

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
1	Would you please clarify exactly which types of organizations are classified as "Developmental Day Treatment Clinic Services (DDTCS)" or "Child Health Management Services (CHMS)" facilities?	DDTCS and CHMS facilities are both unique Categories of Service within the Medicaid State Plan.
2	Is my understanding correct that the provisions of RFP No: SP-15-0039 does, in fact, eliminate Medicaid / Non-Emergency funded transportation for DDTCS and CHMS programs?	Yes.
3	If this transportation funding source has been eliminated, are there other grants, alternative transportation services, or other funding sources that we may pursue to ensure that our clients are able to access the medical services that they so seriously need?	Yes. Currently there is an alternative payment methodology for transportation for DDTCS facilities. There are plans for implementation of a similar payment methodology for CHMS facilities.
4	Are there any options to appeal these changes to the current RFP from previous standard transportation operations? If so, where might I find the protocols to file an appropriate appeal?	OSP Procurement Law and Regulations see: <b>19-11-244. Resolution of protested solicitations and awards.</b>
5	<p><b>Section 1.6 Payment and Invoice Provisions</b></p> <p>The RFP states the PMPM base rates that are submitted by the bidder must be actuarially sound, as deemed so by the DMS actuary, in order to be considered for the NET contract award.</p> <p style="margin-left: 40px;">A. Please define actuarially sound.</p> <p style="margin-left: 40px;">B. Please show example of actuarially sound.</p> <p>Please explain at what point in the review process this will happen.</p>	<p>A &amp; B. Actuarially sound rates are created using generally accepted and sound actuarial practices and principles that determine a range of rates which demonstrate sufficient revenue to meet broker's expenses in order to deliver the services described in the RFP.</p> <p>C. After all sealed bids are received, but before they are opened.</p>
6	<p><b>Section 1.6 Payment and Invoice Provisions</b></p> <p>Will your DMS actuary provide all Regions with the projected cost per trip based on eligibles and historical information?</p> <ul style="list-style-type: none"> <li>• If not, will they provide a high and low range of unit rates per region that is</li> </ul>	<p>No.</p> <p>No.</p> <p>The State is providing the responders latitude to utilize historic data and their knowledge of non-emergency transportation to construct a bid that represents their requisite revenue to provide NET.</p>

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	<p>considered actuarially sound?</p> <p>If you won't provide a range, why not?</p>	
7	<p><b>Page 6 – Rate Adjustment</b></p> <p>The RFP states the Annual Adjustment Factor will be revised yearly based on factors deemed substantive by DMS actuary.</p> <p>A. Will each region be provided figures on how the adjustment was arrived at?</p>	Yes. An explanation will be provided.
8	<p><b>Page 5</b></p> <p>1. When will the DDTCS and CHMS facilities be informed that our contract does not allow for their recipients transport and will we be provided a list of DDTCS and CHMS facilities to ensure we don't provide transport to them?</p>	<p>Communication with facilities has begun and is ongoing.</p> <p>It is each broker's responsibility to ensure trips provided for Medicaid meet Medicaid requirements.</p> <p>DMS will provide list of DDTCS and CHMS facilities upon the start of the new NET contracts.</p>
9	<p><b>Page 17 - Section – Summary of Determination</b></p> <p>Does the beneficiary have to sign the attestation letter each time they ride or only once per year?</p>	See Addendum.
10	<p><b>Page 23 - Section – Scheduling, Pickup, and Delivery</b></p> <p>Are we correct in our understanding that a requirement of the contract is that we tell the recipient what their pickup time is at the time they schedule the ride? This is not possible in most cases as they schedule rides weeks in advance and there is no possible way to know how many riders will be scheduled to the van or route at that time so no definitive time can be given at that time.</p>	An estimated time should be given at the time a ride is scheduled. Brokers are required to contact and confirm scheduled pick-up times with the beneficiary within twenty-four hours of pick-up.
11	<p><b>Dun and Bradstreet –</b></p> <p>Why are you limiting the report rather than allowing the entire report which shows ongoing financial stability?</p>	The SQR from Dun & Bradstreet is the information the State will use to facilitate the evaluation of suppliers according to risk, financial stability and business performance.

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12	<p><b>Section 1.12 – Prime Contractor Responsibility</b></p> <p>The RFP states the vendor must include a list of subcontractors, including firm name and address, contact person, complete description of work to be subcontracted, a signed statement of intent declaring the intent to participate as a subcontractor and descriptive information concerning subcontractors organizational activities in their technical proposal response.</p> <p>a. Define subcontractor's organizational activities.</p>	See Addendum.
13	<p>Section 1.6 - <b><u>Payment and Invoice Provisions</u></b> (page 6) states, <i>"The PMPM base rates that are submitted by the bidder must be actuarially sound, as deemed so by the DMS actuary, in order to be considered for the NET contract award."</i> Will DMS provide the actuarially sound PMPM rate ranges established for each region so bidders may be assured of proposing rates within the required ranges?</p>	No, 2015 actuarially sound boundaries have not yet been established. However, the attached Data Book (Copy of Data Book Jan 9), issued with Addendum 3, provides historical data to assist with the determination of price.
14	<p>Section 1.6 - <b><u>Payment and Invoice Provisions</u></b> (page 7) presents information regarding a new and revised Annual Adjustment Factor (AAF) based on encounter data, audited annual financial statements, and <i>"other factors as deemed substantive by the DMS actuary"</i>. Will DMS provide an explanation of all the factors and the formulas that will be used in the calculation of the AAF?</p>	The AAF will consider: Population, the number of trips provided, length of trips, frequency of the need for wheelchair transportation, inflation, and other factors that influence NET.
15	<p>Section 1.6 - <b><u>Payment and Invoice Provisions</u></b> (page 7) states, <i>"All NET trips must be reflected by the DMS system the last day of the month following the month the transportation was provided in order for a Broker's monthly payment to be relinquished by DMS the following month."</i> Does this mean that there can be no rejected claims in order for DMS to issue a payment?</p>	No.
16	<p>Section 1.6 - <b><u>Payment and Invoice Provisions</u></b> (page 7) states, <i>"All NET trips must be reflected by the DMS system the last day of the month following the month the transportation was provided in order for a Broker's monthly payment to be relinquished by DMS</i></p>	Yes. However, the existing contract states 15 business days not 20.

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	<i>the following month.” Does this replace the current requirement to have all claims submitted by the 20<sup>th</sup> business day of each month?</i>	
17	Section 1.6 - <b>Payment and Invoice Provisions</b> (page 7) states, <i>“Brokers shall provide DMS with audited annual financial statements specifically detailing the Broker’s Arkansas Medicaid NET services for each region in which they operate.”</i> This requirement will add significant costs to the administrative expense for Brokers operating in multiple regions. In an effort to reduce administrative expenses, would DMS consider allowing one audited statement for all contracted regions?	A single audited statement that: A) Separates Arkansas NET from other lines of business and B) Separates regions, in cases where a single broker operates in multiple regions, is acceptable.
18	Section 2.2 - <b>Audit Requirement</b> (page 12) states, <i>“Successful Vendor shall comply with the state audit requirements as outlined in “State of Arkansas Human Services Audit Guidelines”.</i> ” The audit guidelines require the provider to have a Government Auditing Standards (GAS) audit performed if the contract value is over \$100,000. In previous years, privately owned companies were exempt from a GAS audit in lieu of a GAAP audit. Will this exemption continue under the new contract period?	Yes.
19	Section 2.2, <b>Recruit and Negotiate with Subcontractors</b> (page 14) - states, <i>“All written agreements with subcontractors must be submitted to DMS or NET monitoring contractor at least 30 calendar days prior to beginning of the transportation services”.</i> This requirement may have an adverse effect on service delivery if another provider has left the network [for any reason] causing a shortage in available resources and a new provider is available to immediately begin providing services or in less than 30 day waiting period. Would DMS consider allowing new providers to begin service immediately upon signing a provider agreement and demonstrating compliance with all of the State’s qualifications criteria?	The 30 day waiting period is only applicable to the initial implementation period (Prior to beginning work). After the first day of service, the Broker may contract with a provider without the 30 day notice requirement.

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20	<p>Section 2.2, <b><u>Submit Accurate Encounter (Trip) Information</u></b> (page 15) – states “<i>Should Broker fail to report encounter data in an accurate and timely manner, payment for that month of service will be withheld until the data is accurately entered and accepted...</i>” There are often errors that the Broker has no control over such as misspelled member names (on the State’s Eligibility Verification Website), incorrect NPI’s, etc. If there is one claim that is rejected due to an error beyond the control of the broker, will payment be withheld?</p> <p>If so, how can rejected claims due to errors in the State’s Eligibility Verification website be resolved?</p>	No.
21	<p>Section 2.2, <b><u>Provide Administrative Oversight and Reporting</u></b> (page 15) – states, “<i>...letters to notify the beneficiaries and facilities of changes...</i>” Will DMS provide a list of facilities to receive mailings? Approximately, how many facilities would need to receive these letters?</p>	Yes. Each region has a different number of providers and the number of providers changes on a daily basis. The approximate statewide count of providers is 37,000.
22	<p>Section 2.2, <b><u>Beneficiary Application for Services</u></b> (page 16) – states “<i>The Broker is required to notify beneficiaries of scheduling requirements and Broker contact information through distribution of DMS approved communication tools....option include but are not limited to yearly mail-outs...</i>” Is DMS requiring the Broker to ensure <u>each</u> beneficiary receives scheduling requirements and Broker contact information annually? Since the majority of beneficiaries do not use NET services, would DMS consider limiting the distribution of this material to only beneficiaries that utilized the service within the last year (unduplicated beneficiaries)?</p>	No. However, mail-outs can be limited to one per household.

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23	Section 2.2, <b><u>Beneficiary Application for Services</u></b> (page 17) – states “ <i>All EOTS must be approved by the DMS Monitoring Contractor. The NET Monitoring Contractor will inform the Broker of the decision to deny or grant more trips.</i> ” Who bears the cost if the Monitoring Contractor authorizes additional trips? What are the guidelines for approval? Will the authorization be granted for single trips or multiple trips?	<p>Brokers will be at risk for the costs of additional trips and be able to submit encounter claims for these trips to influence future payments.</p> <p>Each EOTS request will be evaluated on its own merit.</p> <p>Single or multiple trips may be approved as appropriate.</p>
24	Section 2.2, <b><u>Beneficiary Application for Services</u></b> (page 17) – states “ <i>The Broker is responsible for verifying the appointment at the time of the reservation</i> ”. This requirement is extremely labor intensive and cost prohibitive, and virtually doubles the amount of call intake processing time. Would the state consider limiting this requirement to only those trips that do not provide the required amount of notice and demand-response trip (non-standing order trips) only?	See Addendum.
25	Section 2.2, <b><u>Attestation Statement</u></b> (page 18) – The statement indicates that the Attestation Statement must be signed “ <i>at the A leg of the trip</i> ”, however this may not actually be the person who requested the trip. For example, often times a medical professional or case manager makes the reservation for the member, so the person actually signing the attestation is being asked to attest to statements they did not actually make. Further, the Attestation Statement states “ <i>The statement will be valid for one year from the date of signing.</i> ” This will be very cumbersome to put into operation as it will require determining who has already signed an attestation and who has not, and then communicating that information to the provider. Since all phone calls are recorded, would DMS consider allowing the recorded requests for transportation services with an attestation statement at the end serve as sufficient attestation in lieu of having forms signed?	See Addendum.

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26	Section 2.4, <b>Reporting, Quality Assurance and Performance Monitoring</b> (page 29) – indicates Ambulance, Wheelchair or <u>Stretcher</u> (Also indicated on page 45, Attachment B – Special Needs). Ambulance and stretcher trips are not covered under the current broker contracts. Are these new mobility levels for which the Broker will be required to provide under the new contract? If so, does DMS have any statistics or projections for the expected demand for this mobility?	See Addendum.
27	Section 5- <b>Evaluation of Cost Proposals</b> (page 34) states, “ <i>The following formula will be used per region for traditional population, <math>a/b \times c = d</math> (dividing lowest traditional population(a) by the next lowest traditional population(b) and multiplying by 210, the total cost points available (c) will equal the number of cost points awarded (d).</i> ” Does the term “traditional population” refer to the PMPM proposed cost for the traditional population and that “a” represents the lowest bid price divided by “b” the bid price of the price proposal being evaluated?	Yes.
28	<b>Data Book</b> (File “sp150039databook”) – The data book contains tabs for trip counts to CHMS and DDTCS providers. Have the CHMS and DDTCS trip counts listed on these tabs been excluded from the historical trip counts listed on the traditional and private option tabs?	No.
29	<b>Data Book</b> (File “sp150039databook”) – The data book contains a file with a revised Fuel Cost Adjustment Factor Schedule. Since the average fuel price in Arkansas has dropped below \$2.50/gallon and is projected to remain at or below the current level for next several months, would DMS consider revising the schedule again so that the current average fuel price would have an adjustment factor of 1.0?	No.

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30	Please provide a list of the current PMPM rates paid to the broker in each region.	See attachment (NET Actuarial study SFY 2014 and SFY 2015.pdf). Respondents are cautioned. Arkansas NET has undergone many changes in the last three years and this RFP continues that progression. Previous rates and actuarial studies may not be a predictor of future rates.
31	What constitutes a one way trip? Are Clients 'No Shows' considered 1 of the 8 trips?	A one way trip is from point A to B.  No.
32	Is the eligibility check the only way to identify the Private Option population?	Yes.
33	How are we going to know if a Private Option person has moved from one region to another if the county code is already changed?	Refer to RFP, page 15, Beneficiary Application for Services.
34	Is there a Provider listing of CHMS & DDTCS facilities?	See Response to Question 1.
35	Please provide an example of how this 1.0 Annual Adjustment Factor is used.	See page 6 in RFP, "Brokers monthly payment rate calculations" for example of Annual Adjustment Factor use.
36	We were told at the first meeting that a capitated rate price range would be given. What happened with this?	For many months the State has messaged to current brokers and their representatives that the State would allow respondents the latitude to articulate rates of their own determination rather than have the State tell potential brokers what rates would be paid.  The 2015 actuarially sound boundaries have not yet been established. However, the attached Data Book (Copy of Data Book Jan 9), issued with Addendum 3, provides historical data to assist with the determination of price.



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37	Why can't the limited # Private Options trips be tracked by DMS as the Prescription (RX) program is?	Current system limitations and lag time between service and broker reporting the service do not allow real time tracking.
38	1. What happens if you don't have the audit in by April 30 <sup>th</sup> ? 2. Every provider does not have the same fiscal year end?	1. The broker would be in violation of the contract. 2. Each broker should submit most recently completed fiscal year by April 30 <sup>th</sup> .
39	Actuarial studies need to be provided to every Region for the Historical Data.  Will this information be made available?	Yes, see attachment (NET Actuarial study SFY 2014 and SFY 2015.pdf).  Respondents are cautioned. Arkansas NET has undergone many changes in the last three years and this RFP continues that progression. Previous rates and actuarial studies may not be a predictor of future rates.
40	On the limit for the Private Option, it states that they can request additional trips. How many times will they be able to request additional trips? Could this 8 turn into 50?	There is not a limit on number of requests for extension of transportation services.
41	If client refuses to sign attestation statement can transportation be denied?	See Addendum.
42	Since there is no standard set (or scale) on the pricing, how will the scoring be done?	Page 34 of 60 in the RFP explains cost evaluation process.
43	Page 2 – Minority Business Policy Would DHS please clarify if it is their intent for all subcontractors to be certified or would being sufficiently qualified suffice?	Minority Businesses do not have to be certified in order to be subcontractors.
44	Page 2 – Minority Business Policy Would DHS please provide clarification as to whether or not there are any tracking documents required for reporting minority business participation, specifically, for certified business owners registered with the state?	Minority businesses should check minority status and provide Arkansas Minority Certification Number on page 2 of the RFP.  (None Specific to DHS)

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45	<p>Page 5 – Payment and Invoice Provisions</p> <p>This section states that the “Traditional” population includes the medically frail within Aid Category 06. As a result, would DHS please describe the population covered under Aid Category 06?</p> <p>Moreover, were these members covered prior to January 2014? If not, how did they receive NET services?</p>	<p>See 1.14 Definition of terms</p> <p>Persons who gained Medicaid eligibility through Arkansas Health Care Independence Act of 2013 were not eligible for Medicaid prior to January 2014.</p>
46	<p>Page 5 – Payment and Invoice Provisions</p> <p>This section states that “effective July 1, 2015, trips to Developmental Day Treatment Clinic Services (DDTCS) and Child Health Management Services (CHMS) <u>will not be points of destinations</u> under this RFP.” As a result, would DHS please answer the following:</p> <ul style="list-style-type: none"> <li>a) If a call is made from one of these clinics for a middle of the day pickup going to a doctor and then back, are these trips to be covered by the broker or provided by the DDTCS and CHMS?</li> <li>b) If they are to be the responsibility of the broker, have these trips been identified separately as “broker responsible utilization” or have they been included in Attachment A with the rest of the CHMS and DDTCS trip volume by region and county?</li> <li>c) If medical appointment trips from these facilities are to remain the responsibility of the broker and they have not been broken out in Attachment A, can DHS please provide an estimation as to what percentage of those CHMS and DDTCS trips will stay in the NET brokered services?</li> </ul> <p>Our recollection is that roughly 8 to 10% of the trips could be middle of the day (out of the facility and to a medical appointment and back) and not just trips to these facilities. Please advise whether these trips will stay the responsibility of the broker? If yes, should they be added back to the data book?</p>	<ul style="list-style-type: none"> <li>a) The broker.</li> <li>b) They have been included.</li> <li>c) No.</li> </ul> <p>These trips remain the responsibility of the broker. These trips were not removed from the Data Book.</p>

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47	<p>Page 6 – Annual Adjustment Factor</p> <p>This section states that the AAF for July 2015 through 2016 will be 1.0. As a result, would DHS please address the following questions:</p> <ul style="list-style-type: none"> <li>a) Please define what the AAF is supposed to represent?</li> <li>b) Can DHS tell us what was benchmark period used in projecting the FYE 2016 AAF? And, what will the benchmark period be for FYE 2017?</li> <li>c) Please confirm that the AAF is different than the Fuel Adjustment Factor?</li> <li>d) Is this 1.0 the same AAF used for each region or is this for the entire state and each region showed differentiating AAF? If the latter, please provide the AAF by region.</li> <li>e) Was this AAF developed separately for the traditional versus the Private plan as it is evident that the members under the private plan are just starting to learn about this benefit and clearly show increasing utilization?</li> <li>f) So if the AAF = 1.0, it is stating that the actuarial exercise showed no trip volume growth or transportation cost per trip growth for 24 months (or overall cost growth in the program) that is being projected into SFY 2016? Please elaborate on what the 1.0 states about the trend to be expected over the next 24 month period being projected.</li> <li>g) By what date will the AAF by region be made available to the broker in order for them to weight their risk for the upcoming fiscal year and decide on acceptance?</li> </ul>	<ul style="list-style-type: none"> <li>A. The AAF is a mechanism to allow for the adjustment of payment rates due to utilization changes or other factors.</li> <li>B. The factor for FY 2016 is 1.0. The factor for FY 2017 will be based on FY 2016 experience.</li> <li>C. The AAF is different than the Fuel Adjustment Factor.</li> <li>D. The AAF of 1.0 is used for each region.</li> <li>E. The AAF will be calculated to reflect the experience under both the traditional and private plans.</li> <li>F. The AAF of 1.0 reflects that the rates bid for SFY 2016 are adequate without an experience adjustment. No trend information has been provided.</li> <li>G. The AAF by region is 1.0 for SFY 2016.</li> </ul>

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48	<p>Page 6 – Annual Adjustment Factor</p> <p>This section states that Brokers who fail to report all trips accurately and timely will not receive the appropriate AAF. As a result, would DHS please provide clarification for the following:</p> <ul style="list-style-type: none"> <li>a) How often are brokers submitting electronic encounter information, once a week, once a month, etc.?</li> <li>b) Can DHS tell us if the data reflected in Attachment A represents <u>52 weeks of completed encounter data</u> submitted by each broker?</li> <li>c) Were any brokers missing encounter files throughout the year? Also, were there any encounter files that were rejected by DHS' system that were not factored into the rate setting exercise? If so, how many brokers and how many weeks of data and/or trips were denied?</li> </ul>	<p>A. Brokers can submit data daily, weekly and/or monthly but are encouraged to as frequently as possible.</p> <p>B. As stated in Attachment A Data Book, the study period was from August 2013 - July 2014 reflects adjudicated claims as submitted and certified by each broker. See "Read Me" tab in Data Book.</p> <p>C. The Data Book represents adjudicated claims as submitted and certified by each broker.</p> <p>Data on denied trips is not available.</p>
49	<p>Page 6 – Annual Adjustment Factor</p> <p>This section states that all trips must be reflected by the DMS system the last day of the month following the month of the transportation in order for a Broker's monthly payment to be relinquished by DMS the following month.</p> <p>Consequently, would DHS please provide clarification for the following:</p> <ul style="list-style-type: none"> <li>a) How does the submission of the transportation providers invoices (after paid) align with the Broker's payment (members x rate) in this case? This reads as if it pertains to a per trip reimbursement than a capitation based on members. Please elaborate.</li> <li>b) Or, is this stating that any encounter data (i.e. trip) submitted more than 30 days from the date of service will be denied in use for the rate setting exercise?</li> <li>c) If b, is yes, does the encounter data shown in Attachment A exclude all trips that were over 30 days submitted even</li> </ul>	<p>a. ALL encounter claims are due the last day of the month following the month the transportation was provided. The payment system agreed upon by the Broker and their Subcontractor has no bearing on submission of encounter claims.</p> <p>All encounter claims must be filed whether provided by a broker delivering the service themselves or by a subcontract working for the broker. Claims not filed in accordance with timeliness standards described in the RFP may not be available for actuarial review and could negatively impact future payments.</p>

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	<p>if it was accepted by your system?</p> <p>d) If b and c are yes, we have found that the claims lag after 30 days is still around 15% of all trips incurred for a month of service, which would mean that the trips represented in Attachment A are depressed by that percent and that a Broker would end up paying these trips to the transportation companies that provided the service and would not have this cost factored into their PMPM.</p> <p>For this rate setting exercise, does a completion factor need to be applied to the data book to gross up trips to represent the actual volume incurred for all regions before any 30+ day (over 30) trips were denied?</p>	<p>b. Only accepted adjudicated claims were used in the Data Book.</p>
50	<p>Page 6 – Annual Adjustment Factor</p> <p>Is this AAF computed solely by the actuaries or will the broker be asked to review and provide feedback?</p>	<p>Yes, the AAF will be calculated solely by the DHS actuary.</p>
51	<p>Page 6 – Annual Adjustment Factor</p> <p>This section includes the statement that, “[a]ll NET trips must be reflected by the DMS system the last day of the month following the month the transportation was provided in order for a Broker’s monthly payment to be relinquished by DMS the following month. For example, NET trips provided in May 2015 must be reflected in the DMS system no later than June 30, 2015 in order for a Broker to receive July 2015 payment.”</p> <p>Does this provision refer to encounter data submitted by the broker such that trips must be invoiced by TPs and paid by LGTC within 30 days? Or, is this provision referring to some other “DMS system” that will track all reservations, including trips that have been assigned and performed but not yet invoiced and paid? Please clarify.</p>	<p>This provision refers to encounter data being submitted by the broker regardless whether the broker or their transportation provider provided the trip.</p>

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52	<p>Page 7 – Broker's Monthly Payment Rate</p> <p>Would DHS please clarify what is included in the claims for damages regarding the Medicaid fee adjustment deductions that could be made prior to the monthly invoice payment to the broker?</p>	<p>See section 150.000 of the Transportation Provider Manual for Administrative Remedies and Sanctions.</p>
53	<p>Page 7 – Section 1.6 - Broker's Monthly Payment Rate Calculations</p> <p>This section includes an explanation of an annual reconciliation of eligible members and possible deduction of payments from the Broker if the number of eligible members is retroactive reduced. In light of the fact that the broker is screening eligibility based on data provided by the DMS, and may have authorized and paid for trips for members that are retroactively removed from eligibility, please describe how the broker will be reimbursed or compensated such retroactively "ineligible trips." Will DMS pay the Broker for actual cost of trips authorized for members who are retroactively removed from the Medicaid roll and whose PMPM fee is deducted from the Broker?</p>	<p>See page 7 in the RFP. The actual number of eligibles is defined as being eligible for a minimum of fourteen (14) days of a month.) An additional per member per month payment will be made to the Broker if the actual number of eligibles exceeds the number for which payment was previously made. Conversely, if the number of eligibles for which payment was made exceeds the actual number, this difference will be deducted from a future payment to the Broker.</p>
54	<p>Page 7 – Section 1.6 - Broker's Monthly Payment Rate Calculations</p> <p>This section states that DMS reserves the right to deduct Medicaid fee adjustments from the successful vendor's monthly invoice prior to payment. Please provide an example of a "Medicaid fee adjustment" that would apply to the NEMT brokerage contract.</p>	<p>See question 227 below and page 6, "Broker rate calculations" in the RFP.</p>
55	<p>Page 8 – Section 1.12 - Prime Contractor Responsibility</p> <p>Would DHS please clarify if the list of subcontractors that are to be included in the technical proposal response include Transportation Providers the vendor intends to contract with, if awarded?</p>	<p>Yes, intended Subcontractors must be included.</p>

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56	<p>Page 9 – Section 1.14 – Definition of Terms Understanding that the Traditional Population includes the medically frail population who gained eligibility through the Arkansas Health Care Independence Act of 2013, however, do NOT participate in the Health Care Independence Program. Would DHS please elaborate on this population?</p> <p>For instance, Is this population what some would have considered the woodwork population?</p> <p>Had the state chosen to expand Medicaid, are these the individuals that would have been considered part of the expansion population due to their condition and income?</p> <p>How is this group different than the Medically fragile population (waiver, etc.) that has always existed within the NET program and Medicaid?</p>	<p>See definition of terms: Traditional Population – All persons eligible for NET except those included in the Private Option population. The Traditional population includes the medically frail population who gained eligibility through the Arkansas Health Care Independence Act of 2013 but do NOT participate in the Health Care Independence Program. Private Option Population – Persons who gained eligibility through the Arkansas Health Care Independence Act of 2013 AND participate in the Private Option.</p> <p>No.</p> <p>The Arkansas Health Independence Act of 2013 did expand eligibility.</p> <p>This group gained eligibility through the Arkansas Health Care independence ACT of 2013, however due to their medical condition participate in traditional Medicaid rather than the Private Option. It is unknown who the questions references as the medically frail group “that always existed within the NET program”.</p>
57	<p>Page 12 – Section 2.1 – Scope This section states that, “each broker must provide .... on-going safety training and refresher training of vehicle operators...”.</p> <p>Is it acceptable for the Broker to provide access to industry best training services at discounted rates which will be provided by trainers that are independent from the broker, are is this provision to be read to required that the broker itself, through its own employees, provide the training?</p>	<p>Yes, the Broker may utilize and are encouraged to utilize other training opportunities outside of their own agencies.</p>

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58	<p>Page 12 – Section 2.2 – Criminal History Check/Central Registry Check</p> <p>Please clarify if all drivers are required to pass the defined criminal history and central registry check.</p>	Yes, it is a requirement.
59	<p>Page 13 – Section 2.2 – Contractor's responsibilities/Adhere to program guidelines</p> <p>Would DHS please provide a definition and/or example(s) of "Special Transport Needs"?</p>	See Section 2.2 General Requirements – Special Circumstances.
60	<p>Page 13 – Section 2.2 – Contractor's responsibilities/Recruit and Negotiate with Subcontractors</p> <p>Is it DHS' expectation that all personnel of Subcontractors, including all back-office personnel, be checked against the exclusion list? In other words, would this include staff personnel such as back-office billing and Board Members of public entities providing transportation?</p>	Yes.
61	<p>Page 14 – Section 2.2 – Contractor's responsibilities/Recruit and Negotiate with Subcontractors</p> <p>Regarding the statements that "the Broker will pay subcontractors in accordance with the terms of the service agreement between the Broker and the subcontractor. Brokers must make full payment to subcontractor for authorized trips within a reasonable time, not to exceed 30 calendar days following the Broker's receipt of an invoice from the subcontractor." Would DHS please consider replacing "invoice" with "Clean-Claim" in the above language?</p>	No.
62	<p>Page 15 – Section 2.2 – Provide Administrative Oversight and Reporting</p> <p>Is it the intent of DHS to have the Broker mail notifications of all changes to ALL Beneficiaries who have accessed the system within a certain time frame?</p>	Yes, one notification per household.



## NET RFP SP-15-0039 Q&A

Question #	Question	Response
63	Page 16 – Section 2.2 – Beneficiary Application of Services What treatment types are considered urgent care and would be excluded from the 48 hour requirement?	Any notification from a facility or health care provider requesting on urgent care appointment must be honored or DHS Monitoring Contractor operating under the direction of DHS.
64	Page 16 and 17 – Section 2.2 – Beneficiary Application of Services Transportation services are excluded from a number of beneficiaries under the Medicaid NET waiver program. Do these exclusions also apply to members under the Private Option?	No.
65	Page 16 – Section 2.2 – Beneficiary Application of Services Does the member file identify any of the members excluded from the transportation benefit?	The beneficiary's aid category is visible on the Arkansas Medicaid Website when running eligibility.
66	Page 16 – Section 2.2 – Beneficiary Application for Services According to this section, those Medicaid beneficiaries deemed “Qualifying Individuals – 1 (QI-1)” are ineligible for NET services. Does this designation apply to those who qualify for Medicaid only pursuant to the family planning waiver and tuberculosis programs? If so, is the QI-1 population limited to those individuals? If not, to which segment of the Medicaid population does this designation refer?	Family planning and tuberculosis are no longer Medicaid aid categories.
67	Page 16 – Section 2.2 – Beneficiary Application for Services Understanding that Transportation services are not available for ARKids First-B Beneficiaries. Would DHS please provide clarification to the following questions:  (1) Are transportation services available for ARKids First-A Beneficiaries?  (2) Are the numbers for the beneficiaries in both these categories reflected in the overall data book?	1) Yes.  2) No, see below.  3) ARKids First B has never qualified for NET services.

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
	(3) Are these beneficiaries reflected in the schedules showing which trips are terminating on June 30, 2015?	
68	<p>Page 16 and 17 – Section 2.2 – Beneficiary Application for Services</p> <p>Would DHS please clarify if DDTCS and CHMS facilities will be reimbursed for providing transportation to beneficiaries to their appointments? In the event the NET Broker contracts with these facilities to provide transportation services, is there a set amount provided to these facilities for transportation services?</p>	Transportation for DDTCS and CHMS facilities will be provided under the Medicaid State Plan – it is no longer addressed by the NET contract.
69	<p>Page 16 – Section 2.2 – Beneficiary Application for Services</p> <p>As part of the gatekeeping process for beneficiaries, DHS is requiring beneficiaries to sign an attestation attesting that they do not have another mode of transportation available.</p> <p>How is DHS envisioning this to be enforced? Will the broker be responsible for this? Is this a one-time requirement or every time a beneficiary receives a ride?</p>	See Addendum.
70	<p>Page 17 – Section 2.2 – Summary of Determination Process</p> <p>Would DHS please clarify if 100% of appointments are to be verified at the time of reservation as this will significantly affect the reservation time?</p>	See Addendum.
71	<p>Page 17 – Section 2.2 – Summary of Determination Process</p> <p>Would DHS please clarify whether or not transportation will be denied if a parent or guardian is not available to sign an attestation at the time of transport for either a minor or an incapacitated adult?</p>	See Addendum.

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
72	<p>Page 17 – Section 2.2 – Beneficiary Application for Services This section states that once the Private Option beneficiary utilizes all of their eight (8) trips a year, the broker is to contact the DMS NET Monitoring Contractor to seek an Extension of Transportation Services. As a result, would DHS please provide clarification to the following:</p> <ol style="list-style-type: none"> <li>1) Who is the DMS NET Monitoring Contractor?</li> <li>2) What is the turnaround that can be expected from the DMS NET Monitoring Contractor when a request is made?</li> <li>3) If a trip request is made after reaching the maximum of 8 trips and an extension is denied, does a Notice of Action need to be issued? Is this being done today?</li> <li>4) If bidders provide a PMPM for the Private Plan members based on this 8 trip limitation per year and the DMS NET Contractor extends the 8 trip limit, how is the broker compensated for these trips. Example; Member receives an extension and incurs 24 trips throughout the year but the PMPM is based on 8 Trips. Can the broker bill the “over limit trips” on a fee for service? If not, how is the broker compensated for this?</li> <li>5) Can you provide the number of Unduplicated Members by region for the Private Pay trip volume shown in Attachment A?</li> <li>6) Does the DMS NET Monitoring Contractor know either the general or precise percent of Private plan members that reach this maximum?</li> <li>7) What are some of the reasons for which an extension is granted?</li> <li>8) How many extensions can be granted to one member during an annual period?</li> </ol>	<ol style="list-style-type: none"> <li>1. The NET Monitoring Contractor is contracted with the state and acts with the authority of DHS.</li> <li>2. Turnaround would have to occur within the 48 hour (two business days) notice.</li> <li>3. If any EOTS are denied, by Medicaid standards, a denial letter would be issued and the right to appeal process included.</li> <li>4. Broker cannot bill for “over limit trips”. Payment is made by means of the capitated rate. These trips will be considered when the next Annual Adjustment Factor is conducted.</li> <li>5. “Private Pay” is not a term used in Attachment A.</li> <li>6. No.</li> <li>7. See question 23.</li> <li>8. See question 40.</li> </ol>
73	<p>Page 17 – Section 2.2 – Beneficiary Application for Services This section states that the Broker bears the responsibility for creating an internal process with their call centers to accommodate and track the EOTS. As a result, would DHS</p>	<p>Refer to RFP, page 15, Beneficiary Application for Services.</p>

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
	<p>please provide clarification as to how this can be coordinated when members may move from one region to another region that the broker does not administer?</p>	
74	<p>Page 17 – Private Option If the broker is required to coordinate with other regional brokers to determine whether or not trip limits of a Private Option member has been reached, will DHS establish a method for the appropriate contact within each broker, or will DHS establish a database to determine the trip limits of a Private Option member?</p>	<p>No. Refer to RFP, page 15, Beneficiary Application for Services.</p>
75	<p>Page 18 and 20 – Section 2.2 – Attestation Statement and Special Circumstances Would DHS please clarify whether or not the attestation statement requirement applies to mileage reimbursement, public transit and foster children?</p>	<p>See Addendum.</p>
76	<p>Page 18 – Section 2 – Provision of Services This section states that the Broker will provide mileage reimbursement if the Beneficiary has a working vehicle but is unable to afford the gasoline. As a result, will the Broker be permitted to implement a similar reimbursement program for Friends and Family members?</p>	<p>No.</p>
77	<p>Page 18 – Section 2.2 – Attestation Statement This section states that the Broker will be responsible for ensuring attestation statements are available upon request by DMS or the NET Monitoring Contractor. Consequently, would DHS please clarify whether or not this would eliminate the need to capture “member signatures” when being transported; Or, is it in addition to?</p>	<p>See Addendum.</p>

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
78	<p>Page 18 – Section 2.2 – Provision of Services Would DHS please provide clarification to the following:</p> <ol style="list-style-type: none"> <li>1) Is there any limit to the percentage of trips a broker can perform themselves?</li> <li>2) What is the trip volume, separated by “level of service?” Specifically, what is the percentage of trips, segregated by region, that are a) livery, b) wheelchair, c) mass transit, d) mileage reimbursement, etc?</li> </ol>	<ol style="list-style-type: none"> <li>1. No</li> <li>2. Sufficient reliable data is not available to provide these figures.</li> </ol>
79	<p>Page 19 – Section 2.2 – Attendant Care Would DHS not only please provide the current number of instances when a broker had to provide Attendant Care but also the resulting cost of such Attendant Care.</p>	Sufficient reliable data is not available to provide these figures.
80	<p>Page 19 – Section 2.2 – Unallowable Transportation Is non-emergency ambulance a covered service for this RFP? If so, what is the current trip volume and cost, and is this service included in the Data Book?</p>	No.
81	<p>Page 19 – Section 2.2 – Special Circumstances Would DHS please confirm that Emergency Room discharges are not the Broker’s responsibility under this RFP?</p>	<p>Yes, they are the Broker’s responsibility if the beneficiary was been in the ER for a minimum of a 23 hour hold. Refer to Section 2.2 – Special Circumstances</p>
82	<p>Page 19 – Section 2.2 – Geographic Considerations If a primary care physician has made a referral to a specialist, will the broker be able to request a medical necessity form to be submitted and placed on file for the beneficiary that the referral has been made? If so, will the form require a signature from the physician or a medical professional? Who is considered to be a medical professional?</p>	<p>Yes. Refer to Section 2.2 Geographic Considerations</p> <p>Referrals from the PCP office with the physician’s signature or stamp are acceptable.</p>

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
83	Page 19 – Section 2.2 – Allowable Transportation for Escort Visits Would DHS please provide clarification as to whether or not transportation to visit an in-patient minor, for one trip per episode of care, considered to be for a beneficiary under the age of 18?	Yes.
84	Page 19 – Exceptional Transportation Understanding that the Broker is only responsible for travel to and from providers out of state—within 50 miles of the border. Is the broker responsible for air travel, or are these trips via vehicles only? Are lodging/meals also included?	Air travel, lodging, and meals are not included.
85	Page 20 – Special Circumstances You are requesting for DMS to have the ability to transport members who may not meet the criteria specified in the RFP. Is this something that the broker will bill DMS on a fee for service basis?	No, this cannot be billed on a fee-for-service basis. An encounter claim should be filed. Refer to Page 14, Submit Accurate Encounter (Trip) Information.
86	Page 21 – Section 2.3 – Child Passenger Transportation Safety “Broker will require that any person installing a child restraint has received appropriate training from a certified child passenger safety technician.” Is this to include beneficiaries’ parents installing the device?	No. Drivers should always check installation of all car restraints installed by the parent.
87	Page 21 – Section 2.3 – Child Passenger Transportation Safety Child Safety Buzzers are mentioned in this section as well as later on. Is this a new requirement or is this currently in place?	It is currently in place.

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Question #	Question	Response
88	Page 22 – Section 2.3 – Central Business Office Requirements Are the records to be housed at the Central Business Office to include all driver manifests?	Yes, in the manner in which the Broker chooses to store them with approval by DMS or NET Monitoring Contractor.
89	Page 22 – Section 2.2 – Telephone System Requirements Is the following requirement a monthly average target, “The Broker must answer ninety percent (90%) of all calls within five (5) rings and ensure that the wait time after answering will not exceed five (5) minutes”?	Please see page 22 of RFP “Telephone System Requirements” - No, this is not only a monthly average target but refers to all call averages.
90	Page 23 – Section 2.3 – Scheduling, Pick-up and Delivery Standards Does the fourth bullet point in the section mean that members have to arrive no later than 15 minutes prior to their appointment time?	Yes.
91	Page 23 – Scheduling, Pick-up and Delivery Standards One of the service requirements is to “...contact and confirm the scheduled pick-up time with the beneficiary within 24 hours of the pick-up”. Is this a requirement that needs to be performed for every trip? If so, is an automated notification process sufficient or are you requiring a human interaction with each member. Also, what happens if the member is not available to confirm?	Yes, if approved by DMS or NET Monitoring Contractor.  All beneficiaries must be notified of pick-up time.
92	Page 23 – Scheduling, Pick-up and Delivery Standards One of the service requirements is: “If a delay of 15 minutes or more occurs, the broker must contact the beneficiary at the pick-up point to inform him or her of the delay”. Normally, we rely on the transportation provider to coordinate with the beneficiary as it is more efficient for the specific driver and person being picked up. Is this sufficient to meet this requirement?	Yes, however the Broker is still responsible for the proper notification.
93	Page 24 – Section 2.2 – Attestation Statement Have beneficiaries been required in the past to sign an attestation statement regarding the need for NET transportation? If the beneficiary or parent/guardian refuses to sign the form at the A-leg pick-up, is the transportation service denied at that time or until the	See Addendum.

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
	statement is signed? Are the forms to be signed again after a one-year period?	
94	Page 24 – Section 2.3 – Subcontractor Records Have beneficiaries been required in the past to sign an attestation statement regarding the need for NET transportation? If the beneficiary or parent/guardian refuses to sign the form at the A-leg pick-up, is the transportation service denied at that time or until the statement is signed? Are the forms to be signed again after a one-year period?	See Addendum.
95	Page 24 – Section 2.3 – Records Regarding Services Provided On the vehicle manifest that is provided by the driver, the beneficiary's Medicaid number is listed. There may be instances this could be considered proprietary information. Will the beneficiary's Medicaid number be required or is it acceptable for the broker to have the number on file for reference? If it is required, will the last 4 digits be acceptable to maintain beneficiary privacy?	Yes, the Medicaid number is required.  Yes, the last four digits are acceptable.
96	Page 26 – Section 2.3 – Monthly Vehicle Inspections Would DHS consider changing the monthly vehicle inspection requirement to annual or semi-annual with a percentage of total vehicles covered under random inspections?	No.
97	Page 26 – Section 2.3 – Driver Qualifications Would an initial drug test followed by annual drug testing for drivers be acceptable, rather than the requirement "Brokers shall ensure all drivers are in an appropriate United States Department of Transportation (USDOT) drug and alcohol testing program; or, a non-USDOT drug and alcohol testing program which mirrors the USDOT requirements"?	An initial drug test prior to being hired, plus the annual, and possible random drug tests are required.  Refer to Page 26 – Section 2.3 – Driver Qualifications
98	Page 26 – Section 2.2 – Monthly Vehicle Inspections With reference to the RFP statement "Daily walk around vehicle inspection sheets must be maintained and made available to DMS or the NET Monitoring Contractor upon request", is there a standard form that all brokers and transportation providers are using and if so, can you provide a copy?	No, currently there is not a "standard form" the NET Brokers and Subcontractors utilize. Brokers must use a form which completely and accurately reflects safety inspection performed on the vehicle(s).



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Question #	Question	Response
99	Page 26 – Section 2.3 – Monthly Vehicle Inspections NET program industry standards require the broker to inspect subcontracted transportation provider vehicles every year or every six months. Is the intent of this provision that the broker physically inspect 100% of all subcontractor vehicles each month (and of necessity include in its price proposal the cost to perform monthly inspections), or is the intent of this provision that the broker verify that the subcontracted provider performs such monthly inspections (and thereby keep inspection costs in line with industry standards and the current Arkansas NET program)?	Regardless of who has inspected the vehicles monthly, the Broker is responsible for the safety inspections to be performed as specified in this RFP. Evidentiary documentation must be provided upon request.
100	Page 26 – Monthly Vehicle Inspections DMS requires monthly vehicle inspections with daily walk around inspection sheets filled out and submitted. Monthly vehicle inspections for all vehicles are a significant resource commitment by the provider. It requires vehicles to be taken out of commission and scheduled for central inspection. Would DMS consider the ability to perform remote inspections monthly but in person inspections annually? Also, does DMS expect the providers to perform daily walk around inspections and then submit those to the Broker?	Would DMS consider the ability to perform remote inspections monthly but in person inspections annually? No. DMS requires inspections to be performed as specified in this RFP.  Also, does DMS expect the providers to perform daily walk around inspections and then submit those to the Broker? The Broker can determine what and when is submitted to the Broker, as along, as all documents which are required by DMS under this RFP can be submitted to DMS upon request.
101	Page 31 – Section 2.4 – DMS Performance Monitoring Will DHS amend the requirement that vehicles be available for inspection at any time to include a clause that it will not disrupt scheduled trips for the vehicle?	No. The intent of the inspection is not to disrupt NET services but provide safe transportation.
102	Page 31 – Section 2.4 – Broker Performance Reports Will DHS provide one month's worth of operating performance reports by region as guidance for what may be required?	NET Performance Profiles are available at <a href="http://www.afmc.org">www.afmc.org</a> .
103	Page 32 – Section 3 – Minimum Qualifications of Respondents Will DHS consider mandating (3) years of broker experience in programs of similar size and scope?	No.
104	Page 34 – Section 5 – Evaluation of Cost Proposals The formula being used for both the Traditional and Private Option states that the score is determined by dividing the lowest population price for each by the next lowest price. That seems to	The low bid receives the total number of points for cost.  Traditional Population = 210 total possible points

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Question #	Question	Response
	indicate that only the lowest cost bidder and the next lowest cost bidder are being factored into the score, resulting in the same score for the third place cost and so on. Is the intention to divide the lowest price by the price submitted by each bidder?	Private Option Population = 90 total possible points  Yes, each bid is divided by the low bid, ensuring that each of the other proposals receive proportionately fewer points.
105	<p>Page 34 – Section 5 – Evaluation of Cost Proposals</p> <p>While prospective bidders are required to submit separate proposals for each Region being pursued, this process does not allow for bidders to leverage or maximize economies of scale &amp; return on investment for the Department should they be awarded multiple regions. As such, this process does not take into account the increased efficiencies &amp; cost savings that could be gained through the award of multiple and/or contiguous regions by a single broker.</p> <p>Will the Department allow for such an analysis by prospective bidders? If so, given that prospective bidders are prohibited from referencing cost within the Technical/Business Proposal, where should prospective bidders include such an analysis?</p>	No. However, the attached Data Book (Copy of Data Book Jan 9), issued with Addendum 3, provides historical data to assist with the determination of price.
106	<p>Page 35 thru 41 – Official Proposal Price Sheets</p> <p>The RFP states “Bid rates must fall within actuarial sound boundaries.” Please answer the following:</p> <ol style="list-style-type: none"> <li>1) Since the AAF for SFY 2015, can we assume that an actuarial rate range has been calculated for each region?</li> <li>2) If so will these rate ranges be shared after the RFP is due along with the assumption behind utilization growth factor, unit cost factor, profit/risk assumptions?</li> <li>3) If a bidder submits a bid outside of the actuarial range (meaning below the low end or above the high end), will they be disqualified? If not, what would happen?</li> </ol>	<ol style="list-style-type: none"> <li>1. No.</li> <li>2. Not applicable, see part 1.</li> <li>3. Yes. DMS cannot pay a rate outside the actuarial range per Federal regulations. The attached Data Book (Copy of Data Book Jan 9), issued with Addendum 3, provides historical data to assist with the determination of price.</li> </ol>
107	<p>Attachment A – Data Book</p> <p>Please answer the following questions:</p> <ol style="list-style-type: none"> <li>1) Are these trips “completed and paid” or are a portion of</li> </ol>	<ol style="list-style-type: none"> <li>1. See Data Book, issued with Addendum 3, “read me” tab for definition of trips.</li> <li>2. No.</li> <li>3. DHS does not have this information.</li> </ol>

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Question #	Question	Response
	<p>them “completed but yet to be paid”?</p> <p>2) Is there a claims lag that should be factored for the last couple of months for claims that might have come in after that?</p> <p>3) According to the RFP all trips must be submitted within 30 days after month end. Will DHS provide insight as to the number of trips (or percentage of overall trips) incurred where the broker pays a transportation company but the transportation company does not bill the broker within the 30 days required; causing the broker to absorb this cost?</p> <p>4) Will DHS consider extending this 30 day requirement to 60 days to allow transportation providers to get paid for trips that they have performed?</p> <p>5) Please provide the number of unduplicated members, by month, that uses this service by region.</p>	<p>4. No.</p> <p>5. This data is not available.</p>
108	<p>Attachment A – Data Book</p> <p>Please explain why Regions A, B, D, and F show no DDTCS Trips.</p> <p>According to the Databook, Region C began DDTCS trips in the last couple months? How were beneficiaries in this region receiving service before May 2014?</p>	<p>Brokers did not report DDTCS trips in these regions.</p> <p>Unknown.</p> <p>(Copy of Data Book Jan 9) issued with Addendum 3.</p>
109	<p>Attachment A – Data Book</p> <p>Will DHS provide beneficiary projections for the six-year contract period?</p>	<p>No.</p> <p>(Copy of Data Book Jan 9) issued with Addendum 3.</p>
110	<p>Attachment A – Data Book</p> <p>Please provide additional monthly data for the past two SFYs:</p> <ol style="list-style-type: none"> <li>1. Trips by mode of transportation – Ambulatory, wheelchair etc.</li> <li>2. Trips by category of aid</li> <li>3. Miles by mode of transportation</li> <li>4. Cost by mode of transportation</li> </ol>	<p>Sufficient credible data is not available.</p> <p>(Copy of Data Book Jan 9) issued with Addendum 3.</p>

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Question #	Question	Response
111	Attachment A – Data Book Are the DDTCS and CHMS trips included in the trip numbers provided or have they already been deducted?	See “Read Me” tab in Data Book.  (Copy of Data Book Jan 9) issued with Addendum 3.
112	Attachment A – Data Book Will DHS provide trip information by Level of Service (Ambulatory, Wheelchair, ALS, BLS, etc.)?	This data was not available for the Data Book study period.  (Copy of Data Book Jan 9) issued with Addendum 3.
113	Attachment A – Data Book Please provide trip cost/distance information by county and Level of Service.	This data was not available for the Data Book study period.  (Copy of Data Book Jan 9) issued with Addendum 3.
114	We understand that the state has been subdivided into new regions; however, there are some overlaps of old region to new. Example – Region G is the old Region 12. Can DHS please provide the PMPM rates paid to each broker for each region 1 thru 12 for the past three years?	A period of historic data has been provided; see attachment (NET Actuarial study SFY 2014 and SFY 2015). Be advised data included periods of sole source payments and other situations that were outside the course of normal business. Additionally, Arkansas NET has undergone many changes in the last three years and this RFP continues that progression – Previous rates may not be a predictor of future rates.
115	Broker Performance Reports This section references Beneficiary Satisfaction Surveys for the first time. Assuming this will be a requirement of the selected Broker, could the agency please provide some additional information concerning this requirement (How often / method / etc.)?	Surveys are conducted every two years by a contracted firm.
116	Would DHS please clarify if it is their intention to have one physical redacted copy AND one CD redacted copy? Or is it permissible to have one or the other? Also, is it permissible to have the redacted copy in pdf. format?	Section 1.8 Proprietary Information states that the redacted copy should be submitted on a CD or Flash drive. PDF format for the redacted copy is permissible.
117	On page 32 of SP-15-0039 under Quality Assurance Plan, it is noted that we must provide a business license. However, what if we are a Non-Profit Corporation and are not required to have a license. How can I comply with this requirement?	See Addendum. Non-Profit Corporations should submit a copy of documents attesting to their Non-Profit Status.

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Question #	Question	Response
118	Are bidders required to submit a different <u>technical proposal</u> for each region?	No.
119	Will current state-contracted NET Vendors need to resubmit their EEO policy if the policy has not changed since their last submittals to the state?	No.
120	The RFP states that all bidders must certify prior to award that they do not employ or contract with any illegal immigrants in their contracts with the state. Is it necessary for current state-contracted NET vendors to resubmit this online certification?	Yes.
121	Will all vehicles and operators currently approved for service in the region be deemed eligible to continue providing services on 7/1/15?	All vehicles and drivers must pass or be approved for services within the NET program.
122	The trip data provided in the RFP Data Book is significantly lower than the actual number of trips performed (at least in Region A) — up to 10 percent in some months. Will DMS clarify if the trips in the data book are meant to include all performed trip legs, or only performed trip legs that were accepted in the encounter process?	Only adjudicated and accepted trip legs are included in the Data Book. See updated Data Book (Copy of Data Book Jan 9), issued with Addendum 3.
123	Section 2.2: Page 15, states that the broker is responsible for printing and mailing letters to notify beneficiaries and facilities of changes including new telephone number. If the incumbent broker is successful and retains its existing phone number, would these letters still be required to Medicaid beneficiaries who wouldn't experience a change?	Yes.

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Question #	Question	Response
124	<p>Section 2.2: Page 17 states that the Broker is responsible for verifying the appointment at the time of the reservation. The above sentence implies that the CSR is to place a beneficiary on hold and call the medical facility to verify every appointment for every reservation. Generally, Brokers verify a percentage (usually 5 or fewer percent prior to the trip). Verifying every appointment, especially while the beneficiary is on the phone at the time of reservation is not practical or efficient. It would increase program expenses and require a substantial increase in staffing. It would also negatively impact multiple call center metrics, including but not limited to customer satisfaction, talk times, hold times, abandonment rates, etc. We respectfully request that this provision be removed entirely or changed to something more aligned with industry-best practices.</p>	<p>See question 24.</p>
125	<p>The cost proposal price sheets state “Bids rates must fall within actuarial sound boundaries”. Will State provide the current actuarial estimates?</p>	<p>Yes – The study for SFY 2014 and 2015 is attached. The study for SFY 2016 has not begun. Arkansas NET has undergone programmatic changes that influence rates and this RFP continues that progression – Previous rates reflect previous practices and in no way indicate any future cost or rate.</p>
126	<p>The RFP repeatedly requests background information for vendors’ Project Directors. Typically, the Project Director is the high-level employee responsible for multiple projects; this individual’s time is divided between multiple regions. The Project Manager is typically the full-time on-site employee tasked with operational management on a daily basis. Should we include background on both of these individuals or only one of them?</p>	<p>Both.</p>
127	<p>Section 1.5 –Do the OSP and broker mutually agree to extend the contract for each 12 month contract period?</p>	<p>Yes.</p>

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Question #	Question	Response
128	Sections 1.6 and 2.2– It is extremely difficult to receive an audit opinion for one or multiple regional results. Audits typically cover an entire entity, not just a segment of the entity's business. Since the rates will be controlled by independent actuarial studies, please remove this audit requirement from the RFP.	Thank you for the comment. The audit requirement will not be removed from the RFP.
129	Section 2.2 – A broker may have an urgent need to utilize a new subcontractor, and it may not be possible to provide a subcontracting agreement to DMS or the NET Monitoring Contractor 30 days in advance. Since DMS will approve the model subcontracting agreement in advance, will DMS remove this requirement or shorten it to 10 days?	See question 19.
130	Can DMS explain the rationale for an “annual” client attestation obtained upon boarding of the “A” trip? This seems like a burdensome and ineffective requirement that will be extremely difficult to track. We recommend the attestation be documented during the Broker's gatekeeping process for “each” reservation or that the client's signature on the travel log serve as the “attestation” each time they receive an “A” trip.	See Addendum.
131	How will a Broker know when a Private Option eligible has moved to their region, and which region they moved from?	See Section 2.2 General Requirement, page 15, Beneficiary Application for Services.
132	Please define volunteer transportation and the requirements that volunteers (and their vehicles) must meet to provide services under this contract?	All guidelines for driver's and vehicle's listed in the RFP apply to volunteer drivers and their vehicles.
133	<p>Please provide answers to the following questions concerning mileage reimbursement:</p> <ol style="list-style-type: none"> <li>Who is eligible for mileage reimbursement?</li> <li>What requirements must the person satisfy to receive mileage reimbursement for transportation services?</li> <li>What requirements must the vehicle satisfy to be used in providing services paid via mileage</li> </ol>	<p>a) Beneficiaries who own a vehicle but do not have the funds to operate it as described in RFP under Beneficiary Application for Services.</p> <p>b) See RFP under Beneficiary Application for Services.</p> <p>c) Beneficiaries utilizing their own vehicles are responsible for current state license and insurance.</p>

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Question #	Question	Response
	<p>reimbursements?</p> <p>d. Are there any limitations on how many clients someone can transport and receive mileage reimbursement?</p> <p>e. What is the mileage reimbursement rate?</p>	<p>d) Authorization for, and limitations on, mileage reimbursement, are decided by the individual brokers. Mileage reimbursement for beneficiaries that meet the eligibility requirements to receive mileage reimbursement is option that may be used by brokers.</p> <p>e) Maximum and minimum rates do not apply to this RFP. The Broker determines mileage reimbursement but should be based on AAA mileage rate.</p>
134	<p>Child Safety Seats – Section 2.3 states the broker is responsible for ensuring anyone installing a child safety seat has received proper training. Please confirm this requirement does not apply to beneficiaries providing their own restraints.</p>	<p>Drivers should always check installation of all car restraints installed by the parent.</p>
135	<p>Vehicle Requirements – All vehicles are multi-passenger and may be used at some point to transport a child. Does this mean that every vehicle in the region must have a child safety buzzer?</p> <p>IF not, please provide a minimum number of seats a vehicle may have without a child safety buzzer. We believe that it would be an unnecessary use of resources to place these on sedans and minivans and believe putting them only on vehicles with 7 seats or more would be reasonable.</p>	<p>Vehicles transporting children must have a child safety buzzer.</p> <p>Refer Page 25, last bullet under Vehicle Requirements.</p>
136	<p>Will DMS change the requirements from monthly vehicle inspections to quarterly vehicles inspections? This will save the program money while still ensuring vehicles remain in good condition.</p>	<p>No.</p>
137	<p>Do the vehicle requirements apply to volunteers and persons receiving mileage reimbursement?</p>	<p>Yes, volunteer drivers.</p> <p>No, persons receiving mileage reimbursement.</p>
138	<p>Do the Driver Qualifications apply to volunteers and persons receiving mileage reimbursement?</p>	<p>See question 137.</p>



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Question #	Question	Response
139	Are volunteers considered subcontractors under this RFP? If so, are they subject to the same requirements and qualifications outlined for subcontractors in this RFP?	Yes. Yes.
140	Are people receiving mileage reimbursement considered subcontractors under this RFP? If so, are they subject to the same requirements and qualifications outlined for subcontractors in this RFP?	No.
141	Are the bid rates submitted on the Official Rate Sheets only for the period 7/1/15 through 6/30/16?	No, rates for extensions will be based upon the bid rates submitted and adjusted as per Section 1.6 Rate Adjustments – Annual Adjustment Factor of the RFP.
142	How will PMPM rates be determined for each renewal period?	See Section 1.6 Broker's Monthly Payment Rate Calculations of the RFP.
143	Traditional and Private Option utilization. Can you please provide utilization on the following:  a. Total Number of one-way Long Distance Transports b. Total Number of one-way Assistant Transports	This data was not available for the Data Book study period.
144	Can you provide data on the actual number of one-way trips by vehicle type (Taxicab, Ambulatory Van, Wheelchair Van, Stretcher, and Bariatric)?	This data was not available for the Data Book study period.
145	Can you provide data on the average mileage by vehicle type, one way (Taxicab, Ambulatory Van, Wheelchair Van, Stretcher, and Bariatric)?	This data was not available for the Data Book study period.

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Question #	Question	Response
146	Is Non-Emergent Ambulance service included in this RFP? If yes, can you provide data on the actual number of one-way trips by vehicle type (ALS, BLS, Bariatric Stretcher)	No.
147	Client using Public transportation - Can you provide more parameters than what is listed?	The beneficiary must be mentally and physically able to utilize public transit. Must take into consideration the distance to and from nearest public transit stop.
148	Can you provide the public transit utilization data for the past 12 months? By County?	This data was not available for the Data book study period.
149	Will the Broker be responsible for distributing tokens, passes or vouchers for passengers? Is there a preferred paper method, or can the process be digital?	Will the Broker be responsible for distributing tokens, passes or vouchers for passengers? Yes  Is there a preferred paper method, or can the process be digital? There is no preferred method, however; the method which will be used must not be inconsistent with the provisions of this RFP.
150	Related travel expenses. Is the Broker responsible for reimbursing the member for overnight lodging and meals? Will we bill the Agency? Is this part of the PMPM? What is the utilization for the last 12 months?	Is the Broker responsible for reimbursing the member for overnight lodging and meals? No Will we bill the Agency? No Is this part of the PMPM? No What is the utilization for the last 12 months? N/A
151	Please clarify. Is the Broker responsible for providing non-emergent ambulance service under this RFP? If yes, please provide utilization data by level of service, by county	No.
152	How many attendant trips were there in the past 12 months by county?	This data was not available for the Data Book study period.

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Question #	Question	Response
153	How many out-of-state trips were there in the past 12 months by county?	This data was not available for the Data Book study period.
154	Does the Broker have to bill 3 <sup>rd</sup> party insurance and if so, how?	No, refer to Attachment B, Encounter Information and Statistical Data Formats.
155	What is the average cost per trip? By level of service? By County?	This data was not available for the Data Book study period.
156	Please clarify if the Broker is required to submit one (1) signed original technical proposal for each region it bids on?	See response to question #118.
157	Please clarify how many references are preferred.	No references are required for this RFP. See Addendum.
158	Please clarify the amount of insurance requirements under this RFP?	See Section 2.3 Operational Requirements – Insurance and Insurance Certificate.
159	Will we provide call center services for clients?	Yes.
160	In order to meet service levels, there may be a need for the Broker to invest in establishing a transportation company in a region to ensure quality service. Are brokers allowed to be a transportation provider?	Yes, See Section 2.2 General Requirements Page 13, Contractor's Responsibilities, Page 18, Provision of Services.
161	Pharmacy stops. Please clarify whether drivers can stop at a pharmacy to pick up patient's prescribed medication after a	Yes, it is considered a Medicaid covered services and qualifies for transportation. Scheduling at the time of reservation applies.

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Question #	Question	Response
	physician appointment.	
162	How will we receive trip information?	See Section 2.2 General Requirements, Page 15-16, Beneficiary Application for Services.
163	How will we verify client eligibility?	The Broker will run eligibility checks on the Arkansas Medicaid Website.
164	What are your Grievance procedures?	See Section 2.2 General Requirement, Page 20 Complaints.
165	Can you provide a list of current approved NEMT provider, and point of contact information, by county if possible?	Yes. This information is available on the AFMC web page. A link follows for your convenience.  <a href="http://mmcs.afmc.org/5E705660-714C-4C19-8CA1-D277F08D9305/FinalDownload/DownloadId-9C31B7B71CF6CCE18FD70B57361D2190/5E705660-714C-4C19-8CA1-D277F08D9305/LinkClick.aspx?fileticket=WxpOcgqShr4%3d&amp;tabid=566&amp;portalid=3&amp;mid=1294">http://mmcs.afmc.org/5E705660-714C-4C19-8CA1-D277F08D9305/FinalDownload/DownloadId-9C31B7B71CF6CCE18FD70B57361D2190/5E705660-714C-4C19-8CA1-D277F08D9305/LinkClick.aspx?fileticket=WxpOcgqShr4%3d&amp;tabid=566&amp;portalid=3&amp;mid=1294</a>
166	How many days' notice is required to give for transportation?	See Section 2.2 General Requirements – Beneficiary Application of Services.
167	Describe what challenges and performance issues that are being experienced today are the highest priority to correct with new Transportation Management Broker(s).	Objectives are described in the RFP.

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Question #	Question	Response
168	Can we deny service to a minor who doesn't have an escort? What's the minimum age? Can we deny based on seating capacity?	<p>1) Children who are 14 and younger should not travel without an adult or attendant. Children who are 15 through 17 years of age can travel without an adult, as long as their physical, mental condition or maturity level is such that it permits safe travel. All children MUST have their parent or guardian fill out a consent form prior to being transported. Refer to Attendant Care; When determining safe and appropriate transportation, brokers must consider providing attendant care. DMS encourages brokers to provide attendant care when transporting unaccompanied minors or incapacitated adults. When attendant care is provided, the attendant must meet the requirements of the RFP. The cost of the attendants to accompany the beneficiaries is the responsibility of the broker and is included in the per member per month payment.</p> <p>2) No.</p>
169	VISA p-card acceptance: What are the other methods you pay vendors?	Visa P-Card billing or payments will not apply to these contracts. All vendors will be paid through the MMIS system.
170	<p>What are the total call volume statistics for 2014 by day of week, requesting the following column data:</p> <ul style="list-style-type: none"> <li>c. By month</li> <li>d. By day of week; typically in 30 minute increments from 00:00 through 23:59 <ul style="list-style-type: none"> <li>i. Number of calls offered</li> <li>ii. Number of calls answered</li> <li>iii. Average Handle Time</li> <li>iv. Average Abandonment Rate</li> <li>v. First-call Resolution Rate</li> <li>vi. Average Time of Answer</li> <li>vii. Service level</li> <li>viii. Average Number of Rings</li> <li>ix. Average # of agents logged in</li> <li>x. No-show/void Rate</li> </ul> </li> </ul>	<p>While the NET Monitoring Contractor randomly audits call center activity; sufficient reliable data is not available to provide these figures.</p>

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Question #	Question	Response
	e. Number of complaints/1,000 trips	
171	What are the number of blanket trips: a. Last month's blanket orders, if available i. Number of unique members (using blanket orders) ii. Number of round trip requests (using blanket orders)	This data was not available for the Data Book study period. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.
172	What are the vehicle types, by trip count per month for: f. NEMT, Ambulatory g. Wheelchair h. Bariatric Wheelchair i. Bariatric j. Stretcher k. Ambulance l. Public Transportation m. Mileage Reimbursement	This data was not available for the Data Book study period. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.
173	Will the contract authorize members to place orders online via secure website vs phone calls only?	All Brokers MUST have an established toll-free number and call center to accept reservations. The Broker's method(s) are subject to approval by DMS or NET Monitoring Contractor.
174	Will the contract authorize members to request a call back vs waiting in queue to place transportation requests?	No.
175	Will the contract authorize members to complete a brief survey at the end of the call if they choose to?	Yes, with approval by DMS Monitoring Contract. Quality improvement projects are encouraged.
176	Page 13 – Contractor is required to verify eligibility. Upon reviewing the State's website, it appears that there is a \$.10 fee per person for verification. Will Contractor be charged this fee?	Yes.

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Question #	Question	Response
177	Can you please provide more information on the eligibility verification process including use of the 270/271 files.	Once a vendor becomes a Medicaid Provider of NET services, the vendor will verify eligibility by accessing a secure website.
178	Can we get eligibility info of the beneficiary's coverage on a 271?	See Question 177.
179	Is there an option of receiving an 834 file?	No.
180	Does eligibility need to be verified the day of the trip? Or, is it adequate to check when the trip is booked?	No. Yes.
181	Page 23: "The broker must establish and maintain the following records and related information in its files for each non-public subcontractor..." Does the broker need to store each of these credentials and certificates in its files for each driver/provider/vehicle (a time consuming and costly process), or may they be stored by the subcontracted transportation provider and periodically reviewed by the broker during inspections/audits?	Yes, Broker bears the responsibility of maintaining and storing all employee, driver, attendant and vehicle records and certificates as outlined in the RFP.  The Broker must provide these records to the NET Monitoring Contractor as changes occur.
182	Page 2, 1. Minority Business Policy – This page of the RFP has blank spaces to check minority type. Are bidders required to return this page with the proposal response, or is this only required for bidders that are minority businesses?	Vendors are not required to return page 2 with their submission. Page 2 is for minority business tracking and reporting.
183	Page 4, Section 1.3 - Caution to Bidders - May bidders package the individual Price Proposals for each bidding region within the same box as long as they are sealed in separate, labeled envelopes, apart from the Technical Proposal?	Yes.
184	Page 4, Section 1.3 - Caution to Bidders - Is it acceptable to submit some files in PDF format in the electronic copy? Not all requested information is available in MS Word or Excel (ex. signed	Yes.

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Question #	Question	Response
	forms, pricing forms, etc.).	
185	Page 5, Section 1.5 – Type of Contract – We respectfully request the Department consider extending the original term of the contract. If this is only a one-year contract, we must include all implementation costs in the initial year of service. Therefore, the PMPM for future years will also include these implementation costs, so the state is overpaying for service in the out years. The contract term also gives undue advantage to the incumbent, as they will have minimal implementation costs compared to brokers that must put the full cost of implementing a call center into their one-year bid.	The original term of the contract remains unchanged.
186	Page 6, Section 1.6 – Annual Adjustment Factor - The RFP states, “All NET trips must be reflected by the DMS system the last day of the month following the month the transportation was provided in order for a Broker’s monthly payment to be relinquished by DMS the following month.” Will the Department consider requiring <u>trips paid</u> to be reported in the following month instead of <u>trips performed</u> ? The requirement as stated will force the Broker and transportation providers to perform billing and reconciliation process in less than 20 to 25 days for trips performed at the end of the month. Since providers are allowed 30 calendar days to bill the Broker, there is very little time to produce encounter data.	No.
187	Page 6, Section 1.6 – Annual Adjustment Factor - Can the Department provide further explanation on how the Annual Adjustment Factor is calculated, and if the Department currently uses same methodology?	See response to Question #47.
188	Page 6, Section 1.6 – Monthly Fuel Price Adjustment Factors - Can the Department please provide additional clarification on Automated Eligibility Verification Claim System fees? Are these fees currently assessed? If “Yes,” please provide the	Yes. Data by region is not maintained. See question 227 for additional detail.



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Question #	Question	Response
	amounts by region.	
189	Page 7, Section 1.8 - Proprietary Information - Is the Department requesting only a CD or flash drive with the redacted copy of the proposal, or are bidders to submit a redacted hard copy as well? Please clarify.	See response to question #116. A redacted hard copy is not required with the submission. See Page 7 – Section 1.8
190	Page 8, Section 1.10 - Performance Security - From our understanding, the Performance Security is to be provided within ten (10) working days from date of receipt of the State's written notification of its intent to award the contract. However, Page 4, Section 1.3 Caution to Bidders, #10, c. states that a proposal will be rejected for "failure to provide the performance security". Please clarify what needs to be provided with the proposal.	The performance security does not need to be submitted with the proposal.  The Performance Security is to be provided within ten (10) working days from date of receipt of the State's written notification of its intent to award a contract.
191	Page 10, Section 1.20 – Cost – The RFP states, "Bidder(s) must include ALL pricing information on the Official Price Proposal Sheet ONLY." Since bidders are not allowed to include any pricing information within the technical proposal, may we include a pricing narrative along with the Price Proposal Sheet to detail cost saving opportunities and offer a full explanation of pricing strategies?	A narrative or back up documentation, detailing how the vendor arrived at the price, in addition to, the Official Proposal Price Sheet may be included with the cost submission.
192	Page 12, Section 2.1 – Scope - Does the Department have any ratio requirements for road supervisions per number of trips?	No, not per number of trips. There are however, ratio requirements with regard to supervision of children in child care facilities. The ratios applicable to child care facilities must also be observed while providing NET transportation, as they represent well established safe supervisory levels. In general, staffing requirements must be adequate to comply with all the terms of this RFP.
193	Page 12, Section 2.2 – Criminal History Check/Central Registry Check:  a. Are these checks limited to drivers or someone in	a. All drivers, attendants and anyone in contact with a child.

## NET RFP SP-15-0039 Q&A

Question #	Question	Response
	<p>direct contact with child?</p> <p>b. Are broker and/or subcontractor administrative staff (i.e. CSRs, dispatchers, etc) required to undergo the checks?</p>	<p>b. No, call center staff is not a requirement.</p> <p>Yes, if they perform dual jobs within the call center and as a driver or attendant a check is required.</p>
194	<p>Page 14, Section 2.2 – Recruit and Negotiate with Subcontractors – The RFP states, “Brokers must make full payment to subcontractor for authorized trips within a reasonable time, not to exceed 30 calendar days, following the Broker’s receipt of an invoice from the subcontractor.” Is this text referring to a clean claim?</p>	<p>The Brokers are responsible for conducting business in an ethical and professional manor and adhering to subcontractor’s agreements established between the two parties – including expectations for claim filing.</p>
195	<p>Page 15, Section 2.2 – Provide Administrative Oversight and Reporting:</p> <p>a. Is the Broker required to send a letter to every beneficiary prior to the start date?</p> <p>b. Does the mailing have to go first class or can the Broker use bulk?</p> <p>c. Would the Department consider sending to beneficiaries that have used NEMT in the past year?</p>	<p>a. One per household. See Addendum.</p> <p>b. Either.</p> <p>c. No, notification must be sent to all those who qualify for the services, limiting the distribution to one per household.</p>
196	<p>Page 15, Section 2.2 – Beneficiary Application for Services – Is every beneficiary required to sign an attestation that the answers they provided are true and correct no matter what mode of transportation they are assigned?</p>	<p>See Addendum.</p>

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Question #	Question	Response
197	<p>Page 16, Section 2.2 - Beneficiary Application for Services - The RFP states, "Arkansas Medicaid NET waiver program does not include transportation services for beneficiaries who are: ...Qualified Medicare Beneficiaries (QMB) (Medicaid only pays the Medicare premium, deductible and co-pay). Is this statement addressing a dual eligible membership? If the Broker is expected to pay the Medicare premium, deductible, and co-pay, how would cost sharing information be provided?</p>	<p>This question is asking about individuals who are NOT eligible for NET services. Therefore no cost sharing information is required.</p>
198	<p>Page 17, Section 2.2 – Beneficiary Application for Services – Does the Department have an estimate of how many beneficiaries in the Private Option will be granted more trips through EOTS or can the Department give us information on what circumstances would lead to granting additional trips for Private Option beneficiaries? Is this granted on a trip by trip basis, or could it be unlimited if approved?</p>	<p>No – An estimate of the number of beneficiaries who might be granted more trips through ETOS is not available.</p> <p>Each EOTS request will be reviewed on an individual basis (case by case basis).</p>
199	<p>Page 17, Section 2.2 – Summary of Determination Process – The RFP states that "The Broker is responsible for verifying the appointment at the time of the reservation":</p> <ol style="list-style-type: none"> <li>a. What percentage of appointments need to be verified?</li> <li>b. We respectfully request the Department modify this requirement to allow the Broker to verify the appointment "after the time of reservation", or a combination of pre-/post- verifications. Verifying appointments at the time of reservation is not realistic due to the varying hours of facilities and other extraneous factors, and will significantly increase call-handling times.</li> </ol>	<p>a.100%.</p> <p>b. The step by step procedure the Broker utilizes will be reviewed and audited by the NET Monitoring Contractor to assure unauthorized trips are not being performed and encounter data submitted.</p>

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Question #	Question	Response
200	Page 19, Section 2.2 - Unallowable Transportation- Can the Department please clarify whether non-emergency ambulance is a covered mode of transportation under this contract. Page 19 of the RFP states, "Non-emergency transportation does not include emergency ambulance transportation." However, page 29, Section 2.4 - Encounter Information - requests encounter data for ambulance, wheelchair, and stretcher trips. If non-emergency ambulance transportation is covered under this contract, how is the Broker to determine the need for this mode?	See Addendum.
201	Page 19, Section 2.2 – Geographic Considerations – Can the Department describe how the current Brokers are determining whether providers are located within 50 miles of the Arkansas state border?	Mapping and/or transportation software application.
202	Page 20, Section 2.2 – Complaints – Can the Department please clarify the timeframe requirement for responding to and resolving complaints. The RFP indicates responding within one working day with "resolution." Proper investigation into the circumstances surrounding a complaint often cannot be completed within one day. Please consider modifying the requirement to "respond" within one day and allow additional time for final resolution.	Acknowledgment of the complaint is mandatory within 24 hours and a resolution within one working day.  Each response and resolution to a complaint is reviewed by the NET Monitoring Contractor. If an extension of time is warranted for investigation and documentation, the NET Monitoring Contractor must be notified.
203	Page 20 – Section 2.2- Special Circumstances – Will there be a way to identify a beneficiary as a foster child?	Yes, aid category.
204	Page 20, Section 2.2 – Denial of Transportation - Does the Department have any data on how many trips were denied in the past year that required written notice?	The NET Performance Profiles on posted on <a href="http://www.afmc.org">www.afmc.org</a> .

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Question #	Question	Response
205	Page 20, Section 2.2 – Denial of Transportation - Can copies of the denial letters sent to the beneficiary be sent to the NET Monitoring Contractor via e-mail?	Secure emails must be approved by the NET Monitoring Contractor.
206	Page 21, Section 2.3 – Child Passenger Transportation Safety - For billing purposes, how should the Broker treat a situation where the beneficiary said they would provide a child seat and one is not produced upon arrival of the transporting vehicle, therefore causing the trip to have to be re-scheduled? How many of these situations has the Department experienced in the last year?	The trip is not approved for submission as an encounter claim and would be considered the same as a no-show.
207	Page 21 – Section 2.3 – Child Passenger Transportation Safety – What type of child safety buzzer is required and what is the desired function/use?	No specific brand or type of safety buzzer is mandated. The reason for the use of such safety buzzers is SAFETY and to assure prevention of child being left unattended on a vehicle.
208	Page 22, Section 2.3 – Bilingual and TDD Communications:  a. What have been the bilingual demands for the NET program in the last year?  b. What are the primary alternative languages for the program?	A) No data available from individual call centers. B) Spanish.
209	Page 22, Section 2.3- Technology Requirements. The RFP references the encounter files as an 837I format. This format is related to hospital/institutional claims. Typically NEMT encounters are submitted in 837P (professional) format. We would like to confirm 837I is what would be required?	See Addendum.
210	Page 26, Section 2.2 – Monthly Vehicle Inspections – We respectfully request the Department modify the requirements for monthly vehicle inspections. We have participated in statewide NEMT procurements across the country and have never seen a requirement for monthly vehicle inspections, the industry standard is annually and the most frequent that we have encountered is semi-annually. This requirement will	The requirement remains unchanged.

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	unnecessarily add to the cost of the contract and will put a large burden on subcontracted transportation providers, as they will have to take their fleet out of revenue service on a monthly basis to participate in inspection activities. It will also affect capacity, as vehicles that are being inspected cannot be transporting beneficiaries to medical appointments.	
211	Page 31, Section 2.2 – DMS Performance Monitoring – Can the Department give more information on the DMS NET Monitoring Contractor. What is this position?	The DMS Monitoring Contractor acts on behalf of DHS to administer the NET contract.
212	Page 35, Official Proposal Price Sheet – Will the Department consider separating implementation costs from the PMPM, so that they can better compare pricing between competitors. In this way, they will see the true annual cost of running the program without the advantage the incumbent has since they will have minimal implementation costs. More importantly, since this is a one year contract, implementation costs will not be included in the contracted PMPM rate, ensuring that the Department does not overpay service in the option years.	No.
213	Page 35, Official Proposal Price Sheet – Bidders may provide savings to the Department by operating multiple regions, but cannot display savings based on the requirements of pricing every region as a stand-alone region. Stand-alone management team, call center facility/equipment costs, and other functions that could be shared if awarded multiple regions must be factored in. Would the Department consider amending the pricing sheets so bidders can highlight savings that can be offered to the State of Arkansas?	No.
214	Please confirm that DMS Form 675 Ownership and Conviction Disclosure (Attachment C), DMS Form 689 Disclosure of Significant Business Transactions (Attachment D), and DHS Form 4001 Business Associate Agreement (Attachment F),	That is correct.

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Question #	Question	Response
	are not to be submitted with the proposal response.	
215	Will the Department please provide the number of calls handled by region and population?	This data is not available.
216	Will the Department please provide average call handle time by region and population?	See question 215.
217	Please provide data regarding volume of trips for DDTCS and CHMS trips. Can bidders assume all DDTCS and CHMS trips would fall under the Traditional Population? If "No," please provide the breakdown by population?	Yes these trips would have been provided for beneficiaries in the traditional population.
218	Will the Department please provide the average difference in number of beneficiaries eligible at the beginning and end of a month?	This data is not tracked.
219	Can bidders assume trip leg information in the sp150039databook.xlsx document is reflecting performed and paid trip legs as opposed to scheduled trip legs?	The Data Book summarizes eligible populations and encounter experience for the study period from August 1, 2013 through July 31, 2014. The encounter experience includes trip and ride information submitted, adjudicated and accepted as of October 9, 2014. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.
220	Will the Department please provide some statistics on average mode mix (ambulatory, wheelchair lift, public transport, etc.) by region and population?	This data was not available for the Data Book study period. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.
221	Will the Department please provide the average miles per trip leg (broken by region, population and mode)?	This data was not available for the Data Book study period. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.

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Question #	Question	Response
222	The encounter layout references submitting member SSN with the claims. Can we confirm that the state would be sending us SSN's for every member.	No.
223	Regarding the member SSN for encounters, children under the age of 18 may have an SSN, but are not required to have one. How does the state intend to handle those situations?	See question 222.
224	For the drivers credentials referencing SSN, many of our drivers submit an EIN instead. Would that be acceptable to the state?	No.
225	Please provide utilization reports for curb-to-curb vs. door-to-door.	This data was not available for the Data Book study period. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.
226	Please provide utilization information regarding the volume of attendants provided by transportation providers?	This data was not available for the Data Book study period. See updated Data Book (Copy of Data Book Jan 9) issued with Addendum 3.
227	How are Automated Eligibility Claim System (AEVCS) fees calculated?	These fees are priced by DHS' fiscal intermediary. While this information is current, fees are subject to change at any time without notice. Eligibility transaction fee - 10¢ Professional encounter transaction fee - 17¢