NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM
REQUEST FOR PROPOSAL NO. HSS-10-091

QUESTION NUMBER	RFP SECTION	PAGE	QUESTION	ANSWER
1	2.13	20	Contractor Compensation - Can the agency share any insights or projections related to healthcare reform, which may assist in determining future utilization and capacity needs for this proposal?	Effective 1/1/2014 the Patient Protection and Affordable Care Act will require state Medicaid programs to cover non-pregnant, non-elderly individuals with income up to 133% of the Federal Poverty Level. Projections are not available.
2	2.32	39	Application of Service - Would the Department consider expanding the member notice requirement from two working days to three or five working days? More states have gravitated to three to five days to allow for greater cost savings, due to planning and multi-loading.	No - The state will not consider any deveation from the two day advance notice to schedule trips.
3	1.18	20	On-Time Performance - This section states, “no more than one-half of one percent (.05%) of trips can be late or missed per day.” The only industry standard related to one-half of one percent refers to the number of complaints per thousand members. A .05% of late trips means that the program would have to operate at a 99.5% on-time performance, which is not consistent with industry standards, of between 90 to 92 percent on-time performance. Even mass transit programs rarely achieve above 95%. Could the agency please review this requirement?	Section 1.18 - second sentence will be amended as follows: "No more than four percent (4%) of trips should be late or missed per month".

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4	2.13	29	Contractor Compensation - It states that no more than fifteen percent (15%) of the reimbursement shall be for administrative costs, corporate overhead, and profit. Currently, there is no Consumer Price Index (CPI) clause mentioned in the contract, as with other contracts that contain this level of targeted transportation cost percentage. In order for the contractor to target an average of 15% over the life of the contract, would this mean that the earlier years would need to provide a higher acceptable percentage for administration, while the later years would generate a lower than average administrative percentage due to required rate adjustments for providers over time. Based on these assumptions: 1. Would the agency consider an annual rate adjustment based on a regional Consumer Price Index? 2. Would independent actuaries review the standards? If an independent actuary reviews the standards, would the Department allow for annual rate adjustments?	Section 2.13 will be amended and a revised Budget Worksheet will be posted as a separate addendum.
5	1.10	14	Given most facilities will not have BMI or degree to which the client's weight exceeds the ideal body weight, can a gross weight in pounds or kilograms be substituted?	BMI is not mandatory. Facilities routinely weigh their patients and provide this information when scheduling a trip.
6	1.10	15	Freedom of Choice - Does this refer to the medical provider or the transportation provider?	medical provider
7	1.12	17	Non-Covered Services - The following nine items in the current contract, listed as non-covered services have been omitted, are these services now considered covered services.	
			· Drugs dispensed by the practitioner (oral abortive agents that meet the federal abortion criteria are covered when administered by a practitioner)	This was deleted because we already cover Pharmaceutical and Physician visits in covered services.
			· Autopsies	Non-emergency transportation is not requested

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			· Pharmaceuticals not covered include: drugs used for cosmetic purposes, obesity drugs, fertility drugs and compound drugs without at least one covered entity	This was deleted because we cover Pharmaceuticals in covered services.
			· Inpatient care in Institutions for Mental Disease (IMDs) for individuals age 21-64 years of age	Non-emergency transportation is not requested
			· Chiropractic services	This was deleted in error. RFP Section 1.12 will be amended to include Chiropractic services as a Non-Covered Service.
			· Respite care (except when provided as a service through an HCBS waiver program)	Non-emergency transportation is not requested
			· Eyeglasses for individuals 21 years and over	Included in Section 1.12 - g
			· Routine eye exams for individuals 21 years and	Included in Section 1.12 - g
			· Transportation to Alcoholic Anonymous (AA) Meetings, Narcotic Anonymous (NA) meetings, to pick up prescriptions and to non-medical waiver services	These are not considered a medical service.
8	2.43	47	This section discusses corrective action steps to be taken against Providers when complaints are received from clients. Are these complaints that have been substantiated?	After two client complaints, the vehicle must be inspected.
9	2.56	56	Please clarify the Broker is to respond within 30 minutes to DMMA concerning complaints is the 30 minute requirement timeframe for normal business hours?	No - This may include weekends, holidays and after-hour calls.
10	4.07	91	With the State already having a broker in place, they will have an advantage from a cost perspective by not having to account for startup cost. How does the State anticipate evaluating that factor in the business proposal?	Implementation costs are not a reimburseable expense and are not to be included in the Cost Proposal.
11	5.09	105	The RFP states contract award is anticipated for December 1, 2011. If there is a new successful bidder, can the state please clarify the implementation time period that will be allowed for the new broker?	Implementation may begin on January 19, 2011 with a start up date of April 1, 2011.

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12	1.11	16	Covered Services: In this paragraph, it states that an MCO may include other services as incentives in their plans. When will the selected broker be notified of the other services an MCO might add to their plan?	The broker will be provided with a list of services provided by the MCO's.
13	1.11	16	Covered Services: In this paragraph, it states that an MCO may include other services as incentives in their plans. Can you estimate how many trips per year these additional services account for?	Requested information is not available
14	1.18	20	On-Time Performance: The on-time performance standard of 99.5% is well above national standards and will be difficult to achieve. Although the goal should always be that 100% of the trips will be provided on-time, it is national practice to have an acceptable minimum standard, please note the report completed by the Disability Rights Education and Defense Fund (available at http://www.dredf.org/ADAtg/OTP.shtml#transit), which states: "Because there will inevitably be operational issues beyond transit agency control (due, for example, to unanticipated congestion or road construction, or poor weather), the reality will likely be something less than 100 percent on-time. Therefore it is acceptable to have a minimum required level of performance (such as 92 percent or 95 percent), but the goal should still be 100 percent." Will Delaware consider altering the language to be consistent with this national standard?	Section 1.18 - second sentence will be amended as follows: "No more than four percent (4%) of trips should be late or missed per month".
15	2.12	27	Service Agreements with Transportation Providers: Will Delaware release the current providers under contract with the current broker?	The list of transportation providers is included in RFP Addendum #1

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16	2.12	27	Service Agreements with Transportation Providers: In some areas, brokers require the provider to sign a “non-compete” form, which means they are unwilling to discuss potential business with brokers who are attempting to build a network to respond to a bid. Can the State of Delaware inquire as to if this is the situation in Delaware?	Not to our knowledge.
17	2.15	30	Third-Party Liability and Subrogation: It appears that this section applies to a medical provider. Can you please clarify?	This section applies to the broker. The broker is expected to pursue any third-party liability (TPL).
18	2.20	33	Levels of Transportation: Under item “b.”, the public Paratransit system is mentioned. Has the current broker negotiated a contract with local public transit systems to transport Medicaid clients via the Paratransit system?	Section 2.20(b) will be amended as follows: "is unable to be accommodated by the public transportation system;"
19	2.25	35	Volunteer Transportation: Is the current broker using volunteer travel today?	Yes
20	2.25	35	Volunteer Transportation: Do these agencies/individuals have to sign a contract with the broker?	Yes
21	2.25	35	Volunteer Transportation: Will the State of Delaware release the current rates that these volunteers are paid for mileage and expenses?	No
22	2.42	47	Backup Service: Will the State of Delaware release the current operating statistics as it relates to how many excessively late vehicles are occurring today?	For the most recent 12 month period clients and facilities reported a total of 548 late vehicles.
23	2.65	60	Transportation Provider Records: The Vehicle Reports appear to go beyond the scope of a statewide broker concept, all of this information is archived at the provider level, will the State of Delaware consider adjusting these requirements to require the broker inspect these lists on-site during the monitoring process?	No

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24	2.67	61	Services Provided: Generally, the broker requires each provider to maintain the Vehicle Manifests at their office and then the broker monitors that these items are being kept. Oftentimes, Vehicle Manifests may have information from other funding agencies that would not apply to the Medicaid operations directly, will it be sufficient to allow the provider to keep these items on-site and the broker monitor the logs are being accurately maintained?	No
25	2.70	62	Driver Reports: The Driver Reports appear to go beyond the scope of a statewide broker concept, all of this information is archived at the provider level, will DHS consider adjusting these requirements to require the broker inspect these lists on-site during the monitoring process?	No
26	4.01	88	Audited Financial Statements: This section states that "Audited financial statements or equivalent information…" must be provided. Can you define "equivalent information?"	For the duration of the contract period the Broker must submit an annual certified financial audit through the close of each State fiscal year, calendar year or tax reporting year within six (6) months of the close the year's end. The Broker will inform DMMA of the Broker's choice of reporting year within thirty (30) calendar days of Contract execution. Audits are to be completed in accordance with Generally Accepted Accounting Principles (GAAP). Audits must be certified by an independent Certified Public Account (CPA). The audit shall include, but may not be limited to, the Balance Sheet, Income Statement, Statement of Retained Earnings, Statement of Cash Flow, notes thereto and the Auditor's Opinion theron. The Broker will provide a copy of the management letter issued by the audit firm or verification from the audit firm that no such letter was issued. The annual audited financial statements must be submitted for the entity with which the State is contracting. If the Broker is part of larger organization, the annual financial statement of the larger organization must also be submitted with clear explanation of the financial connections between the Broker and the larger organization.

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27	4.01	88	Audited Financial Statements: The Offeror has 2 affiliates that are included in "Combined" annual audited financial statements, all entities provide nonemergency transportation and the affiliates were created for specific contracts only which are managed by the same management team as the Offeror. All employees and overhead expenses are paid by the Offeror and allocated to each entity. Will the combined financial statements for the Offeror and affiliates be accepted and satisfy the requirements of section 4.01?	No. See the answer to question number 26.
28	4.05	90	Monthly Operational Payment: Please release the adjustments made to the rate of the current broker on an annual basis (% increases per year will suffice)?	A onetime adjustment of 10% was made to the rate.
29	4.07	96	Section Budget Schedule D-1 to D-3: Will the State of Delaware please consider releasing either the Word or Excel version of these sheets to the vendors so they can be properly completed?	A revised Budget Worksheet will be posted as a separate addendum.
30	5.12	108	Transmittal Letter: On the last bullet on this page, please confirm that this statement from each subcontractor is intended for administrative subcontractors and not for transportation providers.	It is intended for administrative subcontractors
31	5.23	110	Legal Status of Company: Regarding the Authorization to Conduct Business in Delaware, for brokers who are not operating in Delaware, may this be completed after intent to award, but prior to contract execution?	No

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32	1.10	15	"In order to receive door to door service, the recipient must submit a medical certification statement from their (sic) physician." Question: Does the Division supply the form for health statements?	Section 1.01 Definitions page 15 - Door-to-Door Service is amended as follows: "Door-to-door service is provided to passengers who need assistance to safely move between the door of the vehicle and the door of the passenger's pick-up point or destination. The driver exits the vehicle and assists the passenger from the door of the pick-up point (e.g., residence), escorts the passenger to the door of the vehicle and assists the passenger in entering the vehicle. The driver is responsible for assisting the recipient throughout the trip. Drivers, except for ambulance personnel, are not allowed to enter a residence".
33	1.11	17	Covered services—Mental health is not listed as a covered service, nor is it listed under non-covered services. Question: Can we assume that there is no NEMT benefit for mental health services?	Mental health is a Medicaid Covered Service for clients and therefore NEMT is provided for eligible clients. Covered services for mental health is included in other covered services - i.e. Inpatient and Outpatient hospital, Physician Service and Community support services for substance abuse and mental health.

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34	1.18	20	"The Offeror shall provide complete information on the Offeror's transportation capacity (number and types of vehicles in each city or county) as of the date of submission of this RFP, and planned capacity as of the anticipated start date of the contract with DMMA."Question: Present transportation companies contacted are not willing to be named in an Offeror's proposal until the winning Offeror is selected. Consequently, how can an Offeror provide "complete information" on transportation capacity? Some of these companies have expressed fear of retaliation by the present contracted broker, if they are named in another broker's proposal, when the proposals are made public, and especially if the current contracted broker retains the contract. This puts potential Offerors in a disadvantaged position and will reduce the number of proposals submitted. As a result this requirement will result in the State of Delaware not receiving competitive proposals. Instead can the requirement as other states' RFPs indicate that the selected Offeror will ensure that all areas of the State have adequate numbers of vehicles available at the time of implementation?	As stated in this paragraph, we require that the Offeror provide the number and types of vehicles in each city or county. Please reply to all sections of this paragraph.
35	1.24	21	Prohibitions 1, 2, and 3: If the Offeror provides similar transportation services that are not covered under this contract, would it be prohibited from submitting a proposal?	No. However, the offeror must demonstrate that this contract is distinct from all other businesses.

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36	2.04	24	"The broker shall secure a minimum of three (3) ambulatory and three (3) non-ambulatory transportation providers in each county," Question: Do these providers have to be secured in order to submit a proposal, or prior to implementation? The same issue is referred to with respect to providers fear retaliation by the current broker in being mentioned in a competing proposal. Consequently, how can these providers be secured? Question 2: Does the Contractor have to secure three separate ambulatory and three separate non-ambulatory providers for a total of six separate providers? If a provider does both ambulatory and non-ambulatory transportation, can the contractor secure that provider for both services and have three providers only who provider both services?	1. This Section is directed to the Contractor not the Offeror. 2. Yes, as long as the Contractor fully complies with Section 2.04.
37	2.13	29	Specialized Transportation—"The Broker is required to arrange this transportation as a part of the monthly capitated rate." P. 34 Specialized Transportation—"The State will reimburse the cost of the service." Question: Is the broker required to pay for the transportation and get reimbursed, or does the State pay the transportation provider directly? How many of these special transportation arrangements were handled by the present broker in the past 12 months?	1. The State will reimburse the Contractor for the actual cost of the transport. 2. The requested data is not available.
38	2.21	33	"The broker must not utilize public transit for the following situations: a.High-risk pregnancy, b.Pregnancy after 8th month, c.High risk cardiac conditions, d.Severe breathing problems. Question: Can the broker require a medical statement for these conditions?	Yes. A document has been developed.
39	2.21	34	At this time what is the gasoline reimbursement rate?	The mileage reimbursement rate may not exceed the rate established by the State for State employees. The current rate is $.40 per mile.

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40	2.24	35	Transportation outside the immediate community. Question: Can you provide data on the number of trips authorized outside the immediate community by transportation type for the past 12 months?	The requested information is not available.
41	2.25	35	Volunteer Transportation—Do volunteers have to be secured and noted in the Offeror's proposal?	Volunteers do not need to be secured for the proposal. The offeror may decide to include or not include volunteers in their proposal.
42	2.27	37	Criteria for wheelchair Services—Can the broker require a medical statement signed by a licensed medical practitioner before authorizing wheelchair services?	No
43	2.28	38	"An attendant provided by and trained by the broker at the broker's expense." Question: Can the broker require a medical statement signed by a licensed medical practitioner before being required to provide an attendant? Question: How many trips with attendants were provided by the current broker during the past 12 months?	1. No 2. The requested information is not available.
44	4.07	101	Capitation Rate—Is this to be an annual maximum amount to cover all administrative and trip costs or a per member per month rate? If an annual rate, with healthcare reform and the growth of the Medicaid population planed to grow by 15 million new members by 2014, can you provide what the State of Delaware anticipates to be the numbers of Medicaid recipients for 2011, 2012, and 2013?	1. Follow the directions in Section 4.07. 2. Please see the answer to question number 1.
45	2.13	29	Contractor Compensation, there is a question as to what complrses administrative costs. On D-1, are these the direct administrative costs of the RFP and the administrative costs referred to in section 2.13 are only related to corporate administrative costs.	The capitated rate (PMPM) includes administrative costs, transportation costs, corporate overhead and profit. A revised Budget Worksheet will be posted as a separate addendum.
46	General	General	How does the contractor account to the state for the 15% calculation during the contract period and what is the process if the 15% is exceeded	Section 2.13 will be amended and a revised Budget Worksheet will be posted as a separate addendum.
47	General	General	Please provide appropriate contact information for all current subcontracted Transportation Providers.	This information was provided in Addendum #1

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48	General	General	Please provide the rates the current broker is billing today.	This information is not available
49	General	General	Please provide the major trip generators or major population centers for the claims for State Fiscal Year 2010.	Refer to Appendix W and Appendix X in the RFP
50	General	General	How many vehicles and of what type and capacities are currently needed for the trip demand levels by county?	Approximately 75 Ambulance, 200 Wheelchair and 150 Vans and Sedans
51	General	General	What is the current method of storing client and trip information and will this historical information be available to the contractor for the last few months on contract award? What file format is it in? Also is any existing software available to contractor and if so what software is provided?	1. The current contractor utilizes a propriatory system. 2. The requested historical information will not be available. 3. See answer number 1. 4. The state will not provide software to the contractor.
52	General	General	Please provide or estimate the number of positions that are currently operating the administrative portion of the services outlined in the RFP today.	The offeror is required to develop a staffing plan for their proposal.

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53	General	General	Many proposers do not fully disclose negative information which would impact their qualifications and/or the evaluation of their qualifications. Based on this, we would like to request that the RFP be amended to require proposers to fully disclose certain serious negative contract problems, for themselves as well as their principles and affiliates, at least for contracts or potential contracts in the last seven years, which we feel should include at a minimum: a. Any investigative or audit or similar findings or charges of proposer or proposal principle's fraud, malfeasance, anti-trust violation, civil violation, violation of transportation regulations, criminal activity or fine including those agreed to by settlement; b. Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies; c. Contracts concluded prior to expiration by termination, negotiation or settlement; d. Contracts terminated for convenience either by the contractor or at the contractor's request; e. Contracts where the contractor requested that option periods not be exercised, excepting options periods that required mutual agreement; f. Contracts where costs were renegotiated during the contract term at contractor's bequest. g. Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under the prime contract agreement or under agreements to transportation subcontractors.	This request is denied.
54	General	General	Fuel Assistance - This contract started in 2002 and by July 2005, fuel prices in Delaware had increased to $1.40 for regular gas. As of October 9, 2010 fuel prices had risen to $2.80 cents. The current contract does not include an adjustment factor for the fluctuation in fuel cost. Would the Department consider including a fuel risk corridor with an adjustment should prices exceed a defined percentage.	No, the Department will not consider a fuel rick corridor. See Section 4.06 page 90 Annual Payment Review.

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55	General	General	Are any benefit changes anticipated or under consideration that may impact utilization under this program?	No benefit changes are currently anticipated.
56	General	General	What information is available relative to current rates being paid for the various levels of service (such as volunteer, taxis, wheelchair vans, stretcher vans, as well as public transit and gas/ mileage reimbursement) within each of the three regions?	Public transit information may be obtained from Dart First State.
57	General	General	Does the State or current broker have a list of transportation providers available that can be distributed?	This information was provided in Addendum #1
58	General	General	Submission Reference Sheet (handed out at the mandatory pre-bid meeting): Please clarify if one (1) or two (2) original hard copies of all of the signed forms must be submitted.	One original hard copy of all of the signed forms must be submitted