

State of Arkansas Department of Human Services
NET 710-18-1025
Attachment B
Written Questions

Instructions
This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may

Question ID	RFP Reference (page number, section number, paragraph)	Specific RFP Language	Question	Answers
1	Page 2, 1.2 Type of Contract	Term contract shall be awarded to a single vendor per region	Can a single vendor bid and be awarded multiple regions? If so, what is the maximum number of regions a single vendor may be awarded?	(1) Yes. (2) All Regions
2	Page 2, 1.2 Type of Contract	The term of this contract shall be for one (1) year	A significant investment is required to establish the infrastructure and resources necessary to manage a comprehensive NET program. Would the agency consider a longer initial term to allow for greater certainty associated with this investment?	No.
3	Page 4, 1.7 RESPONSE DOCUMENTS, Bid Response Packet	<p>A. Bid Response Packet</p> <p>1. An official authorized to bind the vendor(s) to a resultant contract must sign the <i>Bid Signature Page</i> .</p> <p>2. Vendor's signature on this page shall signify vendor's agreement that either of the following shall cause the vendor's bid to be disqualified</p> <p>a. Additional terms or conditions submitted intentionally or inadvertently.</p> <p>b. Any exception that conflicts with a Requirement of this <i>Bid Solicitation</i> .</p> <p>3. The following items shall be submitted with the <i>Bid Response Packet</i> in a sealed envelope.</p> <p>a. EO 98-04 Disclosure Form (Attachment A).</p> <p>b. Copy of Vendor's <i>Equal Opportunity Policy</i> . (See <i>Equal Opportunity Policy</i> .)</p> <p>c. Signed addenda to this IFB, if applicable. (See <i>Requirement of Addendum</i> .)</p> <p>d. Documentation that vendor meets the minimum qualifications outlined in this IFB. (See <i>Minimum Qualifications</i> .)</p> <p>4. DO NOT include any other documents or ancillary information, such as a cover letter or promotional/marketing information. Submit one (1) electronic copy of the response packet, excluding the Official Bid Price Sheet , preferably on a flash drive and one (1) hard copy. To the extent possible, all electronic files should be a single document in PDF format.</p>	<p>Please clarify this section, which appears to be in conflict with Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, D and E, which state that Respondents must provide information regarding Performance Capabilities and Quality Assurance Plan with the bid submission.</p> <p>Are respondents expected to provide ONLY the items listed in the Bid Response Packet?</p> <p>If not, please see questions below regarding items on page 13, STATEMENT OF WORK.</p>	See final IFB 2.4.
4	Page 4, 1.7 RESPONSE DOCUMENTS, Bid Response Packet, Item 4.	<p>4. DO NOT include any other documents or ancillary information, such as a cover letter or promotional/marketing information. Submit one (1) electronic copy of the response packet, excluding the Official Bid Price Sheet, preferably on a flash drive and one (1) hard copy. To the extent possible, all electronic files should be a single document in PDF format.</p>	Please provide in the Final IFB, a checklist of items required for submission in order for respondent to be considered compliant.	See Final IFB

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5	Page 5, 1.10 SUBCONTRACTORS	1.10 SUBCONTRACTORS A. Vendor must complete, sign and submit the Proposed Subcontractors Form included in the Bid Response Packet to indicate vendor's intent to utilize, or to not utilize, subcontractors. B. Additional subcontractor information may be required or requested in following sections of this Bid Solicitation. Do not attach any additional information to the Proposed Subcontractors Form. C. The utilization of any proposed subcontractor is subject to approval by the State agency	Please confirm that for the purposes of this IFB, transportation providers used for the provision of NET services are not considered "subcontractors" as described in this section.	<i>Brokers responding can either use their own vehicles, subcontract for transportation, or both. Subcontractors are any party performing services under this contract who are not directly employed by the prime vendor.</i>
6	Page 7, 1.17 AWARD PROCESS	This contract shall be a multiple contract award. DHS plans to award contracts to seven (7) respondents, one (1) respondent for each seven (7) regions. The award(s) will be made to the lowest responsive and responsible bidder(s), per region, meeting the requirements of the solicitation. Bidders must meet minimum qualifications. Bids must meet or exceed all defined specifications. Bids must meet all terms and conditions of this Invitation for Bid and the laws of the State of Arkansas.	Please describe the overall evaluation and scoring methodology that will be used to determine contract awards including a breakdown of the scoring weight that will be assigned to each bidder's experience, references, and total cost.	<i>See IFB 1.17 A. 1</i>
7	Page 7, 1.17 AWARD PROCESS	This contract shall be a multiple contract award. DHS plans to award contracts to seven (7) respondents, one (1) respondent for each seven (7) regions. The award(s) will be made to the lowest responsive and responsible bidder(s), per region, meeting the requirements of the solicitation. Bidders must meet minimum qualifications. Bids must meet or exceed all defined specifications. Bids must meet all terms and conditions of this Invitation for Bid and the laws of the State of Arkansas.	Is meeting the minimum qualifications simply a pass/fail exercise after which awards will be made based solely on lowest price?	<i>See answer to question 6.</i>
8	Page 7, 1.17 AWARD PROCESS	If the State so chooses, negotiations may be conducted with the lowest responsive bidder. Negotiations are conducted at the sole discretion of the State.	To ensure an equal playing field for non incumbent bidders, please confirm that the costs associated with implementation will be separated from the total program costs when determining the lowest responsive bidder.	<i>Implementation costs will not be considered.</i>
9	Page 10, section 1.25	Awarded vendor should have the capability of accepting the states authorized VISA procurement Card as method of payment. VISA is not the exclusive method of payment.	Please confirm that the State does not intend to make the core PMPM payments via procurement card.	<i>See IFB Section 1.25.</i>
10	Page 12, 2.3 MINIMUM QUALIFICATIONS	A. The Broker must have a minimum of five (5) years of experience in non-emergency medical transportation (NET). For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification.	Please describe how bidder references will be evaluated and scored and the value reference responses will have in the determination of contract awards.	<i>See IFB Section 1.17 A. 1. References will be used to determine vendor compliance with min quals.</i>

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11	Page 12, 2.3 MINIMUM QUALIFICATIONS	For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification.	Please confirm the number of references that must be submitted so that the Department can verify bidder qualifications.	<i>See IFB Section 2.3 A. Vendor must submit sufficient references to account for five years' previous experience.</i>
12	Page 12, 2.3 MINIMUM QUALIFICATIONS	The Broker must submit resumes of staff proposed to fill the following positions: Project Director, Safety Officer, Quality Assurance Manager, Investigator and Trainer.	The requirement for bidders to identify and hire staff in advance of a contract award in a market where they are not currently providing NET services presents many challenges. In order to create an equal playing field amongst all bidders, would the Department be willing to allow non incumbent bidders to submit proposed job descriptions for the key staff identified in lieu of the requirement to submit actual resumes?	<i>See final IFB.</i>
13	Page 12, 2.3 MINIMUM QUALIFICATIONS	The Broker must submit resumes of staff proposed to fill the following positions: Project Director, Safety Officer, Quality Assurance Manager, Investigator and Trainer.	If proposed job descriptions for key staff identified in lieu of actual resumes is not acceptable, will the Department accept resumes of current vendor employees filling similar roles in other states as <u>examples</u> of the caliber of employee the vendor proposes to hire to fill the position?	<i>See answer to Question 12</i>
14	Page 12, 2.3 MINIMUM QUALIFICATIONS	A. The Broker must have a minimum of five (5) years of experience in non-emergency medical transportation (NET). For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification.	How will each bidder's experience narrative and references be evaluated and scored? What weight will be given to each?	<i>See answer to Question 10.</i>
15	Page 12, 2.3 MINIMUM QUALIFICATIONS	A. The Broker must have a minimum of five (5) years of experience in non-emergency medical transportation (NET). For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification.	How will the experience and reference scores be used in the determination of awards?	<i>See answer to Question 10.</i>
16	Page 12, 2.3 MINIMUM QUALIFICATIONS	A. The Broker must have a minimum of five (5) years of experience in non-emergency medical transportation (NET). For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification.	Please provide a scoring breakdown for all required submission information.	<i>See answer to Question 10.</i>

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17	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, A. Performance Capabilities	<p>D. Performance Capabilities Broker must provide with the bid submission the following information:</p> <ul style="list-style-type: none"> • Procedures for oversight of day to day operation • Telephone, trip scheduling and dispatch capabilities • Data collection and reporting procedures • Disaster recovery plan, contingency plans, and ability to provide services in the event of unforeseen circumstances. • Additional capabilities • Technology requirements 	<p>Please see questions above regarding items in page 4, RESPONSE DOCUMENTS.</p> <p>If this section is required with the submission, will the State set page limits for response to items listed in Performance Capabilities?</p>	See final IFB.
18	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, A. Performance Capabilities	D. Performance Capabilities	<p>If this section is required with the submission, will the State set page limits for response to items listed in Performance Capabilities?</p>	See final IFB.
19	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, A. Performance Capabilities	D. Performance Capabilities	<p>If this section is required with the submission, what are the formatting requirements for the Performance Capabilities section of the written response?</p>	See final IFB.
20	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, A. Performance Capabilities	D. Performance Capabilities	<p>If this section is required with the submission, how will this information be evaluated and scored to ensure compliance?</p>	See final IFB.
21	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, B. Quality Assurance Plan	<p>E. Quality Assurance Plan Broker must provide with the bid submission the following information:</p> <ul style="list-style-type: none"> • Detailed description of the processes and procedures to be used for adherence and performance. • Reporting and monitoring of transportation operators regarding all requisite health and safety standards, vehicle maintenance, operation, vehicular inspections, vehicle licenses, a copy of the registration permits issued by the Arkansas Department of Finance and Administration (DF&A) for each vehicle operated. • Broker must provide written assurance to DHS/DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to award and upon any contract renewal periods. • Business license • Sample of reports • Detailed description of the quality assurance measures related to efficient and timely trip scheduling and error free dispatch capabilities. 	<p>Please see questions above regarding items in page 4, RESPONSE DOCUMENTS.</p> <p>If this section is required with the submission, will the State set page limits for response to items listed in Quality Assurance Plan?</p>	See final IFB.
22	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, B. Quality Assurance Plan	E. Quality Assurance Plan	<p>If this section is required with the submission, what are the formatting requirements for the Quality Assurance Plan section of the written response?</p>	See final IFB.

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23	Page 13, 2.4 STATEMENT OF WORK, Broker Responsibility, B. Quality Assurance Plan	E. Quality Assurance Plan	If this section is required with the submission, how will this information be evaluated and scored to ensure compliance?	See final IFB.
24	Page 13, Audited Financial Statements	Brokers shall provide DHS/DMS with audited annual financial statements specifically detailing the Brokers' Arkansas Medicaid NET services. DHS/DMS will accept a single statement from any Broker operating in multiple regions.	Are these audited financial statements required along with submission?	See IFB Section 2.4 Broker Responsibility A.
25	Page 13, Audited Financial Statements	Brokers shall provide DHS/DMS with audited annual financial statements specifically detailing the Brokers' Arkansas Medicaid NET services. DHS/DMS will accept a single statement from any Broker operating in multiple regions.	The requirement speaks to Arkansas specific financial statements. How should non-incumbent brokers satisfy this requirement (i.e. what documents should be submitted)?	<i>Audited Financial Statements</i> Brokers shall provide DHS/DMS with audited annual financial statements specifically detailing the Brokers' Arkansas Medicaid NET services. DHS/DMS will accept a single statement from any Broker operating in multiple regions not later than 1 April of each year. Non-incumbents shall submit after one year of operation.
26	Page 14, 2.4 E Quality Assurance Plan	Broker must provide written assurance to DHS/DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to award and upon any contract renewal periods.	While a non-incumbent vendor can provide written assurance that if awarded all vehicles used for beneficiary transport will be compliant with all requirements of the DF&A for class I.E. (Intrastate Exempt) at go live and upon any contract renewal periods, it would be impossible for a non-incumbent broker to provide such assurance prior to award at bid submission. Are current vendors required to affirm these in writing? If so, is it an annual requirement?	No, yearly written affirmation is not required. Once awarded, all vehicles records are submitted to NET Monitoring Contractor prior to start up date.
27	Page 14, 2.4 E Quality Assurance Plan	Broker must provide written assurance to DHS/DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to award and upon any contract renewal periods.	Will the Department modify/re-write this requirement with post-award language to allow non-incumbent bidders to comply with the requirement?	See answer to Question 26.
28	Page 14, 2.4 E Quality Assurance Plan	Broker must provide with the bid submission the following information: Business license	While a non-incumbent can provide written assurance that if awarded it will be compliant with all requirements for the appropriate licensure at go live and upon any contract renewal periods, it would be difficult for a non-incumbent broker with no current presence in the state to provide such documentation prior to award at bid submission. Will the Department modify this requirement to allow non incumbent bidders to be compliant with the business license requirements?	Broker must submit business license with bid submission.
29	Page 15, E. Telephone System Requirements	The contractor shall: - Process one hundred percent (100%) of complaints received pursuant to complaint resolution process; - Send information about the complaint line to newly enrolled Medicaid beneficiaries; - Maintain a database of all complaints and their disposition; - Maintain a computer database of all calls received on the transportation help-line and their disposition; - Respond to elected official, and public requests for information regarding the NET program, subject to the approval of DMS;	The second bullet states that the contractor shall "Send information about the complaint line to newly enrolled Medicaid beneficiaries". Is this a current requirement under the existing contracts? If so, how is this information being provided to newly enrolled Medicaid beneficiaries today?	(1) Irrelevant for purposes of bidding on this IFB. (2) See IFB Section 2.7(H) "Broker Correspondence.

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30	Page 15, E. Telephone System Requirements	<p>The contractor shall:</p> <ul style="list-style-type: none"> - Process one hundred percent (100%) of complaints received pursuant to complaint resolution process; - Send information about the complaint line to newly enrolled Medicaid beneficiaries; - Maintain a database of all complaints and their disposition; - Maintain a computer database of all calls received on the transportation help-line and their disposition; - Respond to elected official, and public requests for information regarding the NET program, subject to the approval of DMS; 	If this is not a current requirement, what will be the expectation of the contractor in regards to this requirement?	See answer to Question 29.
31	Page 16, E. Telephone System Requirements	3. The Broker must answer ninety percent 85% of all calls within 30 seconds) rings and ensure that the wait time after answering will not exceed five (5) minutes	There appears to be a discrepancy associated with this requirement. Please confirm whether the requirement is meant to be 90% or 85% of all calls answered within 30 seconds.	85% is the correct requirement
32	Page 16, G. Technology Requirements	3. The following link provides the Technology Requirements: https://medicaid.mmis.arkansas.gov	Bidders are referred to this link to learn about Arkansas specific technology requirements. However, the link navigates you to the main Arkansas Medicaid Website with no apparent path to the actual technology requirements. Can you please provide bidders with a direct link to these requirements to ensure all are aware of the State's expectations?	See final IFB.
33	Page 17, 2.6 STAFFING REQUIREMENTS	Broker shall require criminal history check, provided by the Arkansas State Police, and a central registry check, by our Central Registry unit housed here at DHS, on all employees prior to providing services for:	Would it be acceptable to use a company's current background check service to streamline the process and reduce administrative burden and cost, as long as the agency checked the appropriate state and county criminal data basis?	No.
34	Page 19, 2.7, E	Should Broker fail to report encounter data in an accurate and timely manner, payment for that month of service shall be withheld until: 1 - Data is submitted accurately	1 - What are the accuracy/timeliness metrics associated with the encounter data reporting requirement?	Refer to IFB Section 2.7 D.
35	Page 19, 2.7, E	Should Broker fail to report encounter data in an accurate and timely manner, payment for that month of service shall be withheld until: 2 - Verified by DHS/DMS NET Monitoring Contractor	2 - Is this an additional step put into place should the Broker not meet the above acceptance/timeliness metrics? If so, what is the timeline for verification once rejected encounters are corrected and resubmitted?	(1) No. All encounters submissions must be completed no later than the last day of the month after the month transportation was provided (including resubmission of rejected or denied encounters). (2) Final process has yet to be determined.
36	Page 20, 2.9 SAFETY VIOLATIONS	Serious safety violations shall result in immediate termination and possible criminal charges of driver and attendant include, but are not limited to: - Failure to conduct visual vehicle inspection resulting in a beneficiary left unattended. - Failure to correctly utilize child safety buzzers.	Can we assume that "Failure to conduct visual vehicle inspection resulting in a beneficiary left unattended" is in reference to ensuring that no children are left on a vehicle and is unrelated to the pre shift vehicle visual inspection?	This applies to any beneficiary regardless of age.
37	Page 20, H. Broker Correspondence	1. The Broker is financially responsible for all costs incurred in printing and mailing letters, one per household, to notify the beneficiaries who qualify for NET services, and facilities of changes.	Is this a new requirement? If not, how many beneficiary mailings were performed in each region over the past 4 years?	No, this is not a new requirement. See data book.
38	Page 21, 2.12 Insurance and Insurance Certificate	The Insurance certificate must document that the liability insurance coverage purchased in the amount of \$5,000,000.00 by any sub-contractor includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.	Please confirm that this \$5,000,000.00 liability insurance requirement does not include subcontracted transportation providers.	Refer to IFB Section 2.12 Insurance and Insurance Certificate.

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39	Page 21, Section 2.12	Insurance and Certificate of Insurance	What are the minimum insurance requirements for transportation providers that contract with the broker?	See IFB Section 2.12(F).
40	Page 22, 2.15, A	Submission of encounter information on every trip is a requirement of the contract.	Please confirm that this requirement only includes completed trips, and not cancelled or denied trips, for which providers do not submit claims.	Confirmed.
41	Page 23, 2.15, J	At a minimum, the following statistical data must be reported with the encounter: Bullet 2 - Destination provider Medicaid identification number	Is the destination provider's Medicaid identification number a required encounter data point under the current contract?	Yes.
42	Page 23, 2.15, J	At a minimum, the following statistical data must be reported with the encounter: Bullet 2 - Destination provider Medicaid identification number	Provider's Medicaid identification numbers are currently a required component of encounter reporting for two other clients within the markets we serve. If not managed and coordinated efficiently, this process can create a significant administrative burden. What is the state's process for sharing and updating Medicaid provider identification data with vendors?	It is the Vendor's responsibility to verify Medicaid provider IDs through the Arkansas Medicaid website.
43	Page 23, 2.15, J	At a minimum, the following statistical data must be reported with the encounter: Bullet 6 - Identification of others riding with the beneficiary	Please provide the exact identification information required for others riding with the beneficiary. What information regarding non-member passengers does the Department currently collect prior to scheduling a trip?	Refer to Attachment I.
44	Page 23, 2.15, J	At a minimum, the following statistical data must be reported with the encounter: Bullet 6 - Identification of others riding with the beneficiary	What is the expected utilization for escort rides, with and without a member present? Does the Department currently collect information for escorts? If so, please provide data for the previous year of service.	Sufficient reliable data is not available to provide these figures.
45	Page 23, 2.15, J	At a minimum, the following statistical data must be reported with the encounter: Bullet 15 - Ambulatory - Wheelchair	According to Attachment I, Ambulatory - Wheelchair falls under the special needs category. Please clarify the Department's expectations with regard to members that fit within the parameters of the special needs category, and how the services required will differ from members not identified as being in that category.	Services provided in AR NET program are either categorized ambulatory or wheelchair. Services will be the same for both categories.
46	Page 23, 2.17	2.17 VEHICLE REPORTS	Please confirm non-contracted vehicles are out of scope for this requirement.	Confirmed.
47	page 25 (section 2.20.B.1)	1. Broker may operate as a provider, as part of the provider network, or as sole provider, as long as access to NET services remain sufficient to provide services for all qualified beneficiaries residing in the region served by the Broker.	Please confirm that the use of rideshare companies such as Lyft and Uber are permitted under this contract.	They are not permitted under this contract.
48	Page 27, section 2.21, A	The PMPM base rates that are submitted by the bidder must be within the range listed on each region's official bid price sheet, in order to be considered for the NET contract award.	The draft bid price sheets provided in the bid response packet do not include any PMPM ranges. Will those be provided in the final IFB document? If not, how will bidders know what the acceptable PMPM range is?	See final IFB
49	Page 27, section 2.21, D.2	All NET trips must be reflected by the DHS/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.	How long do providers have to file a timely claim with the broker for reimbursement? If this exceeds 30 days, how will this provision be applied for claims lag on providers that take longer than 30 days to file a claim for reimbursement?	(1) Refer to IFB Section 2.7 D. T(2) here are no exception to this provision. Brokers are responsible for ensuring subcontractors are filing timely encounters.
50	Page 28, section 2.21, E.3	Following the close of each annual contract period, DHS/DMS shall pay the broker based on the actual number of NET covered Medicaid eligible(s) for each month of service... Conversely, if the number of eligible(s) for which payment was made exceeds the actual number, this difference shall be deducted from a future payment to the broker.	Since this is an annual reconciliation to eligible membership and PMPM paid, how will DMS handle situations where transportation is provided to a member listed as eligible at the time of transport (or in the most recently transmitted eligibility file prior to the date of transport), but is later determined as ineligible through this reconciliation process?	See final IFB

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51	Page 31 item F, #3	3. The Broker is not permitted to discuss the issues related to NET services with any other individuals, agencies, or providers. Similarly, DHS/DMS shall discuss NET related matters only with the beneficiary and their authorized representatives as listed on file with the Broker and DHS/DMS	Please confirm that this requirement does not preclude the broker from communicating with facilities and / or practitioners to determine need or level of service for a members trip. This regulation could potentially render the broker unable to verify members and services provided, thereby exposing the broker to fraudulent activity, waste, and abuse of the system.	<i>No, it does not preclude. Item three (3) under IFB Section 2.22(F) involves issues such as complaints.</i>
52	Page 31, F. Authorized Representatives	<p>If the beneficiary rely on the assistance of his or her representative to schedule NET services, the beneficiary may provide the names, relationship and contact number for up to two (2) authorized representatives to the Broker when scheduling their NET services.</p> <p>2. The Broker shall only take information or discuss the beneficiary's need for NET services with the beneficiary or with the beneficiary's authorized representative as listed on file with the Broker and DHS/DMS.</p> <p>3. The Broker is not permitted to discuss the issues related to NET services with any other individuals, agencies, or providers. Similarly, DHS/DMS shall discuss NET related matters only with the beneficiary and their authorized representatives as listed on file with the Broker and DHS/DMS.</p> <p>4. The authorized representative is an individual, who upon the Broker's request can answer the gatekeeping questions asked of the beneficiary when they are scheduling the NET services.</p> <p>5. The beneficiary or their authorized representative may request transportation for more than one reservation including standing orders for routine medical care. Standing orders cannot exceed one (1) month in duration.</p>	Please confirm that this requirement would prohibit medical service providers (i.e. dialysis clinics) from scheduling transportation on the member's behalf.	<i>See final IFB.</i>
53	Page 37, 2.25, Vehicle Manifest Required Information	Vehicle manifests (both digital and paper manifests are acceptable) are to be completed by each vehicle operator daily and must contain the following information: Beneficiary Medicaid number Beneficiary telephone number Pick-up point (address) Destination (address)	<p>Since the broker collects the following information on each trip and can provide it with the encounter data, in order to streamline the process and minimize data exposure can these items be removed from the vehicle manifest required information list:</p> <ul style="list-style-type: none"> - Beneficiary Medicaid number - Beneficiary telephone number - Pick-up point (address) - Destination (address) 	<i>No.</i>
54	Page 39, 2.25, Q	Q. Vehicle Camera	Please confirm non-contracted vehicles are out of scope for this requirement.	<i>Non-contracted vehicles are not allowed under the contract.</i>
55	Page 39, 2.25, Q	Q - Vehicle Camera	What is the SLA to retrieve video data for playback/viewing from contracted vehicles?	<i>Video playback must be provided immediately upon the request of DHS or contracted staff.</i>
56	Page 39, Section 2.25 Q.	Vehicle Cameras	Are the same vehicle camera requirements in place today, or is this a new requirement for this IFB?	<i>This is a new requirement.</i>
57	Page 39, 2.25 Q Video Camera	Minimum 45-day playback/viewing (all data must be retrievable for auditing purposes)	Please clarify that 45 days of data must be available for retrieval but can be stored remotely and not in the camera itself.	<i>Confirmed.</i>
58	Page 39, section 2.25, Q	The following is the minimum requirements for the video systems (audio is not necessary) that MUST be in each transportation vehicle used on the NET contract.	Is this a current requirement for providers in the state of Arkansas? If so, do all vehicles currently have this equipment installed? If not, what percent of current vehicles have this equipment installed?	<i>(1) No. (2) N/A. (3) 54.17% of vehicles with cameras currently installed.</i>

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59	Page 39, section 2.25, Q	The following is the minimum requirements for the video systems (audio is not necessary) that MUST be in each transportation vehicle used on the NET contract.	If this is an existing requirement, do all vehicles currently have this equipment installed?	See answer to Question 58
60	Page 39, section 2.25, Q	The following is the minimum requirements for the video systems (audio is not necessary) that MUST be in each transportation vehicle used on the NET contract.	If this is not an existing requirement, what percent of current vehicles have this equipment installed?	See answer to Question 58
61	Page 39, section 2.25, Q	The following is the minimum requirements for the video systems (audio is not necessary) that MUST be in each transportation vehicle used on the NET contract.	If this is not a current requirement, will any incumbent brokers that are re-awarded their current region be expected to implement video system capabilities for their network provider vehicles as of the start date of the new contract?	Yes.
62	Page 39, 2.26 A	The Broker must perform monthly inspections, to verify that vehicles meet the requirements as specified by the IFB.	Will the broker be required to inspect 100% of the vehicles used in the program monthly in addition to initial, annual and random inspections?	Yes.
63	Page 42, H. Broker Basic Performance Report	<p>1. The DHS/DMS NET Monitoring Contractor shall collect and publish information on the Broker's performance in the form of quarterly performance reports. This data may include, but is not limited to:</p> <p><input type="checkbox"/> Average monthly number of beneficiaries in the region</p> <p><input type="checkbox"/> Number of unduplicated beneficiaries receiving transportation</p> <p><input type="checkbox"/> Number of trips provided</p> <p><input type="checkbox"/> Number of requests for transportation denied, by reason</p> <p><input type="checkbox"/> Denial rate (trips provided and/trips denied)</p> <p><input type="checkbox"/> Number of complaints, by type</p> <p><input type="checkbox"/> Complaint rate (complaints divided by trips provided)</p> <p><input type="checkbox"/> Percentage of pick-ups and deliveries completed on time</p> <p><input type="checkbox"/> Percentage of trips reported in which required trip data was accurately provided</p> <p><input type="checkbox"/> Beneficiary satisfaction surveys</p>	Is the DHS/DMS NET Monitoring Contractor required to collect and publish information on the current broker's performance today? If so, please provide access to the performance reports for each broker for the past 3 calendar years.	(1) Yes. (2) The NET Performance Profiles are posted on www.afmc.org
64	Page 42, Section 2.33 H.	Broker Basic Performance Report	Please define the source data to be used and explain how to calculate the quarterly report of "percentage of trips reported in which required trip data was accurately provided."	The data comes from the broker's encounter data.
65	Page 45, section 3.1	All invoices shall be forwarded to: ...	What is the State's requirement for a monthly invoice? What data points need to be included and how does the expected process currently work?	See final IFB.
66	Attachment C	Damages for Insufficient Performance	For each performance standard and associated penalty amount, please provide the cost analysis by which the penalty has been calculated to be proportional to the damages that may flow in each failure to meet the performance standard. For example, please provide the cost analysis for determining a \$500 penalty of each late trip is proportional to the damages that would flow from a late pick-up or late drop off of a member.	No cost analysis was done.
67	Performance Based Contracting tab	Various service criteria and damages	Are performance based metrics and associated damages currently being tracked and assessed for the current brokers? If not currently measured as stated in this IFB, what are the current metrics being measured and any liquidated damages assessed to brokers in the last 2 years for each metric?	(1) Yes. (2) This question is not relevant to bid on this IFB.

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68	Draft Data Tab, Exhibit 1A	***Please review the letter accompanying this data book for background information including appropriate use and limitations of this data.***	There does not appear to be a letter accompanying this data book. Will that be provided in the final IFB or as part of this Q&A response?	<i>See final IFB</i>
69	Draft Data Tab, Exhibit 1A	Legs Table	Are the trip leg counts provided by month, by county represented as gross trip legs, net authorized or paid trip legs? If these represent gross or net authorized, will DMS provide the actual paid trip legs by month and county?	<i>Data book reflects encounter data submitted to DHS.</i>
70	Draft Data Tab, Exhibit 1A	Trips Table - Footnote: Trip = number of times a vehicle is sent out to provide trip legs	Please provide more clarification around what this data point represents. This data point is not exactly half of the trip legs count, so it appears that it does not represent "round-trip" legs. Is this a gross, net authorized, or paid dispatch?	<i>A round trip may be made up of more than two legs.</i>
71	Draft Data Tab, Exhibits 1A-G	Dates of data provided	The data provided covers one single fiscal year (7/2016 - 6/2017). In order to accurately trend the data, please provide the same data points for Fiscal Year 2016 (7/2015 - 6/2016) and YTD complete periods for fiscal 2018 (7/2017 forward).	<i>Data is not available beyond what is provided in the data book.</i>
72	Draft Data Tab, Exhibits 1A-G	Legs, Trips and Miles tables	Please provide the data points for the Legs, Trips, and Miles table by month, region, county, and Level of Service (e.g. Ambulatory, Wheelchair, Stretcher, Advanced Life Support, Basic Life Support, Mileage Reimbursement, Mass Transit, etc.) for fiscal year 2016, 2017 and YTD 2018.	<i>See answer to Question 71.</i>
73	Draft Data Tab, Exhibits 1A-G	Requested Data	Please provide the number of unique riders (individual eligible members using the service in a given month) by month, by county, by Level of Service for fiscal year 2016, 2017, and YTD 2018.	<i>See answer to Question 71.</i>
74	Draft Data Tab, Exhibits 1A-G	Requested Data	Please provide the following call statistics by month for fiscal year 2016, 2017 and YTD 2018: Gross call volume, reservation call volume, "Where's My Ride" call volume, and average handle time.	<i>Not available.</i>
75	Draft Data Tab, Exhibits 1A-G	Membership data	In every region, for the 1 year period of membership data provided, there is a sharp drop off in membership in March 2017, which causes a corresponding increase in utilization for each month thereafter. Please provide an explanation for this unilateral drop in membership across all 7 regions.	<i>Medicaid eligibility is cyclical.</i>
76	Official Bid Price Sheet	PMPM Rate	What time frame is DMS asking for a PMPM rate for each region? Is the rate a bidder submits for each region static for the full 1 year plus 6 one-year options or will the rates be adjusted each year? If it is not static for the potential 7 year term, how long is the PMPM rate bid expected to cover?	<i>Actuarial analysis is performed annually, and rates will be analyzed.</i>
77	Official Bid Price Sheet	PMPM Rate	If the rates are adjusted each year, what process does DMS use for rate setting for the next fiscal year? Will the rates be actuarially adjusted each year based on prior year actual experience? How will the awarded broker in each region be given an opportunity to provide input on the next year's rates?	<i>Actuarial analysis is performed annually, and rates will be analyzed.</i>
78	Official Bid Price Sheet	PMPM Rate	Will DMS be prospectively forecasting high utilization treatment types, such as substance abuse, ahead of brokers experiencing the cost? If not, how will the rate setting process take these factors into account?	<i>(1) No. (2) Actuary analysis is performed annually.</i>
79	Official Bid Price Sheet	PMPM Rate	In a press release issued by Arkansas Department of Human Services on June 28, 2018, the state will launch a new Medicaid behavioral health program on July 1. The new program will replace the Rehabilitative Services for Persons with Mental Illness program and expand substance abuse disorders services. Given that substance abuse beneficiaries are high utilizers of NET services, what is the expected increase in utilization of NET services under this new program? How will DHS factor this into the 2019 rate setting process to ensure these costs are included in the rates?	<i>This information is not available at this time.</i>

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80	Performance Based Contracting tab	Various service criteria and damages	Please provide the amount of liquidated damages assessed to current brokers in each region for each of the following performance based metrics in this IFB: 1) Provide NET transportation to all eligible beneficiaries (\$500 per occurrence) 2) Broker shall immediately report instances of abuse to Child Abuse Hotline or Adult and Long-Term Care Facility Maltreatment Hotline (\$10,000 per occurrence) 3) NET drivers and attendants meet the requirements in IFB (\$10,000 per occurrence) 4) Ensure all vehicles used for NET meet IFB requirements (\$1,000 per occurrence) 5) All vehicles used for NET are operated in accordance with IFB specifications (\$1,000 per occurrence) 6) Driver and attendant follow all requirements specified in the IFB (\$1,000 per occurrence) 7) Medicaid eligibility is verified as required in the IFB (\$500 per occurrence) 8) Residence eligibility is verified as required in the IFB (\$500 per occurrence) 9) All components of eligibility based on beneficiary's need for NET is verified as specified in the IFB (\$1,000 per occurrence) 10) Destination eligibility for NET is verified as required in the IFB (\$500 per occurrence) 11) Time of the appointment for NET is verified as required in the IFB (\$500 per occurrence) 12) All reports required by the IFB are submitted on time (\$500 per occurrence and \$100 per day of non-compliance) 13) All information and records are maintained as required in the IFB (\$500 per occurrence and \$100 per day of non-compliance) 14) Broker shall ensure efficient transition to an incoming broker at time of brokers contract cancellation, termination, suspension or expiration (\$20,000 per occurrence and \$1,000 per day of non-compliance) 15) Comply with all other program requirements in the IFB (\$5,000 per occurrence and \$100 per day of non-compliance) 16) Conflict of interest Mitigation (\$5,000 per day past 5 days and \$100,000 for first failure)	Question not relevant to bid on this IFB.
81	Page 3, Section 1.6 Definitions	Beneficiary - Any person eligible to receive a fee for service and Medicaid Managed Care.	1. If we pick up people that are part of the Managed Care Providers or PASSE will we be paid by DHS or the Managed Care Organization. NET is not a fee for service Program so if this is an additional requirement we would like to know how it will be paid.	(1) DHS. (2) All managed care organization clients are included in the capitated rates.
82	Page 4 section 1.6 D	Actuarial Sound Rates: Rate ranges are calculated based on data using actuarially accepted practices.	1. A definition is given for actuarial sound rates yet nowhere in this bid is there a section that specifies actuarial rates apply in any way. 2. Can we have the methodology used to determine the actuarial sound rate and the rate determined ?	See final IFB
83	Page 5, section 1.11, Pricing B	A justification of prices quoted should be attached to the Official Bid Price Sheet.	1. Can you give an example of what/how the justification should look. 2. This would be redacted info under normal circumstances. 3. What assurance do we have this very internal confidential information will not be available for FOI as it would give others an unfair advantage by knowledge of the factors used to figure our own personal pricing? 4. Will DHS/DMS provide a 2 year payment analysis for each region showing trips, eligibles, and payments to help determine the increase/decrease in PMPM per region?	(1) Should document all expected costs incurred under this contract. (2) No Question asked. (3) See final IFB Section 1.14. (4) Not at this time.
84	Page 6, Section 1.13 Independent Price Determination	A. By submission of this bid, the vendor certifies, and in the case of a joint response, each party thereto certifies as to its own organization, that in connection with this bid: the prices in the bid have been arrived at independently, without collusion and no prior information concerning these prices has been received from, or given to, a competitive company. B. Evidence of collusion shall warrant consideration of this bid by the Office of the Attorney General. All vendors shall understand that this paragraph may be used as a basis for litigation.	1. How would collusion be determined? 2. What assurance and means will DHS/DMS use to prevent this collusion from happening and will this information be subject to FOI in this bid and in previous bids?	Suspected collusion is reported to the Attorney General for investigation. It is not DHS's duty to provide assurance, it is the ethical and legal responsibility of all vendors not to collude.
85	Page 6 Section 1.14 B	The state may maintain the confidentiality of "certain types of information".	1. Can you provide an example of what might be considered confidentiality and can we be assured there would be consistency?	(1) Proprietary information is an example. (2) Yes.

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86	Page 6 Section 1.14 Proprietary Information, E	Under no circumstances will pricing information be designated as confidential.	The justification for pricing should be considered confidential as it would give others an unfair advantage having confidential financial information and should not be a factor via the FOI. In previous bids, all financial data was redacted by most for profit agencies. What assurance do we have that if we provide our justification that all will be required to do so.	<i>All submitted price proposals will not be designated as confidential. See IFB Section 1.14.</i>
87	Page 7, Section 1.15 Caution to Bidders F	The state shall have the right to award or not award a contract if it is in the best interest of the state.	1. Can you define any/all reasons the state would not award a contract.	<i>No.</i>
88	Page 7, Section 1.17 Award Process, #B Negotiations	If the state so chooses, negotiations may be conducted with the lowest responsive bidder. Negotiations are conducted at the sole discretion of the state.	1. Can you define what the state would be negotiation? 2. Would these negotiations be subject to FOI?	<i>(1) Final terms. (2) Yes.</i>
89	Page 8, Section 1.17 Award Process, C. Anticipate to Award	OP shall have the right to waive the anticipate to award when it is in the best interest of the state.	1. Can you define the circumstances where DHS/DMS would consider it to be in the best interest of the state. 2. Is it DHS/DMS intention to deny the appeals process by adding this verbiage?	<i>(1) If only one bid is received. (2) No.</i>
90	Page 8 Section 1.19 D	EO Policy	1. What would be the case that an organization is not required by law to have an EO Policy?	<i>Requirement is based on number of employees, as defined under federal law.</i>
91	Page 9 Section 1.21 Restriction of Boycott of Israel B	This prohibition does not apply to a company which offers to provide the goods or service for at least twenty percent (20%) less than the lowest certifying business.	1. Would this waiver of prohibition for 20% less not be considered unconstitutional and a civil liberty issue? 2. Do you have case study where this waiver has been challenged? 3. Is it DHS/DMS intention to request an additional 20% off after they accept the lowest bid by using this terminology? 4. What assurance is given to all responsive bids that there is no collusion concerning bid prices and a bidder taking the additional 20% less to successfully obtain the bid/Region? 5. Will all this information be subject to FOI? 6. Will DHS/DMS require all subcontractors to sign a certification they are not currently engaged in and agree for the duration of contract not to engage in a boycott of Israel?	<i>(1) This is a statutory requirement and only a court can make such determination. (2) No. (3) No. All prices must be within the actuarially sound range. (4) See IFB Section 1.3. (5) Yes. (6) No.</i>
92	Page 9 Section 1.22 Past Performance	In accordance with provisions of State Procurement Law OSP Rule R5:19 - 11 - 230 (b) (1), a vendor's past performance with the State may be used to determine if the vendor is "responsible". Proposals submitted by vendors determined to be non-responsible shall be disqualified.	1. Can you give the DHS/DMS definition of responsible and non responsible? 2. What factors do DHS/DMS consider from past performance to determine if a vendor is responsible. 3. Are there any factors/circumstances that DHS/DMS takes into consideration when previously non-responsible vendors bid or are awarded a bid?	<i>(1) See Arkansas Code Annotated 19-11-204(11). (2) Past Vendor Performance Reports (VPR) or other performance-related communications within the last three years. (3) Only factors allowable under state law and rule.</i>
93	Page 10 Section 1.23 Technology Access #C	State agencies cannot claim a product as a whole is not reasonably available because no product in the marketplace meets all the standards. Agencies must evaluate products to determine which product best meets the standards. If an agency purchases a product that does not best meet the standards, the agency must provide written documentation supporting the selection of a different product, including any required reasonable accommodations.	1. Please give examples of products this refers too. 2. This section requirement is open to personal interpretation and not defined. Can you better define what this is in reference to? 3. Who determines acceptance and what are you basing your acceptance on as this again is open to personal interpretation of the requirements since they are not defined.	<i>(1) Any IT-related product. (2) No question asked. (3) DHS.</i>
94	Page 11 Section 1.29	State Holidays scheduling	1. Are we required to perform or accept trips scheduled on State Holidays and or after hours of operations: e.e. dialysis on aturday at 7 p.m.?	<i>Yes.</i>
95	page 12 Section 2.2	All services must be provided during normal state hours and within the agreed upon number of days.	1. Can we deny trips that are booked on holidays or not in the normal Monday through Friday 8-5 as listed.	<i>Yes. Denial letters must be issued.</i>

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96	Page 12 Section 2.3 Minimum Qualifications B	The broker must meet the following requirements: The broker must have a minimum of five (5) years experience in non-emergency medical transportation (NET) for verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification.	1. Because NET is explicitly different in each state will DHS/DMS consider changing this to 5 years experience providing NEMT in Arkansas? 2. Will DHS/DMS consider changing this to a period of 5 to 10 years for default due to the high cost to the state and Brokers when forced to re-bid?	(1) No. (2) No.
97	Page 13 Section 2.4	Broker shall be responsible for communicating with other brokers in order to obtain previous trip counts if Beneficiary moves from one NET region to another.	1. This is all handled through DHS so would there not be a database of some sort we could review that would give us this information instead of being at the mercy of another Broker that may or may not share this needed information? 2. How are we to know they have recently moved if the client does not give us the correct information?	(1) No. (2) Verifying eligibility.
98	Page 13 Broker Responsibility b. Adhere to Program Guidelines #3	Determine the most appropriate transportation to meet the beneficiary needs including any special transport needs.	1. Define most appropriate transportation to meet the beneficiary needs. 2. When do reasonable accommodations end in relation to beneficiaries (example) when the beneficiary is obese and their wheelchair does not fit on the ramp of the van or even through the door openings is this beyond the scope of reasonable accommodations? If they beneficiary has a severe seizure disorder (mostly children) is this not considered beyond the scope of non emergency medical transportation as our drivers are not qualified and trained to handle these types of medical needs. 3. What is your definition of medically frail in relation to some of the severe syndrome children that we carry and obese riders? 4. Does appropriate transportation move beyond what it was designed for when you are carrying beneficiaries well past 500 lbs that are in a manual wheelchair that cannot fit thru the door due to the width of their wheelchair and are the drivers expected to manually push them up and down ramps, from their homes to the vans, and even into the buildings because they are unable to do this themselves because drivers are getting hurt trying to do their job as the definition of "reasonable accommodations" are not defined and when questions have come up before about this subject we were told to have them transported at our expense by ambulance. If they are transported by ambulance does this not rule out non emergency medical transportation as the provider of services?	(1) Determination is made during the gatekeeping process. (2) It is the Broker's responsibility to find the means to transport all eligible beneficiaries in their service area. (3) Medically frail, see Definition of Terms. (4) No. (5) Transportation by ambulance may be considered non-emergency based on the needs of beneficiary.
99	Page 15 Section 2.5, D, 3	Net services shall be provided on Saturday from 8:00 a.m. until 5:00 p.m. for beneficiaries receiving Dialysis, Chemo, and Radiation	1. Is the Broker required to accept dialysis pick ups that are before 8 a.m. and after 5:00 p.m. as many regions are scheduling appointments as late as 7p.m. Monday through Saturday.	Yes. See IFB Section 2.5(D)4.
100	Page 15 Section 2.5 E A	The contractor shall provide a fully functional helpline which has a toll free number, the capacity to respond to the hearing impaired...	1. What exactly do you mean respond to the hearing impaired and can you provide an example of such.	A telecommunications device for the deaf (TDD) is a teleprinter , an electronic device for text communication over a telephone line, that is designed for use by persons with hearing or speech difficulties .
101	page 16 Section 2.5 E3	you state: The broker must answer ninety percent (85%) of all calls within 30 seconds	1. So are you requiring 90 % or 85% of all calls answered in the first 30 seconds?	See answer to Question 31.
102	Page 17 Section 2.6 Central Registry A 1	Broker shall require criminal history check, provided by the Arkansas State Police and a central registry check by our Central Registry unit housed here at DHS	1. Can the Central Registry service be provided by a 3rd party or at least an option? We are delayed often times as long as 3 to 5 weeks on applications waiting to get this returned. It needs to be a 48 hour turn around time. The applications should be able to be emailed or a portal provided to enter this information to ensure timeliness. This is affecting the ability to hire staff state wide and a costly result to the Broker/ Providers.	No.

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103	Page 18 Section 2.7 Broker Responsibilities Safe and Appropriate Transportation	The broker is responsible for providing and or arranging transportation services to all eligible Medicaid beneficiaries residing in their region.	1. #1 states for ALL not when safe or appropriate. Clinically obese patients that are not able to transfer and refuse power chairs are not safe to transport. Many times they do not fit through the van door openings or fit on the ramp and lifts. There should be a limit to what the brokers can accommodate. It is not safe to transport at over 500 lbs. Securing the wheelchair becomes near to impossible and is a hazard in an accident. Using and arranging an ambulance is cost prohibitive and is well over 2K in most cases when inquiries have been made. 2. There needs to be a limit on what is considered reasonable accommodations. Parents put newborn infants with profound medical issues on the van un escorted and the staff is not trained to handle the day to day transport of these medically fragile children. 3. There should be guidelines on what is reasonable. 4. when the wording states ALL eligible Medicaid beneficiaries you open the door for beneficiaries in lay down chairs, with breathing machines, with medical issues that brokers are not equipped to carry.	<i>No questions asked. All eligible beneficiaries must be transported.</i>
104	Page 20 Section 2.8 Driver and Attendant Conduct B	Drivers and attendants must provide assistance as necessary to and from the main door of the place of destination.	1. Define "as necessary" 2. This specific wording would require drivers/attendants to pickup all riders at their door of their home and drop off facility whether or not they need assistance. This will mean the parents can require we come to the door and get their children even though they are able bodied and can bring them to the van. This will create longer ride times and wait times.	<i>Drivers/attendants must ensure the safety of the beneficiary.</i>
105	Page 25 Section 2.19	The Broker must ensure that at any destination site the beneficiary is not left alone in circumstances which may place him/her in danger.	1. Can you please provide more detail as to what you mean by danger and how would broker make the determination of what is safe and what is not safe? 2. How does this requirement work in relation to discharges from psychiatric hospitals as we have been told many time to just drop them where ever and that we can no longer require them to have a safe place to return to. You cant require this of one and not all.	<i>(1) Destination site refers to the provider's office/facility - beneficiary's may not be dropped off prior to the facility opening or left unattended after the facility has closed. (2) Discharges from psychiatric hospitals shall be scheduled forty-eight (48) hours in advance and should include a drop-off destination.</i>
106	Page 27 Section 2.21 Payment and Invoice Provisions #A #1	Bidders must provide a per member per month (PMPM) base rate for each region they are submitting a bid. #1 The PMPM base rates that are submitted by the bidder must be within the range listed on each region's official bid price sheet, in order to be considered for the NET contract award.	1. There is NO range listed on the official price sheet nor anywhere within this Bid Solicitation.	<i>See final IFB.</i>
107	Page 28 Section 2.21 # D Rates	This IFB include gatekeeping standards that expand upon current practice. This is intended to eliminate trips not consistent with the intent of the NET program.	1. The extended gatekeeping does nothing more than add additional time and expense to the brokers as well as extended time on hold for callers due to the fact that at the end of the day if they say they do not have the funds to operate their vehicle which 99.9 percent of them answer this way, they are allowed transportation. We are not allowed to question them on why they have multiple vehicles in the home, we are not allowed to question why they use their vehicle to pick up their other children at public school and require us to get their child that requires medical services. The gatekeeping measures added to this RFP will not change anything other than the time on hold for callers as it almost triples the time that will be spent on the phone.	<i>No questioned asked.</i>
108	Page 28 2.21 E. 4	DHS/DMS reserves the right to deduct Medicaid fee adjustments from the Brokers monthly invoice prior to payment.	1. Can you define Medicaid fee adjustments. 2. Can you provide each Region what their "adjustment" will be. 3. Can you provide the means used to come up with this "adjustment"	<i>(1) See IFB Section 2.21.E.3 and data book. (2) No. (3) See updated data book.</i>
109		The Arkansas Medicaid NET waiver program does not include transportation services for beneficiaries who are: Nursing facility residents	1. Please define nursing facility residents as there are many facilities that we must pick up from that are nursing facilities that also have assisted living within their buildings. We are forced to pick up residents that cannot make decisions for themselves from these facilities and that when dropped off at a facility have no idea who they are or where they belong and the "nursing facilities" are not required to send someone with them.	<i>A nursing facility is one of many settings for long-term care and including or other services and support outside of a an institutional setting provided by Medicaid or other State agencies which is not covered under this IFB.</i>

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110	Page 30 Section 2.22 E Gatekeeping Process	1,2,3,4,5,6,7,8,9,10	Although gatekeeping is an important aspect of the contract it should start with financial proof and even home inspections after you spend countless minutes on the phone with a beneficiary when you ask if they have the funds available to operate their answer will almost always be no. We pull up to gated communities (not foster families), multiple new cars in driveways, in some cases they beneficiary pulls up in their new car the same time the van arrives to pick them up laden with their shopping purchases from the mall and makes our vans wait while they throw their bags inside their home then require our drivers to drive them to Little Rock. This system is designed for them to commit fraud in many cases and there is no consequence for this fraud on the state. How can someone qualify for Medicaid services and afford expensive homes, brand new cars, nice clothing and jewelry. The additional time spent asking over 3 full pages of questions will not change the outcome of whether or not we are required to provide the trip.	No question asked.
111	Page 39 Section 2.25 #Q Vehicle Camera	The following is the minimum requirements for the video systems (audio is not necessary) that must be in each transportation vehicle used on the NET contract.	1. The minimum requirements for this camera system has a cost of nearly \$3100.00 each with even a small fleet of 25 units the providers would have an initial expense of over 77K to comply with this additional requirement. 100 units = 310K 200 units = 620K This is in a program that does not re-imburse the required additional expenses. 2. How long do Brokers/Subcontractors have to get them installed and operational in relation to this bid start date. 3. With less than 6 weeks to do a startup how could hundreds of vans statewide possibly comply with this requirement. 4. What research was done and by whom to make the decision on this particular requirement and is there case study that shows that this has somehow prevented anything from happening on the van? 5. If Broker/Providers currently have camera systems installed will you consider grandfathering them in as there was a considerable outlay of monies to install them already. 6. Will you consider not mandating the cameras on vans with wheelchairs where everyone is confined to a wheelchair. 7. Can you be more specific as to what you are wanting the camera to be able to do? (example: do you want to see faces or do you want to see hands?)	1. See updated IFB. 2. Cameras must be operational at contract start. 3. Exceptions to non-mandatory items may be negotiated. 4. None. Decision was made based on historical events. 5. See updated IFB. 6. No. 7. Cameras should capture violations of safety precautions and other issues which are beneficial to the driver/attendants as well as the beneficiary.
112	Page 40 Section 2.27 B Broker Requirements	Brokers shall ensure all drivers are in an appropriate United States Department of Transportation drug and alcohol testing program, Drug and Alcohol testing shall be required by the Broker on each driver prior to hire, at random, and thereafter at the discretion of the Broker and/or the NET Monitoring Contractor.	1. The wording of this section in relation to "the NET Monitoring Contractor" violates federal law in relations to the Drug and Alcohol Program Requirements by the State of Arkansas.	See final IFB.
113	Page 47 3.5 Performance Bonding	The contractor shall be required to obtain performance and payment bonds to protect the State's interest as determined by the state. A. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the state.	1. 100 % of the contract amount is excessive and will be Hundreds of thousands of dollars if not millions. 2. Is the the yearly contract or for up to the possibility of the 7 year contract amount? 3. Who determines if the state will accept a lesser amount and what factors will be used to determine this? 4. Does the state have case study that shows the need for a 100% performance bond and will you share this information as part of the RFP?	(1) No question asked. (2) The bond will be the value of the contract for the current contract term. If the contract is renewed, a new bond for that contract will be required. (3) DHS. (4) No.
114	Form PCS-1	Page 1 of 5 4A	There is NO Section 13 as stated in your RFP.	Form refers to section 13 of the PCS form. This form will be completed by DHS upon contract award.
115	Page 10 Section 1.25 Visa Acceptance	Awarded vendor should have capability of accepting the states authorized visa procurement card as a method of payment.	1. Does the state realize that accepting our RA payments via credit card will cost us an additional 2 % of our re-imbursement and is the state willing to make up that 2%? 2. Will there be fees from the state in addition to this additional cost to the Brokers?	Payments will be made to vendors via electronic fund transfer.

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116	Page 29, Section 2.22 B, Beneficiary Application for Services	The Arkansas Medicaid NET waiver program does not include transportation services for beneficiaries who are: Qualifying Individual-1 (QI-1)	What is a Qualifying Individual 1 (QI-1)?	<i>A Qualifying Individual Group 1, or QI-1, is a low-income eligibility category under the Medicare Savings Program. QI-1 eligible beneficiaries receive help with part of their Medicare expenses through state Medicaid programs.</i>
117	Page 29, Section 2.22 B, Beneficiary Application for Services	The Arkansas Medicaid NET waiver program does not include transportation services for beneficiaries who are: Qualifying Individual-1 (QI-1)	Should DDTCS/CHMS agencies be included in the list?	<i>Transportation to DDTCS/CHMS facilities is not a covered service under NET.</i>
118	Page 36, Section 2.25 D, Vehicle Records Page 38, Section 2.25 I, Vehicle, Passenger Carrier Licensed and Certified	Arkansas Highway and Transportation Department	Shouldn't these references be changed to Arkansas Department of Transportation?	<i>See final IFB.</i>
119	Page 15, Section 2.5 Operational Requirements, E, Telephone System Requirements, A	Establish and maintain a log of complaints and issues from beneficiaries and dental providers, and their	Would you complete the sentence, please?	<i>See final IFB.</i>
120	Page 16, Section 2.5 Operational Requirements, E, Telephone System Requirements, A	The Broker must answer ninety percent 85% of all calls...	Is it ninety or eighty-five percent?	<i>See answer to Question 31.</i>
121	Page 41, Section 2.27, Qualifications, Driver and Attendant, C. 4	A person who has been convicted of a crime listed in Ark. Code Ann. Section 21-15-101 et seq. shall not drive or attend passengers.	What is DHS's reasoning for not allowing an appeal process and waiver pursuant to ACA Section 21-15-104 (b) if evidence shows the driver or attendant would pose no threat to the agency's clients?	<i>See DHS policy 1088.</i>
122	Page 41, Section 2.27, Qualifications, Driver and Attendant, C. 5	If the felony or misdemeanor they are convicted of is on the ACA 21-15-101 list, they cannot drive regardless of how long ago the crime was committed.	Since it is state law under ACA 21-15-104 (b) that an applicant who was convicted of a crime (except those listed in 21-15-104 (c)) would be eligible for a waiver if, upon weighing a preponderance of the evidence, the applicant is rehabilitated such that the public interest is not threatened by the applicant's employment, is it DHS's stated policy that a driver or attendant can never be rehabilitated under any circumstances and is banned from working on a Medicaid van for life?	<i>Yes.</i>
123	Page 17, Section 2.6 Staffing Requirements, B. Individuals Employment (Criminal Offenses)	Broker shall exclude from employment individuals which have been convicted of one (1) of the following offenses listed below:	These are the offenses listed in ACA 21-15-101, so is it DHS's stated policy that an applicant convicted of any of those offenses not listed in ACA 21-15-104(c) can not work for a broker?	<i>Yes.</i>
124	Page 14, Section 2.4 Scope of Work, Broker Responsibility, E. Quality Assurance Plan Page 22, Section 2.13 License, Permit and Certifications Requirements, C	The Broker must provide written assurance to DHS/DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to provision of services provided and upon any contract renewal periods.	Since DF&A says there is no Class I.E., will this language be removed from the bid?	<i>See updated IFB.</i>
125	Page 31, 2.22 Beneficiary Residence, F. 5	Standing orders cannot exceed one (1) month in duration.	If a beneficiary has a long-term illness where the treatment is on-going, such as dialysis, can the standing order last longer to avoid the risk of forgetting to call and missing a lifesaving appointment?	<i>No.</i>
126	Page 31, 2.22 Beneficiary Residence, F. 10	The Broker shall only schedule NET services with the beneficiary and the authorized representatives that are not associated with any: Agency, Provider or Any other entity to which the transportation is requested	Can you please explain what this means and its rationale? For instance, if the authorized representative is a hospital employee, does that mean the beneficiary cannot be transported home after discharge?	<i>See IFB Section 2.22 (F).</i>

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127	Page 31, 2.22 Beneficiary Residence, F. 10	The Broker shall only schedule NET services with the beneficiary and the authorized representatives that are not associated with any: Agency, Provider or Any other entity to which the transportation is requested	Which "Agency" is being referenced?	<i>No specific "agency" is being referenced.</i>
128	Page 28, 2.21 Payment and Invoice Provisions, E. 3	The term "NET covered Medicaid eligible" refers to Medicaid beneficiaries who were approved for one of the Medicaid Aid categories ... including beneficiaries who gained eligibility on or after January 1, 2014.	Will you confirm that these beneficiaries are the newly eligible adults in a commercial insurance plan?	<i>Confirmed.</i>
129	Page 28, 2.21 Payment and Invoice Provisions, E. 3	The term "NET covered Medicaid eligible" refers to Medicaid beneficiaries who were approved for one of the Medicaid Aid categories ... including beneficiaries who gained eligibility on or after January 1, 2014.	Will you confirm that these newly eligible adult beneficiaries will be included in the per member per month calculation regardless of their trip limits?	<i>Confirmed.</i>
130	Page 38, 2.25 Vehicle Maintenance and Safety Standards, O. Vehicle Safety Precautions (Buzzers)	Multi passenger vehicles (vehicles designed to carry eight to fifteen (8-15) passengers and one (1) driver) used to transport children must have child safety buzzers.	What is the meaning of this language when the bid quotes the law in the next sentence that "All vehicles designed to transport more than seven (7) passengers and one (1) driver shall have a child safety alarm device....."	<i>See final IFB.</i>
131	Page 39, 2.25 Vehicle Maintenance and Safety Standards, Q. Vehicle Camera	The following is the minimum requirements for the video systems (audio is not necessary) that must be in each transportation vehicle used on the NET contract: HD 1080 p	Because of the tremendous expense to purchase cameras and storage capacity, would DHS allow a 720 p camera, which is just as clear, and requires less storage capacity?	<i>See answer to Question 111.</i>
132	Page 39, 2.25 Vehicle Maintenance and Safety Standards, Q. Vehicle Camera	The following is the minimum requirements for the video systems (audio is not necessary) that must be in each transportation vehicle used on the NET contract: Minimum 45-day playback/viewing	In fairness to the brokers with vehicles that operate more hours per day and travel further distances (i.e. Blytheville to Little Rock and back) as opposed to shorter trips within the metropolitan areas, and because any accidents or incidents would be investigated immediately, will DHS change the Minimum playback/viewing requirement from days to hours (such as 250 hours, which averages about 8 hours a day for 30 days)?	<i>No.</i>
133	Page 39, 2.25 Vehicle Maintenance and Safety Standards, Q. Vehicle Camera	The following is the minimum requirements for the video systems (audio is not necessary) that must be in each transportation vehicle used on the NET contract: HD 1080 p and Minimum 45-day playback/viewing	Since the last RFP contained an addendum which stated cameras purchased within the past 18 months would be acceptable, will DHS grandfather in working cameras already on vehicles?	<i>The requirements of this IFB are not relevant to any requirements from the previous RFP. All Providers must have cameras that meet the requirements listed in this IFB.</i>
134	Page 41, 2.27 Qualifications, Driver and Attendant, B	Drug and Alcohol testing shall be required by the Broker on each driver prior to hire, at random, and thereafter at the discretion of the Broker and/or the NET Monitoring Contractor.	Since the USDOT does not require pre-employment alcohol tests, and because it is a violation of the regulations to conduct a drug or alcohol test at anyone's "discretion", will DHS delete the third bullet point entirely to comply with USDOT Drug and Alcohol Regulations and make the Non-DOT programs mirror the USDOT requirements?	<i>Please refer to IFB Section 2.27 Qualifications, Driver and Attendant, B, second bullet.</i>
135	Page 41, 2.28 Drug Influences, Driver, B	If the Broker suspects a driver to be driving under the influence of alcohol, narcotics or other drugs, the Broker shall immediately remove the driver from providing service to Medicaid beneficiaries until satisfactory review by the Broker, Sub-contractor, and DHS/DMS is completed.	To comply with federal USDOT Drug and Alcohol Regulations, would DHS substitute the following language: If the Broker suspects a driver to be driving under the influence of alcohol, narcotics or other drugs, a supervisor trained per USDOT Drug and Alcohol Regulations on the physical, behavioral, speech and performance indicators of probable drug use and alcohol misuse will immediately make a documented reasonable suspicion determination, and if necessary, a reasonable suspicion drug or alcohol test will be conducted. The driver will be removed from providing service to Medicaid beneficiaries until a negative test result is received	<i>See final IFB.</i>

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136	Page 41, 2.32 Violations, Driving, A, B	Current and potential drivers who receive any combination of two (2) moving violations or accidents where the driver was at fault, during the last twelve (12) months must be removed from service Removal of service includes violations that occurred when the driver is operating NET vehicles and as well as their personal vehicle	Since some violations are much less serious than others (i.e., a rolling stop or not wearing a seatbelt vs. a DWI), would DHS consider an appeal and investigation process by the Broker and NET Monitoring Contractor to review the severity of the violations and/or accidents to determine whether they merit a driver losing his livelihood?	No.
137	Page 14, section 2.5, A	Operational Requirements	<i>Are there to be any requirements for drivers other than passing a criminal background check and a drug and alcohol screening? Such as, experience as a professional driver or working with persons with disabilities.</i>	<i>See IFB Sections 2.27-31.</i>
138	Page 14, section 2.5, A	Operational Requirements	<i>Is the broker or a subcontractor required to be in contact with the drivers in real time?</i>	<i>It is preferred but not required.</i>
139	Page 14, section 2.5, A	Operational Requirements	<i>Is the broker and/or subcontractor required to actually know and confirm who is driving?</i>	<i>Yes.</i>
140	Page 14, section 2.5, A	Operational Requirements	<i>Are there any vehicle requirements other than preventive maintenance? Does this mean that a vehicle of any age or mileage can be used? For example, can a 1982 Honda Accord with 200,000 miles be used?</i>	<i>(1) Yes. (2) See page 39, Section 2.26, Vehicle Inspections.</i>
141	Page 14, section 2.5, A	Operational Requirements	<i>Is the broker required to actually know and confirm in real time what vehicle is being operated?</i>	<i>Yes.</i>
142	Page 11, section 1.29	State Holidays	On State observed holidays, do we perform any services, such as dialysis, chemotherapy treatments?	<i>See answer to Question 94.</i>
143	Page 12, section 2.3, A	Minimum Qualifications	If the Bidder is a new legal entity, can the experience of the proposed management team satisfy the 5 year experience requirement?	<i>Yes. See Arkansas Code Annotated 19-11-272.</i>
144	Page 27, section 2.21.A.1	Payment and Invoice Provisions	Please provide the PMPM range for each Region's price sheet.	<i>See final IFB</i>
145	Page 28, section 2.21.E.1	Payment and Invoice Provisions	When will DHS/DMS make the monthly PMPM payment to the Vendor? For example, what date will the September PMPM payment, which is based on the number of eligible persons in August, be paid?	<i>Payments will be made on the first Thursday of the month, as a rule, e.g., August would be the first Thursday in August.</i>
146	Page 33, section 2.24.B	Provision of Services, Broker NET	Please describe credentialing requirements, if any, for mileage reimbursement participants. Will they be credentialed like sub-contractors?	<i>Mileage reimbursement may be provided to the beneficiary if they have a working vehicle but are unable to afford gasoline. This would not be consider a volunteer transportation (which does require credentialing).</i>
147	Page 47, Section 3.5	Performance Bonding	Does 100% of the original contract price mean the awarded price for Year 1 of the contract?	<i>Yes.</i>
148	Attachment H	Trip Data	Can DHS/DMS add data for July 2017 through May 2018 to these files?	<i>See answer to Question 71.</i>
149	Page 2, Section 1.2, C	The term of this contract shall be for one (1) year.	Establishing an Arkansas-based business office for a potential contract term of one year can get very expensive for DHS and is risky for the broker(s). Will DHS consider a longer initial term of two or three years followed by the option years?	No.

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150	Page 4, Section 1.7, A and B	<p>A. Bid Response Packet</p> <p>4. DO NOT include any other documents or ancillary information, such as a cover letter or promotional/marketing information. Submit one (1) electronic copy of the response packet, excluding the Official Bid Price Sheet, preferably on a flash drive and one (1) hard copy. To the extent possible, all electronic files should be a single document in PDF format.</p> <p>B. Official Bid Price Sheet</p> <p>1. Vendor's original Official Bid Price Sheet must be submitted in hard copy format.</p> <p>2. Vendor should also submit one (1) electronic copy of the Official Bid Price Sheet, preferably on a flash drive, in a single PDF file.</p> <p>3. The Official Bid Price Sheet, including the hard copy and electronic copy, must be separately sealed from the Bid Response Packet and should be clearly marked as "Pricing." Vendor must not include any pricing in the hard copies or electronic copies of the Bid Response Packet.</p>	<p>If bidding on more than one region, are bidders to submit only one hard copy and one electronic copy of the Bid Response Packet, and one hard copy and one electronic copy of the combined Official Bid Price Sheets for each region?</p>	<p><i>Bid should be one hard copy and one electronic copy per region.</i></p>
151	Page 5, Section 1.10, A-C	<p>A. Vendor must complete, sign and submit the Proposed Subcontractors Form included in the Bid Response Packet to indicate vendor's intent to utilize, or to not utilize, subcontractors. B. Additional subcontractor information may be required or requested in following sections of this Bid Solicitation. Do not attach any additional information to the Proposed Subcontractors Form.</p> <p>C. The utilization of any proposed subcontractor is subject to approval by the State agency</p>	<p>Will DHS please define what constitutes a "Subcontractor" under this solicitation? For brokers bidding as non-sole source providers, please confirm that DHS does not consider transportation providers subcontractors.</p>	<p><i>Transportation providers hired by a Broker to perform NET services are considered subcontractors.</i></p>
152	Page 7, Section 1.17, A	<p>1. This contract shall be a multiple contract award. DHS plans to award contracts to seven (7) respondents, one (1) respondent for each seven (7) regions.</p>	<p>Is there a possibility DHS could award one bidder two or more regions, or will DHS limit award to one bidder per region, even if the same bidder is the lowest responsible bidder in multiple regions?</p>	<p><i>No limit on number of regions awarded.</i></p>

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153	Page 9, Section 1.23, A	When procuring a technology product or when soliciting the development of such a product, the State of Arkansas is required to comply with the provisions of Arkansas Code Annotated § 25-26-201 et seq., as amended by Act 308 of 2013, which expresses the policy of the State to provide individuals who are blind or visually impaired with access to information technology purchased in whole or in part with state funds. The Prospective Contractor expressly acknowledges and agrees that state funds may not be expended in connection with the purchase of information technology unless that technology meets the statutory Requirements found in 36 C.F.R. § 1194.21, as it existed on January 1, 2013 (software applications and operating ICs) and 36 C.F.R. § 1194.22, as it existed on January 1, 2013 (web-based intranet and internet information and applications), in accordance with the State of Arkansas technology policy standards relating to accessibility by persons with visual impairments.	Must the broker(s) DHS selects meet this requirement, since this RFP is not procuring or soliciting the development of a technology product?	<i>The vendor must meet this requirement when vendor is providing technology that will be accessed by the Arkansas Department of Human Services, the public, or both.</i>
154	Page 12, Section 2.3, A-C	A. The Broker must have a minimum of five (5) years of experience in non-emergency medical transportation (NET). For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and e-mail address for previous employers and/or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of the request for verification. B. The Broker must submit resumes of staff proposed to fill the following positions: Project Director, Safety Officer, Quality Assurance Manager, Investigator and Trainer. No single staff member may serve in more than two (2) of these designated roles. C. The Broker must submit a statement that the Broker expressly agrees and acknowledges that if they cancel, default, or otherwise abandon their contract prior to expiration the Broker shall not be eligible to bid on an Arkansas Department of Human Services (DHS) NET procurement in that region until the next bid opportunity or for twenty-four (24) months, whichever is later. See "Attachment G".	Will DHS confirm the requested information (references, resumes, and attestation) are to be submitted with the proposal? If so, are bidders to submit the documents separate from the Bid Response Packet?	<i>Confirmed.</i>
155	Page 12, Section 2.4, A	NOTE: NET services available to newly eligible adults who participate in a commercial insurance plan are limited to eight (8) one-way legs/units within each calendar year.	Is the Broker to track trip limits on a rolling calendar year starting the date of the beneficiary's eligibility (i.e. the beneficiary becomes eligible on July 1, so they can take 8 one-way trip legs between July 1, 2019 and June 30, 2020), or only from January 1 to December 31 for each calendar year (i.e. the beneficiary becomes eligible on July 1, so they can take 8 one-way trip legs between July 1, 2019 and December 31, 2019)?	<i>January 1 through December 31.</i>

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156	Page 12, Section 2.4, A	NET services available to newly eligible adults who participate in a commercial insurance plan are limited to eight (8) one-way legs/units within each calendar year. Trip limits are not applicable to traditional Medicaid NET eligible persons, newly eligible adults awaiting determination of medical frailty, and newly eligible adults eligible for Medicaid services in the period of time between enrollment and the start date of their commercial insurance plan.	Will DHS please provide the number of newly eligible beneficiaries who were limited to eight (8) one-way legs/units, by region, by county, and by month, for the previous year if possible? If available, will DHS provide projections on the number of beneficiaries who will qualify as 'newly eligible' for the first contract year?	See answer to Question 71.
157	Page 13, Section 2.4, Broker Responsibility, D and E	<p>D. Performance Capabilities Broker must provide with the bid submission the following information:</p> <ul style="list-style-type: none"> • Procedures for oversight of day to day operation • Telephone, trip scheduling and dispatch capabilities • Data collection and reporting procedures • Disaster recovery plan, contingency plans, and ability to provide services in the event of unforeseen circumstances • Additional capabilities • Technology requirements <p>E. Quality Assurance Plan Broker must provide with the bid submission the following information:</p> <ul style="list-style-type: none"> • Detailed description of the processes and procedures to be used for adherence and performance • Reporting and monitoring of transportation operators regarding all requisite health and safety standards, vehicle maintenance, operation, vehicular inspections, vehicle licenses, a copy of the registration permits issued by the Arkansas Department of Finance and Administration (DF&A) for each vehicle operated • Broker must provide written assurance to DHS/DMS that all vehicles used for beneficiary transport are in compliance with all requirements of the DF&A for class I.E. (Intrastate Exempt) prior to award and upon any contract renewal periods. • Business license 	Will DHS clarify how bidders are to submit this information? Should this information be submitted separate from the Bid Response Packet?	See final IFB and Bid Response Packet.
158	Page 14, Section 2.5, C	4. The Project Director and scheduling staff must be located at the central business office.	1. Does the term "scheduling staff" refer to the staff who will receive calls from beneficiaries? 2. Will DHS consider allowing the broker(s) to receive calls at a contact center outside of Arkansas? It will be more cost effective for DHS to allow the broker(s) to leverage existing contact centers, especially if the initial term of the contract is kept at one year.	1. Yes. 2. Yes.
159	Page 14, Section 2.5, C	5. Scheduling staff must be at the central business office or any other business office during normal business hours and any additional hours necessary to perform the scheduling activity.	Will DHS allow the Broker to use Work From Home staff to receive reservations from beneficiaries so long as they receive calls during normal business hours and additional hours as necessary? Work From Home agents are becoming common in the contact center industry, and will help contain costs for the program. Will DHS allow broker(s) to leverage staff outside of Arkansas during peak volume or afterhours?	No. See IFB 2.5 C.
160	Page 16, Section 2.5, E	3. The Broker must answer ninety percent 85% of all calls within 30 seconds) rings and ensure that the wait time after answering will not exceed five (5) minutes.	Will DHS confirm this requirement is to read "The Broker must answer 85% of all calls within 30 seconds..."	See answer to Question 31.

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161	Page 16, Section 2.5, E	7. Should the Broker operate any additional transportation services other than the NET program, the Broker shall ensure that the programs are operated separately and that Medicaid beneficiaries have adequate access to reservation staff during designated business hours.	Will DHS allow the broker(s)' agents to take calls for other NET programs, so long as all performance metrics are measured and reported separately?	See IFB Section 2.5, E, 7.
162	Page 17, Section 2.6	Staffing Requirements	Will DHS please provide a list of the positions, and corresponding number of full-time equivalent (FTE) personnel in each position, currently serving the NET program under each broker? Please indicate whether these positions are 100% dedicated to this contract.	Information is not available.
163	Page 19, Section 2.7, C	2. This roster must include the following information for each person listed: • Name (Including maiden or previously used names) • Title • Date of birth • Social Security number • Date of hire • Date of discharge	We typically hold employees' Social Security Numbers as confidential, and do not release this information on reports. Will DHS consider removing Social Security number from the required roster information? If not, will DHS clarify why it needs such information for all personnel?	(1) No. (2) No.
164	Page 19, Section 2.7, D	2. The encounter data must be submitted electronically, according to DMS EDI 837 format, no later than the last day of the month after the month transportation was provided. (Example: Transportation services delivered in May 2018 must be reported by June 30, 2018).	We typically submit encounter data after a claim is submitted and paid for transportation. Often, clients allow transportation providers 30 days to submit claims, meaning there will be transportation that has not been claimed or has not been paid by the end of the following month. Does this requirement apply to paid transportation only? If not, what is the expectation for submitting encounters for transportation that has not been claimed or paid?	All encounter data must be reported as stated in IFB.
165	Page 20, Section 2.7, H	The Broker is financially responsible for all costs incurred in printing and mailing letters, one per household, to notify the beneficiaries who qualify for NET services, and facilities of changes.	Will DHS quantify the number of households the broker(s) will be responsible for mailing letters to in each region?	An eligibility file will be provided (one eligible beneficiary per household) once the award is final.
166	Page 20, Section 2.9	Failure to correctly utilize child safety buzzers.	Will DHS clarify the "child safety buzzers" requirement. Do providers already have these in their vehicles?	See IFB Section 2.25.
167	Page 21, Section 2.12, F	The Insurance certificate must document that the liability insurance coverage purchased in the amount of \$5,000,000.00 by any sub-contractor includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.	Requiring transportation providers to purchase contractual liability coverage in the amount of \$5,000,000.00 would be prohibitive for most transportation providers throughout the state. Will DHS consider lowering this amount to \$1,000,000.00, which is aligned with the current program's requirements as well as industry standards?	No.
168	Page 22, Section 2.14, B	B. The report must include, but not limited to the following information: • Calls received • Calls answered • Calls abandoned • Percentage of calls abandoned • Average speed to answer calls • Average talk time	Will DHS please provide call data metrics required by the call center report, separated by region, for the past three months of service, including: • Calls received • Calls answered • Calls abandoned • Percentage of calls abandoned • Average speed to answer • Average talk time	Data is not available.

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169	Page 23, Section 2.15, J	<p>At a minimum, the following statistical data must be reported with the encounter:</p> <ul style="list-style-type: none"> • Submission of encounter information on every trip is a requirement of the contract • Destination provider Medicaid identification number • Date the trip was requested • Mode of transportation • Whether or not the appointment was after hours • Whether or not the appointment was to a provider within the beneficiary's region • Identification of others riding with the beneficiary • Scheduled arrival time for pick-up at point of origin • Scheduled appointment time with provider • Actual arrival time at destination • Return Trip: Actual arrival time for pick-up at destination • Return Trip: Actual drop-off time at point of origin • Miles • Curb-to-curb • Ambulatory – Wheelchair 	Where in the 837 are these fields reported, or is there a separate report needed with this information? In "Whether or not the appointment was after hours," does after hours mean between 5pm and 8am?	(1) See IFB Section 2.15 for encounter reporting. (2) Yes.
170	Page 27, Section 2.21, A	1. The PMPM base rates that are submitted by the bidder must be within the range listed on each region's official bid price sheet, in order to be considered for the NET contract award.	There are no ranges listed on the Official Bid Price Sheets. Will DHS please provide the ranges?	See final IFB.
171	Page 27, Section 2.21, D	2. All NET trips must be reflected by the DHS/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.	How are the NET trips reflected in the DHS/DMS system? Is this through encounter submittal? If so, will DHS consider extending the timeline, as not all trips will be in the system by the last day of the month because encounters reflect paid claims?	See answer to Question 164.
172	Page 29, Section 2.22, B	2. Broker must check eligibility upon scheduling.	Will DHS provide an eligibility file, or will the broker need to check a website/call to check eligibility?	See answer to Question 165.
173	Page 30, Section 2.22, E	4. To determine if there is public transit available to the beneficiary, the Broker must ask: <ul style="list-style-type: none"> • Is public transit available? • Do you have the funds to pay to use public transit? 	Will DHS allow the Broker to systematically determine the availability of public transportation (i.e. verify the proximity of public transportation stops from the beneficiary's pick-up/drop-off locations)?	See IFB section 2.22.E.
174	Page 30, Section 2.22, E	6. The Broker must record the questions and the responses.	Must the questions be asked over telephone, or can the answers be captured electronically through online processes?	See IFB Section 2.22.E.
175	Page 31, Section 2.22, F	Authorized Representatives	DHS' required questions seem very specific. Will DHS provide data related to the average length of a typical call from a beneficiary? Will DHS provide data regarding the number of calls handled in each region?	Data is not available.
176	Page 31, Section 2.22, F	5. The beneficiary or their authorized representative may request transportation for more than one reservation including standing orders for routine medical care. Standing orders cannot exceed one (1) month in duration.	Will DHS consider revising this requirement to allow standing order trips to last three months duration to reduce the need for calls, especially for dialysis and long-term treatments?	See answer to Question 125.

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177	Page 31, Section 2.22, F	6. The beneficiary or their representative must attest by the close of business of the last Wednesday of the preceding month that the beneficiary continues to have the need for NET services. This determination must take into consideration the beneficiary's ability to provide for his or her transportation outside of the NET program, as well as the beneficiary's needed level of transportation. Attestation of the need for NET services shall be the sole responsibility of the beneficiary or their authorized representative.	Does this requirement apply to all recurring transportation, or only to standing order trips?	<i>Standing Orders.</i>
178	Page 33, 2.24, B	4. Providing tokens or passes to beneficiaries to cover the fare to those who cannot afford it, for: <ul style="list-style-type: none"> Federally funded Established public or private transit service if the beneficiary has the physical and mental capacity to use such services Arranging for volunteer transportation Providing mileage reimbursement if the beneficiary has a working vehicle but is unable to afford the gasoline 	Will DHS please provide the number of monthly and daily bus passes distributed in each region for the last two years? Are volunteer transportation and gas mileage reimbursement covered modes under the current NET program? If so, will DHS please provide the volunteer transportation rate and gas mileage reimbursement rate?	<i>(1) Data not available. (2) Gas (mileage) reimbursement is covered but not contract requirement. (3) Data not available.</i>
179	Page 33, Section 2.24	Levels of Transportation	Is DHS amenable to the broker(s) using less traditional modes of transportation such as Uber and/or Lyft? Will there be any restrictions placed on this alternative mode of transportation?	<i>(1) No. (2) Not applicable to this IFB.</i>
180	Page 34, Section 2.24, C	4. A copy of each denial notice sent to a beneficiary must also be sent to the DHS/DMS NET Monitoring Contractor within twenty-four (24) hours of denial.	Can the broker(s) send a copy of the denial notice electronically and in batch form instead of by US Postal Service? For example, can the broker(s) send all the denials processed in one day in electronic format to DHS?	<i>(1) See final IFB. Beneficiary mailings must be via Postal Mail. (2) Notices may be sent to DHS electronically and in batches once per week.</i>
181	Page 39, Section 2.25, Q	Vehicle Camera The following is the minimum requirements for the video systems (audio is not necessary) that must be in each transportation vehicle used on the NET contract. <ul style="list-style-type: none"> HD 1080 p Minimum 45-day playback/viewing (all data must be retrievable for auditing purposes) GPS on camera Interior view (The camera must be positioned so all passenger activity is recorded.) The required video systems must be in good working order each day the transportation vehicle used on the NET contract. If the video systems are not fully operable, then the vehicle may not be used to transport beneficiaries until the video system is in good working order.	Will DHS please provide a list of current transportation providers and number of vehicles currently serving the NET contract so bidders can estimate cost for vehicle cameras?	<i>No. Not relevant to bid on this IFB.</i>
182	Page 39, Section 2.26, A	The Broker must perform monthly inspections, to verify that vehicles meet the requirements as specified by the IFB.	Will DHS consider annual or bi-annual inspection by the broker(s), which is in line with what other state NET programs require?	<i>No.</i>
183	Page 45, Section 3.1, D	Payment will be made only after the vendor has successfully satisfied the agency as to the reliability and effectiveness of the goods or services purchased as a whole.	Since this a PMPM contract, does this clause apply? When will the broker(s) be paid the PMPM rate? Will it be at the beginning of the month of service or at the end of the month of service?	<i>See final IFB.</i>

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184	Page 47, Section 3.9	A. For Cause. The State may cancel any contract resulting from this solicitation for cause at the discretion of DHS. The State shall give the vendor written notice of cancellation, specifying the terms and the effective date of contract termination.	Is DHS open to the inclusion of a termination for convenience clause whereby the broker(s) will have the ability to terminate the contract for convenience by providing DHS with advance written notice?	Yes.
185	Page 58, Official Bid Price Sheet, Region A - G	Beneficiary Population \$ _____ per member per month (PMPM)	Will DHS consider reviewing start-up cost as a separate line item for a more fair comparison between new bidders and the incumbent broker(s)?	No.
186	Page 58, Official Bid Price Sheet, Region A - G	Bid rates must fall within actuarial sound boundaries.	Will DHS please share the actuarial ranges for rates in each region along with the assumptions used to determine these ranges?	See final IFB
187	Page 58, Official Bid Price Sheet, Region A - G	If requested by DMS, brokers will provide details as to how their cost was calculated.	Can DHS clarify if the details of how the cost was calculated is mandatory with the proposal submission? The language on the Price Sheets implies it is not required until directly requested by DHS.	Not mandatory.
188	Page 105, Exhibit 1A	Non-Emergency Transportation Databook – SFY 2017 Services	Will DHS also break down the trip legs and mileage data by mode of transportation (Ambulatory, Wheelchair, ALS, BLS, Volunteer, Gas Mileage Reimbursement, etc.)? Also, will DHS provide a breakdown of the data by traditional Medicaid NET beneficiaries and newly eligible adults?	See answer to Question 71.
189	Page 105, Exhibit 1A	Non-Emergency Transportation Databook – SFY 2017 Services	Will DHS clarify if the data for trip legs provided in the databook are paid or authorized?	See answer to Question 69.
190	Page 105, Exhibit 1A	Non-Emergency Transportation Databook – SFY 2017 Services	Will DHS please provide data for recurring trips, broken down by mode of transportation and by region?	See answer to Question 71.
191	Page 105, Exhibit 1A	Non-Emergency Transportation Databook – SFY 2017 Services	Will DHS provide the number of unique users by month for each region for the last year?	See answer to Question 71.
192	Page 105, Exhibit 1A	Non-Emergency Transportation Databook – SFY 2017 Services	What is the current cost for each mode of transportation (ambulatory, wheelchair vehicle, gas mileage reimbursement, public transit, etc.)?	See answer to Question 71.
193	Page 112, Attachment I	Recipient SSN	We typically avoid tracking Social Security Numbers within our system. Is this a mandatory field and will it be supplied in the eligibility data?	Beneficiaries social security numbers are not a mandatory field when submitting encounter data and are not asked of the beneficiary when a reservation is taken.
194	Page 3, Attachment C	Failure to meet all other driver related requirements is subject to ten thousand dollars(\$10,000.00) in damages per each occurrence.	Will DHS consider reducing this amount when the requirement does not affect the safety of the beneficiary?	No.
195	General		Are ancillary services (meals and lodging) the broker(s)' responsibility under this contract? If so, are the costs for meals and lodging included within the anticipated capitation payment, or will they be separately reimbursed? Also, if included under the Scope of Work of this contract, will DHS please provide the number of instances and average cost per month for lodging and meals, by region, for the last year?	No.
196	Page 2, section 1.5, C	Vendors may request exceptions to Non-Mandatory I	What is classified as Non-Mandatory items?	See IFB Section 1.5.
198	Page 4, section 1.7, A.4.	Do not include any other documents or ancillary information, such as a cover letter or promotional/marketing information.	Does this include letters from providers using our transportation services?	Yes.
199	Page 5, section 1.11, B	A justification of prices quoted should be attached to the Official Bid Price Sheet.	Clarify the justification of prices.	See final IFB.
200	Page 12, section 2.3, A	The Broker must have a minimum of five (5) years of experience in non-emergency medical transportation (NET). For verification purposes, the Broker must submit a narrative detailing qualifying experience and include phone numbers and email address from previous employers and /or contract managers who can verify qualifying experience. Proposals may be disqualified from Brokers whose references do not respond within five (5) business days of request for verification.	If the Broker has never had a previous employer, due to the fact that they've always been the Broker and Provider, how are they supposed to have references from a previous employer?	A broker in this situation may submit references from entities the broker has contracted with.

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201	Page 17, section 2.6, A	Broker shall require criminal history check, provided by the Arkansas State Police, a a central registry check, by our Central Registry unit housed here at DHS, on all employees prior to providing services for : Other Services	Clarify Other Services Bullet.	"Other Services" refers to any and all NET services where the employee has direct contact with the beneficiary.
202	Page 23, section 2.16, E	The roster is due by the fifteenth(15th) working day of the month following the end of the reporting month.	If using the portal to update daily why would a roster need to be due by the 15th working day of the month?	Roster is required for auditing purposes.
203	Page 23, section 2.16, E	The roster is due by the fifteenth(15th) working day of the month following the end of the reporting month.	Shouldn't Portal be used instead of Roster?	See answer to Question 202.
204	Page 27, section 2.21, A	Bidders must provide a per member per month (PMPM) base rate for each region they are submitting a bid. The PMPM base rates that are submitted by the bidder must be within the range listed on each regions official bid price sheet, in order to be considered for the NET contract award.	Where is the official bid price sheet that has the range we are supposed to use when bidding?	See final IFB
205	Page 33, section 2.23, B	Transportation of individuals who are not Medicaid beneficiaries who are transported separately from the beneficiary should be reported as an encounter under the respective Medicaid beneficiary identification number.	If this encounter is submitted under the respective Medicaid beneficiary identification number, wouldn't the encounter show as a duplicate claim?	No. It is not duplicative because beneficiary and escort are transported separately. See IFB Section 2.23.B.1.
206	Page 37, section 2.25, H	Vehicles must maintain the following Onboard Safety Equipment: Reflective Safety Vest	What purpose is this for?	To protect the driver during low light hours while assisting beneficiaries.
207	Page 41, section 2.28, A	Broker and Sub-contractors must not use drivers who are known abusers of alcohol or known consumers of narcotics or other drugs that could impair their ability to perform their duties.	Need a clarification/definition for "who are known abusers of alcohol".	Individuals with a verifiable documented history.
208	Page 41, section 2.32, A	Current and potential drivers who receive any combination of two (2) moving violations on accidents where the driver was at fault, during the last twelve(12) months must be removed from service.	Why is an accident that involves a ticket also counted as two(2) violations in the same incident rather than one(1) violation?	See IFB Section 2.32.A.
209	Page 47, section 3.5, 1.a	The Vendor shall obtain a performance bond as follows: a. The amount of performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the state	Why isn't this 1/3 of the original contract as in the past ?	Not relevant to bid on this IFB.
210	N/A		Who is the incumbent provider(s)?	Not relevant to bid on this IFB.
211	N/A		What was the total program cost for the past 2 years?	Not relevant to bid on this IFB.
212	N/A		Will the broker get a TPL to conduct COB?	Unable to answer due to lack of clarity in question.
213	N/A		Is the 834 a file or API to a state eligibility site?	Unable to answer due to lack of clarity in question.
214	Page 4, Section 1.7, A	4. DO NOT include any other documents or ancillary information, such as a cover letter or promotional/marketing information.	However, page 13 Section D, E requests more information to be included in our response. Our intent is to in close those responses in a proposal technical. Is that acceptable?	See answer to Question 198.
215	Page 6, Section 1.14 F	F. One (1) complete copy of the submission documents from which any proprietary information has been redacted should be submitted on a flash drive in the Bid Response Packet.	Should the redacted copy of the proposal be on the same flash drive as the primary proposal or a separate one? AND please verify that no hard copy of the redacted document should be sent?	(1) Separate. (2) Verified.

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216	Page 7, Section 1.17 A	DHS plans to award contracts to seven (7) respondents, one (1) respondent for each seven (7) regions.	Can a respondent only be awarded a contract in 1 region or multiple?	See answer to Question 1.
217	Page 12 Section 2.1	Including, on-going safety training and refresher training of vehicle operators, investigation of all accidents, and provide adequate road supervision to monitor daily on-the-street operations.	Can you define "road supervision"?	Vehicle inspections, investigations and observations.
218	Pages 26-29, Section 2.21		If transporting out of state, are any modes outside the PMPM (fixed wing, air ambulance..)?	No.
219	Pages 26-29, Section 2.21		Will the state provide the provider file that we can confirm eligibility?	Verification may be obtained through the provider portal.
220	Page 12, Section 2.1	Including, on-going safety training and refresher training of vehicle operators, investigation of all accidents, and provide adequate road supervision to monitor daily on-the-street operations.	Can the broker subcontract safety training, vehicle inspections, investigations, road supervision?	Safety training may be provided by outside sources with the approval of the NET Monitoring Contractor. Vehicle inspections, investigations and road supervision must be provided by a Broker staff member.
221	Page 12, Section 2.3	The Broker must submit resumes of staff proposed to fill the following positions: Project Director, Safety Officer, Quality Assurance Manager, Investigator and Trainer.	Can job descriptions be submitted in lieu of resumes?	See answer to Question 12.
222	Page 12, Section 2.4 A Page 22, 2.15		Would the Contractor/Broker be required to have the transportation providers/drivers bill using the exact published Arkansas Medicaid fee schedule, as applicable? Any HCPCS outside of the published fee schedule that are reimbursable?	This is a capitated payment program. No other billing is allowed.
223	Page 12 and 13, Section D, E		For our proposal response, should the respondent response to each section under the minimum qualifications starting on page 12 to confirm how we would meet each of these requirements as only page 13, section D and E state to provide responses with the bid?	See attached checklist.
224	Page 13, Section 2.4		Please provide the following trip data: A breakout of the trips by transportation mode and by month for the last 12 months Average trip leg distance by mode for the last 12 months	See answer to Question 71.
225	Page 13, Section 2.4, Broker Requirements	Brokers shall provide DHS/DMS with audited annual financial statements specifically detailing the Brokers' Arkansas Medicaid NET services. DHS/DMS will accept a single statement from any Broker operating in multiple regions.	Are we to provide our financial statements with our bid response or at the time awarded a contract and we begin services?	See answer to Question 25 and final IFB.
226	Page 13, Section 2.4 - A		Will state provide full listing of eligible beneficiaries in eligibility file? If so, what is the frequency of the eligibility file? Does state provide this information to identify newly eligible adults currently in a commercial plan and newly eligible adults awaiting determination of medical frailty?	(1) No. (2) Not applicable. (3) Not applicable.
227	Page 13 Section 2.4 - A		Will state provide information pertaining to other brokers that have provided previous trips along with contact information?	No.
228	Page 13, Section 2.4, C	Provide an Efficient Reservation and Trip Assignment Process	Will the state allow brokers to utilize Lyft/Uber?	No.
229	Page 13, Section 2.4 D		Are transportation providers/drivers able to submit invoices for reimbursement and the Contractor/Broker crosswalk to the appropriate HCPCS codes?	See answer to Question 222.
230	Page 14, Section 2.5 - C	Central Business Office Requirements	Will the state consider allowing for a transitional period beyond the start date to establish the central business office with the state; if all program requirements can be met by contract start date with a portion of operations being handled at an alternative back-up site?	No.

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231	Page 16, Section 2.5 - E - 3	The Broker must answer ninety percent 85% of all calls within 30 seconds) rings and ensure that the wait time after answering will not exceed five (5) minutes.	Can state clarify metric is 85% within 30 seconds?	See answer to Question 31.
232	Page 16, Section G	G3. The following link provides the Technology Requirements: https://medicaid.mmis.arkansas.gov	The link maps directly to the AR Medicaid website, and does not call out any specific technology requirements. Are there any additional technology requirements designed to be provided by the link, that are not already listed in the RFP document?	See final IFB.
233	Page 16, Section 2.5 E Page 22, Section 2.14	Page 16 Telephone System Requirements Page 22 Call Center Metrics Report	A. Total number of incoming calls B. Number of answered calls C. Average speed of answer D. Percent of calls answered in 30 seconds E. Average talk time F. Number of calls placed on hold and the length of time on hold G. Number of abandoned calls and length of time until call is abandoned	Data not available.
234	Page 20, Section 2.7 - H -1	H. Broker Correspondence 1. The Broker is financially responsible for all costs incurred in printing and mailing letters, one per household, to notify the beneficiaries who qualify for NET services, and facilities of changes	Will state provide broker with list of beneficiaries qualifying for NET services. If so, how often? Is it included in the eligibility file?	See answer to Question 165.
235	Page 20, Section 2.8		Is the Contractor/Broker able to register for a Medicaid ID and not have transportation providers/drivers register?	The Broker must enroll for a Medicaid Provider ID number. Subcontractors do not need to register for a Medicaid ID number.
236	Page 20, Section 2.8	Driver and Attendant Conduct	Are there any other requirements for the attendant than 2.8 in the IFB? Can those be paid separately and outside the PMPM?	(1) No. (2) No.
237	Page 22, 2.15	Page 22, 2.15 License, Permit and Certification Requirements	Do transportation providers/drivers have to be registered with independent NPIs and/or Medicaid IDs in order to submit claims?	See answer to Question 235.
238	Section 2.8	Driver and Attendant Conduct - All drivers and attendants must wear or have visible, easily readable proper company identification.	Can you confirm which "Company ID" you refer to? Vendor company ID or State ID?	Vendor identification.
239	Page 24, 2.19	Scheduled and Delivery Standards	Is lodging and/or per diems an included benefit (i.e. out of state trips for transplants?)	No. See answer to Question 195
240	Page 24, 2.19	The Broker shall ensure that services comply with the following minimum service delivery requirements:	Is the broker able to establish prior authorization requirements (i.e. trip legs greater than 50 miles, multiple passengers, multiple trips per day, etc)	No.
241	Page 26, 2.21	Payment and Invoice Provisions	Does the program have co-payments for transportation?	No.
242	Page 21, Section 2.12, B	Broker must maintain insurance in the amount required on each vehicle which must defend, indemnify, and hold harmless Broker and the State of Arkansas from any claims which may arise out of the operations under the Contract.	Please provide the insurance amount(s) required for each vehicle.	See answer to Question 38.
243	Page 21, Section 2.12, B	Broker must maintain insurance in the amount required on each vehicle which must defend, indemnify, and hold harmless Broker and the State of Arkansas from any claims which may arise out of the operations under the Contract.	Will the State consider being named as the Additional Insured (with the Broker as the Named Insured) to receive the appropriate protection from any claims arising out of the operation of the contract?	May consider.
244	Page 21, Section 2.12, B	Broker must maintain insurance in the amount required on each vehicle which must defend, indemnify, and hold harmless Broker and the State of Arkansas from any claims which may arise out of the operations under the Contract.	Please confirm that a Broker that elects to subcontract work would not be responsible for providing vehicle insurance; that insurance would be provided by the Sub-Contractor (Service Provider) and both the Broker and the State would be included as Additional Insureds with additional insured protections for the State as required in G.	Confirmed.

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245	Page 21, Section 2.12, C	Broker must procure the insurance policies at the Broker's own expense and shall prior to provision of service start date, furnish the State an insurance certificate listing the State as loss payee. (Loss payee is for notice requirements only; used to notify the state of changes in coverage or policy cancellations)	If Loss Payee status is not available and/or Loss payee status does not allow for notifications, can the Broker provide the State of Arkansas with a Notice of Cancellation 30 Days, 10 Days in the event of non-payment?	<i>The State must receive notification directly from the insurance carrier.</i>
246	Page 21, Section 2.12, D	The insurance certificate must document that all liability insurance coverage purchased by Broker includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas	Please clarify the type of liability coverage needed and the information required by the Insurance Department of the State of Arkansas that should be provided on the certificate.	<i>See answer to Question 38.</i>
247	Page 21, Section 2.12, E	The Broker must verify and ensure that vehicles owned or operated to provide any service under this contract maintain insurance in the amount required on each subcontractor vehicle which shall defend, indemnify, and hold harmless subcontractor, Broker and the State of Arkansas from any claims which may arise out of operations under the contract.	What amount is required on each vehicle? Do these amounts meet or exceed the State's statutory limits?	<i>(1) See answer to Question 38. (2) These amounts exceed statutory limits.</i>
248	Page 21, Section 2.12, E	The Broker must verify and ensure that vehicles owned or operated to provide any service under this contract maintain insurance in the amount required on each subcontractor vehicle which shall defend, indemnify, and hold harmless subcontractor, Broker and the State of Arkansas from any claims which may arise out of operations under the contract.	If an insurance policy excludes language that states it will 'defend, Indemnify and hold harmless the State of Arkansas from any claims' will DHS consider appropriate protection for the Broker and the State by naming each as Additional Insured parties with the Sub-Contractor (Service Provider) as the Named Insured? <i>Additional Insured protection for the State is required under G.</i>	<i>No.</i>
249	Page 21, Section 2.12, F	The insurance certificate must document that the liability insurance coverage purchased in the amount of \$5,000,000 by any sub-contractor includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.	Please clarify the type of liability insurance required (i.e., Auto Liability)?	<i>General.</i>
250	Page 21, Section 2.12, F	The insurance certificate must document that the liability insurance coverage purchased in the amount of \$5,000,000 by any sub-contractor includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.	Will all sub-contractors, including taxi companies that may be used for urgent trips, be required to provide \$5,000,000 in coverage?	<i>Taxi are excluded from providing NET services. See answer to Question 38.</i>
251	Page 21, Section 2.12, F	The insurance certificate must document that the liability insurance coverage purchased in the amount of \$5,000,000 by any sub-contractor includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.	Please clarify the certificate information required by the Insurance Department of the State of Arkansas.	<i>See final IFB.</i>

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252	Page 15, Section 2.5, E	At a minimum, the contractor shall: Provide a toll-free complaint line and a transportation help-line which must: - have the capability to respond to the hearing impaired; - have the capability to respond to the Spanish speaking population; - be available Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Standard Time	Does the State/Agency own the Toll-free line and transportation help line or will the Vendor be responsible for obtaining a new toll-free line	<i>Vendor will be responsible.</i>
253	Page 16, Section 2.5, E	3. The Broker must answer ninety percent 85% of all calls within 30 seconds) rings and ensure that the wait time after answering will not exceed five (5) minutes.	Draft states the Broker must answer ninety percent 85% of all calls within 30 seconds. Please clarify if this should state 90% or 85%.	<i>See answer to Question 31.</i>
254	Page 21, Section 2.12	A. All insurance must be from responsible companies duly licensed and approved to do business in the State of Arkansas and provided in accordance with the terms and conditions of the contract.	Please clarify the actual insurance amounts that are required of the sub-contractors to perform transportation services.	<i>See answer to Question 38.</i>
255	Page 22, Section 2.14, B	The report must include, but not limited to the following information: - Call received - Calls answered - Calls abandoned - Percentage of calls abandoned - Average speed to answer calls - Average talk time	Please provide the call center data for the past year for each Region for each category listed in Section B.	<i>Data not available.</i>
256	Page 27, Section 2.21, A	Bidders must provide a per member per month (PMPM) base rate for each region they are submitting a bid. The PMPM base rates that are submitted by the bidder must be within the range listed on each region's official bid price sheet, in order to be considered for the NET contract award.	A.1 States that PMPM base rate ranges will be listed on each Region's official bid price sheet; however, actuarial rates are not provided in the draft bid response package. Will the official IFB include all rates as noted?	<i>See final IFB</i>
257	Page 29, Section 2.22, C	Advance scheduling is mandatory for all NET services except: - Urgent care - Hospital discharges and follow-up appointments in which the timeframe does not allow advance scheduling.	Can DHS define Urgent Care in relation to this requirement?	<i>An example of an urgent appointment would be considered a next day follow-up appointment (perhaps after testing, etc.) as verified by the attending facility/doctor's office. Having the facility/doctor's office fax a letter of medical necessity for the urgent care appointment (or called and confirmed) prevents the abuse of the guidelines when beneficiaries fail to make the reservation in advance unless they genuinely require urgent care as verified by their PCP.</i>
258	Page 32, Section 2.22, G	G. Beneficiary Extension of Transportation Services: 1. A beneficiary who is a newly eligible adult who participates in a commercial insurance plan must contact the DHS/DMS NET Monitoring Contractor to seek an extension of transportation services (EOTS) for trips in excess of the eight (8) trip limit.	Beneficiary Extension of Transportation Services. 1. Can DHS provide, by Region, the number of eligible EOTS participants. Are these trips reflected in the data book provided per Region?	<i>See Databook.</i>
259	Page 47, Section 3, 3.5, Performance Bonding	Contractor shall be required to obtain performance and payment bonds to protect the State's interest, as determined by the state.	Please clarify if the state will require a performance bond and a payment bond and whether a separate bond(s) will be required for each Region a Contractor is awarded.	<i>Each contract must be bonded as specified in the final IFB.</i>
260	General		Can DHS provide a breakdown of the Liquidated Damages assessed for each Region for 2017?	<i>Not relevant to bid on this IFB.</i>

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261	General		Can DHS provide the number of wheelchair accessible trips per Region or the % of wheelchair trips per Region?	<i>See answer to Question 71.</i>
262	page 4 Section 1.7 A.4 and B.2	The response submission requirements in A.4 states that the bid response package, excluding the Official Bid Price Sheet, should preferably be submitted on a flash drive. Section B.2 states that an electronic copy of the Official Bid Price Sheet should preferably be submitted on a flash drive.	If all electronic documents are submitted on a flash drive should the Official Bid Price Sheet be on a separate flash drive?	Yes.
263	page 13 Section 2.4 A	The IFB states NET services available to newly eligible adults who participate in a commercial insurance plan are limited to eight (8) one-way legs/units within each calendar year.	Does the Data Book Exhibit include trip statistics for this population? What is the current and projected number of beneficiaries who participate in a commercial insurance plan?	<i>See answer to Question 71.</i>
264	page 13, Section 2.4 C	Broker shall provide a system to receive beneficiary requests for information.	Will DHS allow the Broker to utilize an on-line portal for receiving transportation requests?	No.
265	page 13 Section 2.4 D and E	The IFB states the Broker must provide with the bid submission information concerning performance capabilities (D) and Quality Assurance Plan (E).	These items are not listed in Section 1.7 - Response Documents. Should responses to this section be submitted as attachments to the Bid Response?	<i>See attached checklist.</i>
266	page 20 Section 2.7 H	The IFB states the Broker is financially responsible for all costs incurred in printing and mailing letters, one per household, to notify the beneficiaries who qualify for NET services, and facilities of changes.	Will DHS require a mailing if a Broker is awarded a new region as a result of this procurement?	Yes.
267	page 20 Section 2.8 c	Drivers or attendants must identify and announce their presence at the entrance of the building at the specified pick up location if the passenger is not waiting curbside.	If other beneficiaries are on the van is the driver required to leave the van unattended?	<i>If children (beneficiary) are on the vehicle, an attendant must be present. If adult beneficiaries occupies the vehicle, the drivers should follow policies and procedures set by the Broker.</i>
268	page 21 section 2.12, F	The insurance certificate must document that the liability coverage purchased in the amount of \$5,000,000.00 by any sub-contractor includes contractual liability coverage to protect the State, and must contain information required by the Insurance Department of the State of Arkansas.	The Federal Intrastate Passenger Carrier liability insurance requirement for 15 passengers or less (including the driver) is \$1.5 million. A \$5 million requirement is an unusually high requirement for NET providers and will likely result in a reduction of transportation providers within the network due to the added cost.	<i>No question asked.</i>
269	page 25 2.19b	When scheduling is requested by the beneficiary's authorized representative, the Broker must advise the representative that the beneficiary must be accompanied by a caretaker if beneficiary's age, disability, or other conditions prevent the beneficiary from being able to act on his/her own in a safe and competent manner	If the representative states that there is no one that can go with the beneficiary, should the NET request be denied?	No.
270	page 27 Section 2.21 A.1	The PMPM base rates that are submitted by the bidder must be within the range listed on each region's official bid price sheet, in order to be considered for the NET award.	The Bid Price Sheets do not contain a required bid price range. Please provide the bid price ranges for each region.	<i>See final IFB</i>
271	page 28 Section 2.21 E.1	This section contains the statement, "Rates will be evaluated and are subject to change annually".	Please explain the factors and calculations to be used in evaluating the PMPM rates and the basis for changing the rates as bid.	<i>Rates ranges are calculated by actuary -- formulas and data beyond posted attachments are not provided.</i>
272	page 31 Section 2.22 F.5	The IFB states standing orders cannot exceed one (1) month in duration	Will DHS allow an exception for dialysis standing order trips?	No.
273	page 31 Section 2.22 F3	The Broker is not permitted to discuss the issues related to NET services with any other individuals, agencies, or providers. Similarly, DHS/DMS shall discuss NET related matters only with the beneficiary and their authorized representatives as listed on file with the Broker and DHS/DMS.	Does this include appointment verification requests?	No.

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274	page 31 Section 2.22 F6	The beneficiary or their representative must attest by the close of business of the last Wednesday of the preceding month that the beneficiary continues to have the need for NET services. This determination must take into consideration the beneficiary's ability to provide for his or her transportation outside of the NET program, as well as the beneficiary's needed level of transportation. Attestation of the need for NET services shall be the sole responsibility of the beneficiary or their authorized representative	Does the last Wednesday supersede the 48 business hour notice for these 30 days standing orders? If a beneficiary calls in for their August 1-August 31st standing order on July 26 which is after the last Wednesday of the month but more than 48 business hours does this mean that they would not be able to set up a standing order for August and would have to call in trips weekly?	Yes.
275	page 31 Section 2.22 F11	Broker must confirm that the authorized representatives who are scheduling transportation by asking you associated with: agency; provider; any other entity to which the transportation is requested.	Once the authorized representative has confirmed they are not associated with an agency, provider, or any other entity to which the transportation is requested, does DHS require the question to be asked every time the authorized representative calls on behalf of the beneficiary.	Yes.
276	page 32 Section 2.22 I	This section references "Annual Adjustment Factor" calculations.	Please provide the details on the annual adjustment factor calculations.	See final IFB
277	page 33 Section 2.24 A.3	Indicates during the call requesting transportation that public transportation is neither appropriate nor a safe mode of transportation due to specific conditions of the beneficiary.	If a beneficiary states they do not want to ride public transit but are physically and mentally able and are within a safe distance, should the request for NET service be denied?	No, public transit is an option not a requirement.
278	page 37 Section 2.25 G	The information requirements for the vehicle manifests include the Beneficiary's Medicaid number.	Providing the beneficiary's Medicaid number on the trip manifest violates the HIPAA principle of only sharing the minimum amount of information necessary since the number is not needed by the driver. Will DHS consider removing the requirement to publish beneficiaries Medicaid number on the manifest?	No.
279	page 38 Section 2.25 O	Multi-passenger vehicles (vehicles designed to carry eight to fifteen (8-15) passengers and one (1) driver) used to transport children must have child safety buzzers. DHS, Child Care Licensing; Act 1979 of 2005 states: All vehicles designed to transport more than seven (7) passengers and one (1) driver shall have a child safety alarm device installed by a qualified technician or mechanic.	Are the buzzers only for vehicles that transport children as stated in the first bullet point or are they needed for all vehicles carrying more than 7 passengers as in Act 1979 of 2005?	Required for all vehicle carrying seven (7) or more passengers.
280	Page 39 section 2.27, Q	Minimum requirement for video cameras include HD 1080 p, and 45-playback/viewing.	These requirements significantly increase equipment cost. Will DHS consider allowing HD 720p and a 15-day playback period. These costs will ultimately result in higher NET program cost to DHS.	See answer to Question 111.
281	page 39 Section 2.27 Q	The IFB states video systems must be in each transportation vehicle used on the NET contract.	Please confirm that video cameras will not be required for beneficiaries transported by public transit, volunteer transportation, or mileage reimbursement in the member's vehicle.	Confirmed.
282	page 47 Section 3.5 1a	The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.	100% of the annual contract value is an extraordinarily high bonding requirement which will increase the bid price significantly. Will DHS consider a more typical bonding requirement such as 25% of the annual contract price?	No.
283	Attachment H - Data Book Exhibits		The Data Book Exhibit only contains data for Region A. Will the final IFB contain data for all regions?	Yes.
284	General Question	Concerning CHMS trips	DHS issued a notice to CHMS Providers announcing that effective January 1, 2019, trips for beneficiaries receiving Early Intervention Day Treatment will no longer be eligible for coverage under Medicaid NET. Please confirm if NET services required under the contract awarded as a result of this procurement will not include trips to CHMS providers?	Confirmed.

State of Arkansas Department of Human Services

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Attachment B

Written Questions

285	General Question	Concerning CHMS trips	If NET trips to CHMS providers will no longer be covered under the Medicaid NET program, has the actuarial rate ranges for each region been adjusted to allow for this change in trip volume?	Yes.
286	General Question	Concerning bid prices	Will DHS accept a single bid price for a statewide, all region bid?	No.