaints and grievances, exceptions, facility, reservation, ride, and routers?	DOM is not able to provide this data.
115	link to historical data	210	Does the Department have any historical data on self-service via IVR?	DOM is not able to provide this data.
116	link to historical data	120	Is chat used in the current program? If so, can the Department provide historical chat data, including handle time?	Chat is not allowed
117	link to historical data	120	Is email used in the current program? If so, can the Department provide historical data? If the client can contact us through email, what is the turnaround time you require or allow?	In accordance with Section 2.2 General Requirements, the Contractor shall respond to all DOM email communication within twenty-four (24) hours confirming receipt of the DOM communication. The Contractor shall provide DOM with a response/resolution within five (5) business days of the DOM email communication unless otherwise stated in this IFB.