

ADDENDUM #6 QUESTIONS AND ANSWERS

MANAGEMENT OF A MEDICAID PRIOR AUTHORIZATION SYSTEM FOR NON-EMERGENCY, NON AMBULANCE MEDICAL TRANSPORTATION **RFP # 305PUR-DHHRFP-NEMT-2014-MVA**

- 1.) Please provide the URL or access to the web portal. Does the current web portal lack any desired functionality? (If so, please list any additional features or actions you'd like to see.)

ANSWER: URL: <http://test-ft-passport-la.tekinsight.com>

Username: test.user

Password: changeme.

Please include your intended improvements to web portal functionality in your proposal.

- 2.) Please provide historical call volume (number of inbound and outbound calls) and call length. It is preferred that the details be listed by region, by day, and by month.

ANSWER: Appendix B has been amended to include historical Call Data from 2008 through 2013. We've included January through March of 2014 by day. Details by region are not available at this time.

- 3.) Please provide the number of trips scheduled/ authorized by day and/or month. Please also provide the number of trips cancelled by day and/or month.

ANSWER: Appendix F has been added to include trips authorized by month from 2010 through March 2014. Trips cancelled are also included. Trips by day are not available at this time.

- 4.) Is DHH willing to pay implementation/start up costs? If so, where should those costs be entered?

ANSWER: No. Start-up costs are the responsibility of the vendor.

- 5.) Is DHH amenable to a minimum billing or guaranteed per month base rate?

ANSWER: Yes. Include a required base rate in your proposal if necessary.

- 6.) How firm are the plan member numbers shown on the Cost Proposal?

ANSWER: These are the best estimates available to the Department at this time. The cost template has been amended to include finalized projections of these numbers and their effective dates.

- 7.) The Cost Proposal requires us to submit pricing on a per member/per month basis. What recourse is available (to the vendor) if the number of members decreases substantially, but the contractor costs (labor, overhead, and training) remain the same due to static call volume/call length figures?

ANSWER: The number of members is not projected to decrease substantially from the projections. However, the Department is willing to consider a base rate. Please include a proposed base rate in your proposal if necessary.

- 8.) Please clarify the submission of the Financial Data. Are the financial statements to be included in the same package as the Cost Proposal? Or, is the proposal to be submitted in three packages (technical proposal, cost proposal, and financial statements)?

ANSWER: The financial statements and cost proposal section may be combined as one part (package) of the proposal. The technical proposal shall be a separate part (package). For mailing purposes all parts (packages) may be shipped in one container.

- 9.) Are ride-alongs and vehicle inspections still included in the contract scope? If so, are these surprise inspections or pre-scheduled events? Will the contractor be allowed to conduct inspections by region for a quarter (example: First Quarter Regions 1 & 3, Second Quarter Regions 2 & 9. etc. or are providers randomly selected)?

ANSWER: No. Contractor will not be required to conduct ride-alongs and vehicle inspections. The RFP has been amended to remove this requirement. See Addendum #7 (3)

- 10.) Please provide data (volume and type) on the number of investigations which the current contractor has been asked to prepare for over the term of the present contract. Please provide data (number and type) of hearings, appeals, proceedings, and meetings that the current contractor has had to attend over the course of the current contract.

ANSWER: There have been no hearings or appeals involving the current contractor over the course of this contract. There are occasionally public records requests and informal investigations that require the assistance of the contractor to gather data, but the contractor has not been responsible for preparing the formal response to such inquiries.

- 11.) Please clarify the type and number of recipient/provider training and outreach activities that are expected for year one. Are these activities scheduled/coordinated regionally? How many pieces of marketing collateral are needed (flyers, brochures, letters) annually?

ANSWER: DHH expects potential contractors to propose their methods of communicating with providers and recipients as part of the "Work Plan" portion of their proposal. From Section 5a: "Provide a written explanation of the organizational structures of both operations and program administration, and how those structures will support service implementation. Individual components should include plans for supervision, training, technical assistance, as well as collaboration as appropriate." There are no specific requirements for marketing collateral.

- 12.) Can you please provide the qualification checklist needed to authorize transportation?

ANSWER: See "Programmatic Requirements" beginning on Page 9.

13.) Can you please provide historical statistics on trip volume? We would like to see daily trips by start time grouped by hour as well as daily, weekly and monthly averages. Attached is a worksheet to better explain what we are looking for.

ANSWER: Appendix F has been added to include trips authorized by month from 2010 through March 2014. Trips cancelled are also included. Trips by day are not available at this time.

14.) How is the current contract billed? By trip? A Flat hourly, daily, weekly or monthly fee?

ANSWER: The current contract is billed and reimbursed as a flat monthly fee.

15.) What are the current contract charges?

ANSWER: The current contract charges are \$5,606,405.00 over the three (3) year contract period.

16.) What software is the current provider using to make the trips available to the transportation providers?

ANSWER: The current contractor is using custom software developed with the assistance of a third-party vendor. See answer to question #1 for access to this web portal.

17.) How does DHH monitor provider refusals as outlined on page 11 of the RFP?

ANSWER: The statement in question has been removed from the RFP (see Addendum #7, #4). Once a provider refuses a trip, they are assigned no additional trips on that day. The Department, along with the Contractor, will review all trips sent back through the reassignment portal, developed by the Contractor and decide if the provider will have to perform the trip depending on the time the provider refuses the trip.

18.) Can you provide statistics showing the frequency of provider jobs versus other jobs such as bus tickets sent, street car rides arranged, etc.?

ANSWER: There were 83 total bus tickets provided in 2013. Please see Appendix F for all other trip data.

19.) Will the contractor be responsible for managing the transportation providers be job? Ex: will the contractor need to track if the provider is on the way, on time for pick-up, on time for delivery, etc.?

ANSWER: The Contractor is not responsible for actively tracking the transportation providers. However, the Contractor is responsible for receiving calls from recipients and resolving any transportation issues as they present themselves. The Contractor is also responsible for conducting a recipient survey and medical survey to track the quality of services provided by the provider. See page 16 A and B of the RFP for requirements of the survey to track punctuality of service.

20.) General N/A Program Expenditure

What is the total annual department expenditure for the NEMT program?

ANSWER: For State Fiscal Year 2013 (July 1-June 30), department expenditure for NEMT (non-ambulance) was approximately \$7.7 million. This includes services only and does not include the call center and dispatch vendor contract.

21.) General Requirements pg. 11 Attendants and Other Passengers

The RFP states that there is no payment for additional riders but allows for the transportation provider to refuse transport. Would the Department clarify the RFP language to further support the transportation providers need to transport additional riders when appropriately determined at no additional cost?

Would the Department provide the trip volume for attendants over the last 12 months?

ANSWER: See Appendix A- NEMT Manual, Section 10.2 for details on when an attendant may be necessary. Volume of these attendant trips is not available at this time.

22.) General N/A Trip Data

Would the Department provide the trip volume by month for the last 24 months?

Would the Department provide the level of service of transportation used by month for the last 24 months?

ANSWER: Appendix F has been added to include trips authorized by month from 2010 through March 2014.

23.) General N/A Call Volume

Would the Department provide the call volume by month for the last 24 months?

ANSWER: Appendix E has been amended to include historical Call Data from 2008 through 2013. We've included January through March of 2014 by day. Details by region are not available at this time.

24.) General 32 Independent Assurance

Who bears the cost of the audit?

ANSWER: The NEMT contractor bears the cost of this audit.

25.) General N/A N/A

It appears that the Contractor can only use a transportation provider that is certified by the State. Does that mean that the DHH manages the compliance of the providers relative to insurance, training, etc?

ANSWER: The Contractor is not responsible for credentialing or insurance verification. However, the Contractor is responsible for providing training on current NEMT policies and procedures as they pertain to transportation service delivery. This should be included as part of the proposed Work Plan as outlined on page 30 of the RFP.

26.) Scope of Work 9 2. Programmatic Requirements, D.
To be clear, the Contractor will deny all trips when the recipient is in a pending status, which could take up to 45 days plus two weeks. Is this correct?

ANSWER: Yes. The Contractor must verify active Medicaid eligibility before authorizing trips.

27.) Scope of Work 16 Medical Providers Surveys
Contacting 60 medical providers on a daily basis for surveys will prove to be a challenging requirement. Medical offices simply do not have the time or staff to meet this requirement. We request that the DHH consider a Quarterly survey instrument.

ANSWER: This requirement has been modified. See Addendum #7 (5)

28.) Scope of Work 19 Office Location
Will the contractor be able to take calls at an already established call center outside of Louisiana, as long as the Contractor has a Centralized Operations Office in one of the seven (7) cities cited?

ANSWER: Yes, the Contractor can take calls at an already established call center outside of Louisiana, as long as the Contractor has a centralized operations office in Louisiana.

29.) Scope of Work 19 Office Location
Concerning the seven (7) cities listed for office location, can we assume that means the Greater Metropolitan area (i.e. New Orleans to include Metairie, Kenner, Gretna, etc.)?

ANSWER: This requirement has been removed from the RFP document. The contractor will be free to locate their Louisiana office where they are best able to meet the needs of the Department as described in the RFP. See Addendum # 7

30.) Attachment V N/A Cost Template
Would you please confirm membership numbers for year one and year two? If these numbers are correct, would you please explain the material changes? Is it a goal of the Department to shift the fee for service population to a Managed Care population?

ANSWER: See Addendum #7 (6)

31.) Attachment V N/A
Cost Template

Please explain the expected drop in Legacy (population 1) and increase in Bayou Health Prepaid Plans. Also, please explain the timing of that drop/rise in population.

ANSWER: The cost template has been amended to include finalized projections of these numbers and their effective dates. The change in these numbers reflects the expected rise in the number of Medicaid recipients receiving services under Managed Care Organizations. See Addendum # 7

32.) Attachment V N/A Cost Template

As population 1 begins to shift into the BHPP plans, the Contractor is only required to schedule NEMT to dental and behavioral health services for population 2. Correct?

ANSWER: No. These numbers have been revised. See Addendum # 7. Beginning in Phase 2, this Contractor will not be required to schedule NEMT services to dental and behavioral health services for the members of Prepaid plans.

33.) Attachment V N/A Cost Template

What will comprise of the remaining membership of population 1 after the first year (i.e. more fragile, healthier, etc.)?

ANSWER: Over half will be “dual-eligible” (covered by both Medicare and Medicaid). Many of the rest will be long term care recipients.

34.) Attachment V N/A Cost Template

The cost template appears to calculate separate PMPMs for Service Population 1 and Service Population 2. Would you please elaborate on the pricing? Should total cost be divided between the two service populations?

ANSWER: We are asking that you provide a PMPM rate based on the expenses you foresee in providing services to the given populations. For Phase 1, we ask that proposals include both the rate acceptable for providing all NEMT services (Population 1) and a rate acceptable for providing only limited NEMT services (Population 2). The Total Contract Cost would be calculated by combining the cost for the two service populations. See Addendum #7, for further clarification.

35.) Attachment VI N/A Liquidated Damages; #4 Hours of Operation

In the Performance Measurement it is stated that

“The Contractor shall establish a duly licensed non-residential business office that is located within the State of Louisiana and is open to conduct the general administration functions of the business between the hours of 6:00 a.m. to 6:00 p.m., CST, Monday through Friday.”

Would you further define the general administrative functions?

ANSWER: The general administrative functions are those functions necessary to receive and respond to communications from Medicaid recipients, providers, or DHH staff.

36.) Attachment VI N/A Liquidated Damages; #7 Discrimination and Harassment
If DHH is certifying the providers, how is it the Contractors would be penalized for a violation from the State Approved transportation subcontractor?

ANSWER: The Contractor could be penalized if it is revealed that unfair authorization practices were found when the call center is selecting providers for transportation within any given area whereby a client's Freedom of Choice does not apply.

37.) What scheduling software system is in use by the current contractor?

ANSWER: The current contractor is using custom software developed with the assistance of a third-party vendor. See answer to question #1 for access to this web portal.

38.) What has been the historical On-Time Performance for subcontracted providers with the current contractor?

ANSWER: The current contractor does not contract with transportation providers. All transportation providers are enrolled in Medicaid by the Fiscal Intermediary.

39.) Can you provide historical no-show rates under the current contractor?

ANSWER: Please see Appendix J, Reference numbers 3, 4, and 5 for cancellation data.

40.) What has been the average trip distance under the current contractor? For long distance trips, what is the current maximum range?

ANSWER: The average trip distance under the current contractor is about 10-15 miles. The current maximum range for long distance trips extend between 450-600 miles round trip.

41.) What has been the average trip duration under the current contractor?

ANSWER: The current contractor does not maintain trip duration data. The average distance is about 10-15 miles round trip. Additional trip data can be found in Appendices F and H. .

42.) Please provide a trip summary by month for each month for the last 36 months.

ANSWER: Appendix F has been added to include trips authorized by month from 2010 through March 2014.

43.) Do providers use Mobile Data Terminals in the vehicles to indicate arrival and departures at customer stops?

ANSWER: No

44.) What is the average speed to answer calls in the call center, for each month over the last year?

ANSWER: Please see Appendix E for call center data.

45.) What is the hold time average in the call center, for each month over the last year?

ANSWER: Please see Appendix E for call center data.

46.) What is the call abandoned rate for each month over the last year?

ANSWER: Please see Appendix E for call center data.

47.) What is the average answered call length of all calls for each month over the last year?

ANSWER: Please see Appendix E for call center data.

48.) What is the call answered length by call category (ex, trip request, Where's My Ride) for each month over the last year?

ANSWER: Please see Appendix E for call center data.

49.) Please provide a listing along with contact information of all current private transportation providers and public transit agencies providing service and the number of vehicles in service to the program for each.

ANSWER: See Appendix H

50.) Page 24 Sec III H.(1) Certificates of Insurance Executed by Officers of the Insurance Company— Is it acceptable to provide a certificate of insurance executed by the Insurance Broker as there may be more than one Insurance Company providing required coverage?

ANSWER: Yes

51.) Page 24 Sec III H.(1) provides "Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days' written notice in advance to the Department and consented to by the Department in writing and the policies shall so provide." This provision is not commercially available. The industry standard cancellation provision currently is for insurer to "endeavor to" notify the certificate holder/Department of cancellations at least 30 days prior to cancellation, except 10 day for non-payment. Is this acceptable?

ANSWER: Yes

52.) Page 25 Sec III H.(4): Will the Department confirm whether any additional insurance coverage for “special hazards” will be required?

ANSWER: Yes. The Department confirms that “special hazards” insurance will not be required for this contract.

53.) Page 7, B Deliverables (3), Reasonable proximity to recipient’s home: Are there any standards that DHH has for establishing reasonable proximity?

ANSWER: Yes. The standards are found on pp. 11-12 of the RFP under the heading “Reasonable Proximity”.

54.) Page 7, B Deliverables (4), Authorization of payment for least costly means of transportation: How is this standard applied?

ANSWER: Authorization of payment for least costly means of transportation as noted in Section 10.1 of the NEMT Manual are considered in the following order: Public providers, Friends and Family providers, Non-profit providers, and Profit providers.

55.) Page 8 Quality Quarterly Ride Alongs: Are there specific requirements for the contractor DHH related to the ride-alongs? How many ride-alongs are required per quarter? Is overnight travel required? Over the last 3 years, how many ride-alongs have been performed and how many DHH staff were in attendance at the ride-alongs? Also, please provide an example of a ride-along summary that has been conducted.

ANSWER: See Addendum # 7

56.) Page 9 Eligibility: How is eligibility checked by the current contractor’s software solution? Is this process automated? If so, is there a file transfer protocol or sample from MMIS that can be provided to potential contractors?

ANSWER: Eligibility is checked through the software provided by the fiscal intermediary through an FTP File Upload. The process is automated.

57.) Page 9 Eligibility, C): If the client is "pending" for the 45 day process is the broker to continue to book trips? How many of these type of pending trips can the contractor expect per month?

ANSWER: No, the contractor should not book trips until it can be verified that the individual is covered under Medicaid. Approximately 20 trips can be expected in pending status per month.

58.) How many denial hearings have occurred in each of the last 3 years?

ANSWER: There have been no denial hearings that have occurred in the last 3 years.

59.) Page 9 Eligibility, D): If the client is ultimately denied and the broker pays the provider, who pays the broker? If the broker is not reimbursed, what is the approximate annual cost in this situation for a year?

ANSWER: It is the Contractor's responsibility to verify eligibility. If the Contractor authorizes a trip inappropriately, i.e. if the Contractor authorizes a trip for an individual who is not eligible for Medicaid, then the Contractor is responsible for payment.

60.) Page 9 - Eligibility E) calls for a 10 digit number for a round trip. Is it ok to use two distinct numbers for each leg to allow for 1-way trips, split providers or 3-leg trips? Will DHH accept a unique ID from the reservations scheduling system as an alternative to this requirement?

ANSWER: No, all trip authorizations are processed as round trip authorizations.

61.) Page 9 Spend Down Medically Needy Program: How many eligible per month from this program? How many trips are taken from this program per month?

ANSWER: An average of 515 people are eligible for the Spend Down Medically Needy Program in any given month. The number of trips taken per month by this eligibility group is unavailable at this time.

62.) 26. Page 11 Passengers - A) are children allowed to ride with recipient going to an appointment for lack of day care or must there be a medical necessity for the child to be present during the parent's appointment?

ANSWER: This is left to the discretion of the provider.

63.) 27. Page 11, A Reasonable Proximity: How many trips per month originate or end in each of the states of Mississippi, Arkansas, and Texas?

ANSWER: None

64.) 28. Page 12, Capitated Rates, B: Please provide more detail on how the capitated rate is applied to the recipient who is authorized for 10 or more trips per month. Also provide more detail on the enhanced capitated rate for 16-25 trips per month.

ANSWER: The call center will issue one authorization for the entire month and the provider can only bill the claim for payment at the end of each month.

65.) How many trips per month are scheduled for over 120 miles round trip?

ANSWER: Data unavailable at this time.

66.) Page 15, Complaints: Please provide a summary of complaints for each month over the last 36 months of the contract. Also, please break out by class of complaint, urgent and emergency.

ANSWER: Complaint data is not aggregated. Reported information includes HIPPA protected information and cannot be made public. .

67.) Page 16, Surveys: Please provide a completed survey sample from a telephone survey.

ANSWER: Completed surveys are unavailable at this time

68.) Page 16, Medical Provider Surveys: Please provide a completed survey sample from a medical provider.

ANSWER: Completed surveys are unavailable at this time

69.) Page 17, F Monthly Summary: Please provide a copy of the current monthly summary for each of the last 36 months.

ANSWER: See Appendix J

70.) Page 18, A) Call Center: states the call center shall be open 6 AM to 6 PM, M-F weekends and holidays. At the bottom of the page under telephone lines, B) states 6 AM to 6 PM M-F. Which is correct?

ANSWER: The Call Center shall be open from 6am to 6pm CST M-F and closed on major holidays. B.The Contractor shall provide assistance, toll-free on the weekends, holidays, and 24 hours per day service for transportation providers requesting PA numbers for unscheduled trips which occur on short notice on weekends and holidays. (Example: recipient released without notice from a hospital or a recipient that goes to an emergency room in a non-emergent situation and must be transported to an alternative provider). The Contractor may arrange for weekend/holiday coverage through a designated toll-free telephone number for weekends/holidays.

71.) Page 18: 25,000-35,000 calls per month - how will this number change in year 2 with the projected changes in Medicaid enrollment? Also, the previous contract had a requirement for staffing for 65,000-70,000 calls per month. What is the reason for the dramatic drop in calls?

ANSWER: The RFP document has been amended to clarify our expectations of this contract. The reduced call volume under this contract is a reflection of the increased participation of Medicaid enrollees in managed care programs.

72.) Page 19: Office location states metropolitan cities. Is the Metropolitan area acceptable? For example, New Orleans area, such as Metairie?

ANSWER: See Addendum # 7(6)

73.) Page 32, Cost and pricing analysis, B: Can this form be provided in Excel?

ANSWER: The cost and pricing analysis must be in the form that is provided.

74.) Page 32, R, Independent Assurances: Is this audit/internal controls to be submitted with the proposal response?

ANSWER: No, It will be part of the contract terms and condition.

75.) Page 38 C) Retainage: Are liquidated damages assessed on the retainage or on the monthly payment?

ANSWER: Liquidated damages may be assessed on the retainage or on the monthly payment.

76.) Performance Guarantees and Liquidated Damages: Please provide the last 3 year historical assessment of liquidated damages. If this is new language, what is the impetus for language that has been added to the RFP?

ANSWER: Some of the language has been changed from the previous RFP in order to give a more complete and accurate description of the performance standards that the contractor will be expected to fulfill. No liquidated damages have ever been assessed.

77.) Page 55 - 5) Telephone System - Multi-lingual: What languages are required by DHH?

ANSWER: Spanish

78.) 100% of the calls answered in 60 seconds or less: Does this time begin after the phone system announcements of the program and any other required announcements?

ANSWER: The time begins after the phone system announcements of the program and any other required announcements.

79.) Page 61 18) Eligibility: What does the contractor do to verify eligibility when the State takes down their website for maintenance, etc.?

ANSWER: The contractor must contact the department to verify eligibility when the State takes down their website for maintenance.

80.) What are all current PMPM rates paid to the incumbent contractor? Please break down by Service population.

ANSWER: Presently the payment methodology is based on the Fee for Service Module which is a flat monthly payment. The new contract will be paid on a PMPM rate.

81.) Please provide a definition of all eligible recipients in Service Population 1 and Service Population 2.

ANSWER: Attachment V defines the Population as the following:

Service Population 1 includes all members of legacy fee-for-service Medicaid and all members of Bayou Health Shared Savings Plans. All NEMT services needed for this population and covered under Medicaid shall be in the purview of this contract.

Service Population 2 includes all members of Bayou Health Prepaid plans. The contractor shall be responsible for authorizing and scheduling transportation to dental and behavioral health service ONLY. Transportation to all other covered medical services are the responsibility of the managed care organizations.

82.) What is the reason for the dramatic drop in eligible for Service Population 1 between year 1 and year 2? Likewise, what is the reason for the dramatic rise in the Service Population 2 between Year 1 and Year 2?

ANSWER: See Amendment # 7.

The change in these numbers reflects the expected rise in the number of Medicaid recipients receiving services under Managed Care Organizations and the corresponding decrease in the number of recipients in Medicaid fee-for-service.

83.) Please provide monthly eligibility numbers for each of the last 36 months for Service Population 1 and Service Population 2.

ANSWER: See Appendix K. Service Populations represent the shift of Medicaid recipients from Legacy Medicaid to Managed Care Organizations (MCOs) under either Shared Savings MCOs (included with legacy Medicaid in Population 1), or Prepaid MCOs (Service Population 2). Bayou Health did not exist prior to February 2012.

84.) Please define the eligibility criteria used to determine “at no cost” or “free” client transportation. For example, If a client owns a vehicle, but it is not working or they do not have gas money are they eligible for the transportation benefit?

ANSWER: See Programmatic Requirements beginning on page 9.

85.) What is the current method used by the incumbent and DHH to submit the 5010 EDI Claim for provider payment? Is the Prior Authorization (PA) file and response submitted in the same format as part of the claims process or used only in the stated monthly reporting process for audit verification purposes?

ANSWER: The current method used by the incumbent and DHH to submit 5010 EDI Claim for provider payment is 837P. The Prior Authorization (PA) file and response submitted is in the same format as part of the claims process and are used only in the stated monthly reporting process for the audit verification process.

86.) Is the call center required to be open to take calls for the full 6 am – 6 pm time frame, or are the expanded hours of operations designed to cover early/late administrative functions?

ANSWER: Yes, the call center is required to be open for scheduling and for administrative functions from 6:00am – 6:00pm CST.

87.) Are we required to locate the call center in one of the major metropolitan areas mentioned, or do we just need an office there?

ANSWER: See Addendum # 7.

No, Contractor is not required to locate the call center in one of the major metropolitan areas . However, a local office must be placed in the State.

88.) Can we get a list of all attendees to the non-mandatory conference meeting held on 6/10/2014?

ANSWER: Yes, see Attachment I

89.) Can you provide a list of the attendees at the Pre-Bid conference on June 10, 2014?

ANSWER: Yes, see Attachment I

90.) The RFP requires the Contractor to “perform quarterly ride-a-longs, and training meetings with DHH Staff throughout the State at the contractor’s expense. (item q on page 8) Can you explain the purpose of the ride-a-longs and what type of report or other documentation would be required? Is there a minimum number of ride-a-longs required on a quarterly basis? What type of quarterly training meeting is the contractor required to perform?

ANSWER: See Addendum # 7, Ride-A-Longs are no longer required.

91.) Paragraph 1.c. on page 7 of the RFP states that the contractor must “provide a web portal at no cost to approximately 160 transportation providers, which is capable of receiving authorizations and processing claims using 5010 837-P Electronic Billing (or any future replacement”. Are NEMT providers required to submit claims via the web portal or do they have the option of submitting only paper claims?

ANSWER: Providers are not required to submit claims via the web portal. Yes, the provider has the option of submitting only paper claims

92.) In addition to verifying that the claim amount is correct, is the contractor also responsible for verifying if the trip was provided by an authorized driver in an authorized vehicle, before authorizing payment?

ANSWER: No.

93.) Are providers required to submit paper claims in addition to filing claims on the web portal?

ANSWER: No.

94.) Is the contractor permitted to provide electronic Remittance Advices via the web portal or do you require paper copies to be mailed to providers?

ANSWER: The Contractor is required to provide electronic Remittance Advices via the web portal.

95.) How are trips provided by Friends and Family billed? Do they submit paper claims or are they required to submit claims through the contractor’s web portal?

ANSWER: Trips provided by Friends and Family are billed using paper claims.

96.) Can you confirm that the contractor’s call center is not required to be located in the State of Louisiana, as long as the contractor has a physical presence within the state for conducting business with Medicaid enrollees, transportation providers, and NEMT Program Office staff?

ANSWER: See Question # 87

97.) Section O – Proposal Format (page 28) states that “an item-by-item response to the Request for Proposal is requested”. Is the required item-by-item response limited to proposal content as defined in Section Q or do you require an item-by-item response to other portions of the RFP?

ANSWER: O. Proposal Format, #2 states;

There is no intent to limit the content of the proposals, and proposers may include any additional information deemed pertinent. Emphasis should be on simple, straightforward and concise statements of the proposer's ability to satisfy the requirements of the RFP.

98.) Will the resulting contract from this RFP require an audit as defined in Section R of the RFP (page 32) and if so, what is the required frequency of the audit?

ANSWER: Page 32, Independent Assurance #3: The Contractor shall supply the Department with an exact copy of the report within thirty (30) calendar days of completion. When required by Office of Public Health, such audits may be performed annually during the term of the contract. The Contractor shall agree to implement recommendations as suggested by the audits within three months of report issuance at no cost to the State. If cost of the audit is to be borne by the Contractor, it was included in the response to the RFP.

99.) Paragraph C - Retainage on page 38 states that “on successful completion of contract deliverables, the retainage amount may be released on an annual basis”. Under what circumstances would the Department continue to hold retained funds if the contractor has successfully completed all deliverables?

ANSWER: Under no circumstances would the Department continue to hold retained funds if the contractor has successfully completed all deliverables.

100.) The projected populations for Service Population 1 and Service Population 2 change dramatically from Year 1 to Year 2 of the contract. Can you explain why this shift in enrollment between the two programs is projected to occur?

ANSWER: See answer to #82

101.) Can you provide the historical number of NEMT trips provided for Service Population 1 and Service Population 2?

ANSWER: Historical data for the Service Populations are unavailable at this time. Please refer to Appendix F and Appendix H for all available trip data.

102.) Would DHH consider a two day delay? Since the bid is due the Monday after the 4th of July, we would have to ship our response on July 2, as we always ship two business days prior to the due date to allow for delivery issues. The turnaround on this proposal is already short, and the addition of the July 4th holiday further reduces the time we have to put together a quality proposal.

ANSWER: The deadline for receipt of proposals has been extended to Tuesday July 22, 2014. See Addendum #5

103.) Verification of Eligibility - Page 9, Letter C: Does this mean that if the recipient's Medicaid file is closed, we have to check with BHSF every time we encounter this issue as we won't know whether the recipient reapplied or if the application is pending?

ANSWER: Yes

104.) Recipient Education Plan – Page 15, Letter B: Are we required to send a letter to all recipients of the FFS and Bayou Health Prepaid plans, or just the FFS population? Further, can we only mail the letters to those that have used transportation in the past 12 months?

ANSWER: The Contractor is required to send a letter to all recipients in the Fee For Service Population. You may mail letters only to those that have used transportation in the past 12 months.

105.) During the pre-bid conference it was mentioned that the contractor may no longer be responsible for prior authorizing dental and mental health trips for the Bayou Health Prepaid plans at some point in the future. Can you provide more information around this as it will be very important information for us to use as we determine pricing?

ANSWER: The cost template has been amended to include finalized projections of these numbers and their effective dates. The change in these numbers reflects the expected rise in the number of Medicaid recipients receiving services under Managed Care Organizations.

106.) Can you provide additional information about the population that is moving from FFS to the Bayou Health Prepaid plans – is this a healthier population? This information will help us estimate utilization for the members that remain in the FFS population.

ANSWER: Over half of the population will be “dual-eligible” (covered by Medicare and Medicaid). Many of the remaining population will be long term care recipients.

107.) Is the contractor responsible for tracking the capacity of each transportation provider so we can determine how many trips to give them in a given timeframe, or is this information supplied by DHH? Also, will DHH provide basic information on each transportation provider such as hours of operation, contact names and number, etc.?

ANSWER: The vehicle capacity is supplied and tracked by DHH. DHH will provide basic provider information to the contractor.

108.) Page 9, Letter F: Will the eligibility download identify the Spend Down Medically Needy Members that are only eligible for three months?

ANSWER: Yes

109.) Page 11, Letter A: For individuals over the age of 17, may the contractor require a Medically Necessary Attendant Form to determine need for an adult Attendant?

ANSWER: Yes

110.) How will the contractor receive Authorizations from the PAU? Will the contractor be allowed to use a Distance Verification Form so a referring/rendering healthcare provider can document need to travel out of service area when there is no authorization on file with PAU?

ANSWER: Yes, the contractor will receive authorizations from the PAU via fax.

111.) Page 13, Transit Authorities: Is public transit only currently utilized in New Orleans?

ANSWER: Yes

112.) Page 28, M. Proposal Submission: May the technical and cost proposals be submitted on the same electronic copy (CD or flash drive) or must they be submitted separately?

ANSWER: Yes, the technical and cost proposals may be submitted on the same electronic copy.

113.) Page 28, N. Proprietary Information, 2. states that “cost proposals will not be considered confidential under any circumstance,” and previously under M. Proposal Submission it requests that the cost proposal and financial statements be submitted separately from the technical proposal. How are we to handle the confidentiality of financial statements if they are to be submitted separately with the cost proposal? May we submit them separately from both the technical and cost proposals?

ANSWER: Yes, submit the financials separately and it should be labeled as confidential if you so choose. See page 28, Proprietary Information, 1.

114.) For efficiency, is it possible for DHH to provide an eligibility file by batch or other electronic means (such as web services call) to the contractor for upload into their system, as an alternative method to the CSR manually querying the MMIS site for each trip request? Also, must eligibility be verified EVERY time the recipient calls, or may it be checked periodically (weekly/monthly) for regular utilizers of the service?

ANSWER: Yes and eligibility must be verified every time the recipient calls to schedule an appointment.

115.) Are recipients allowed to request the transportation provider of their choice?

ANSWER: Recipients are allowed to request the transportation provider of their choice when the scheduled appointment is located within the parish of the recipient’s place of residence.

116.) Page 15, Assignment of Trips, Letter D: Are alternative formats to PDF allowed for providing trip assignments?

ANSWER: No

117.) Please clarify the responsibility of the contractor in terms of claims. Page 3 states, “*Molina Information Systems LLC is the current Fiscal Intermediary for the Louisiana Medicaid program. The major responsibilities of the Fiscal Intermediary are claims processing, provider relations, medical review, prior authorization, pre-certification, claims resolution and surveillance and utilization review.*”

Page 7 states that the contractor must provide a web portal that is capable of “*receiving authorizations and processing claims using 5010 837-P Electronic Billing (or any future replacement). The Contractor must be capable of using the ICD-10 Diagnosis Codes that will*

be required for 5010 837-P Electronic billing which is to be implemented on October 1, 2014. The Contractor will interface with the fiscal intermediary using SFTP protocol to upload the claim file. The contractor will also download all responses and provide them to the respective submitter.”

- a) Please define the contractor “processing claims”. Is this a full adjudication, matching prior authorizations to each claim, ensuring it’s a clean claim and then creating an 837p electronic billing file?
- b) If adjudication is required, what is the allowable timeframe for completion?
- c) Is the vendor expected to validate ICD-10 codes for all providers’ diagnoses, or only to store and provide transportation-related ICD codes used in transport?
- d) Are 837I claim files (institutional) anticipated or only 837P claim files (professional)?
- e) What format is required that the providers submit prior authorizations and claims through the web portal? Paper claims, or ANSI 278 PA files and ANSI 837p claim files?

ANSWER:

- a.) No
- b.) Adjudication is not required. .
- c.) Only to store the codes related to transportation
- d.) Only 837P claim files are anticipated.
- e.) 837P claim files that are being sent through the BBS System (Dial-Up Modem). We do not anticipate using ANSI 278 PA

118.) Page 9, Letter B. Please provide historical data regarding the quantity and dollar amount of claims the current Contractor paid to providers due to transports scheduled for ineligible persons.

ANSWER: The quantity and dollar amount of claims the current Contractor paid to providers due to transports scheduled for ineligible persons are follows:

5 clients, 5 authorizations for \$813.32, (2 capitated trips)

119.) Page 9, Letter D. Please provide historical data regarding the quantity and dollar amount of claims the current Contractor paid to providers as a result of presumed eligibility for applicants in pending status who were later denied eligibility.

ANSWER: No trips will be or can be scheduled for transport if the client’s eligibility is in pending status.

120.) Page 9, Letter E. Can PA numbers be in a different format than ten digit (A#####)?

ANSWER: No

121.) Page 9, Letter E. Can the contractor provide PAs on a trip leg level (each leg has individual PA) instead of for the round trip?

ANSWER: No, except in special circumstances, PA's are based on round trip.

a) How does the round trip authorization work if there are more than two trip legs (i.e. home to first appointment, first appointment to second appointment, second appointment to home)? Is there still only one PA number for the trip?

ANSWER: No, two PAs are issued in this case. The provider will receive one PA from the client's home to the first appointment and another PA from the first appointment to the second appointment to home.

122.) If recipient calls under 48 hours' notice and recipient is capable of utilizing bus service, can contractor deny bus transport without scheduling transport with other modes of transport?

123.) Page 17 refers to a sample trip log in Attachment V, but it was not included. Please provide.

ANSWER: See Appendix I

124.) Can Recipient and Medical Provider Surveys be performed by IVR process prior or post transportation scheduling?

ANSWER: Yes. A proposer may want to include details on their procedures for conducting recipient and provider surveys in their proposal.

125.) Please provide number of calls by call type, eligibility type and parish in last 12 months.

ANSWER: See Appendix E for Call data and Appendix H for Trips by Provider by Parish.

126.) Please provide number of scheduled trip legs by parish and population in last 12 months.

ANSWER: See Appendix F and Appendix G for all available trip data. Note that these are round trips and not trip legs.

127.) Please provide number of denied trip legs by parish and population in last 12 months.

ANSWER: See Appendix F Trip Information and Appendix G for all available trip data. Please note that trips are authorized and reimbursed as round trips, not trip legs.

128.) Please provide number of trips assigned to each provider and by parish in last 12 months.

ANSWER: See Appendix F and Appendix G for all available trip data

129.) Please provide number of authorized bus tickets by population and by parish in last 12 months.

ANSWER: There were 83 total bus tickets provided in 2013. Please see Appendix F for additional trip data

130.) Please provide number of complaints by type, disposition, and parish in last 12 months.

ANSWER: Complaint data is not aggregated. Reported information includes HIPPA protected information and cannot be made public.



State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

Attachment 1

NEMT RFP Pre-Proposal Conference

06-10-2014
DATE

9:00am-11:00am
TIME

NAME (PRINT)	PHONE NUMBER	EMAIL	ORGANIZATION
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