



# Department of Health

## Request for Proposals

**RFP# - 17965**

### **Medicaid Transportation Management Long Island Region and Western NY Region**

**Issued: May 23, 2019**

**DESIGNATED CONTACT:**

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

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## 1.0 CALENDAR OF EVENTS

<b>RFP (17965 – MEDICAID TRANSPORTATION MANAGEMENT LONG ISLAND REGION AND WESTERN NY REGION)</b>	
<b><u>EVENT</u></b>	<b><u>DATE</u></b>
Issuance of Request for Proposals	5/23/2019
Deadline for Submission of Written Questions	06/07/2019 <b>4:00 p.m. ET</b>
Responses to Written Questions Posted by DOH	<b>On or About</b> Responses Posted By 06/28/2019
Deadline for Submission of Proposals	07/24/2019 <b>4:00 p.m. ET</b>
<i>Anticipated</i> Contract Start Date	03/01/2020 (new vendor) 06/01/2020 (incumbent vendor)

## 2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“DOH”) is seeking competitive proposals from qualified and responsible contractors (Transportation Managers) to provide services as further detailed in [Section 4.0](#) (Scope of Work). It is the Department’s intent to award two (2) separate contracts from this procurement; one (1) contract in each of the following regions:

1. Long Island (LI) – Nassau and Suffolk counties
2. Western NY (WNY) – Erie, Niagara, Chautauqua, Cattaraugus, Allegany, Genesee and Wyoming counties

This RFP will result in two (2) separate and distinct contracts as outlined in Section 6.0, Proposal Content. One (1) contract for the Long Island Region and one (1) contract for the Western NY Region. A bidder may submit proposals for one (1) or both regions. Contracts may be awarded to one (1) or two (2) bidders, based upon evaluation and scoring of submitted proposals.

### 2.1 Introductory Background

The purpose of this Request for Proposals (RFP # 17965) titled “New York State Medicaid Transportation Management – Long Island Region and Western NY Region” is to secure the services of one (1) qualified and responsible contractor (Transportation Manager) in each region. The contractor(s) will be located within the United States to provide management and coordination of non-emergency medical and non-medical transportation as described in Section 4.0, Scope of Work for eligible Medicaid fee-for-service (FFS) enrollees in the region the contractor is proposing to provide Medicaid Transportation Management services. Emergency ambulance service, as defined in 18 NYCRR Part 505.10 and in 92 ADM–21 (see Attachments F and I), is not covered under this contract.

As a federally recognized state Medicaid agency, the DOH is responsible for ensuring the availability of non-emergency medical transportation for Medicaid enrollees in New York State. Previously, the Social Services Law authorized each county’s Department of Social Services with the responsibility for administering Medicaid transportation. The 2010-11 State Budget amended Social Services Law Section 365-h to give the Commissioner of Health authority to assume the management of Medicaid

transportation services in any county. The intent of the law is to improve the quality of transportation services, reduce the local burden of administering transportation services and local management contracts, and achieve projected budgeted Medicaid savings. This authority has been extended by the 2019-2020 State Budget.

Social Services Law Section 365-h has the following major provisions:

- The Commissioner is authorized to contract with transportation managers that have proven experience in coordinating transportation services in a geographic and demographic area similar to which they will be operating in New York State.
- The transportation management contracts may include responsibility for review, approval, and processing of transportation requests, managing the appropriate level of transportation based on enrollee's individual need, and the development and application of new technologies for transportation management services.
- The Commissioner must, if appropriate, adopt quality assurance measures, reporting requirements and service verification mechanisms. The Commissioner will further ensure that transportation services are provided in a safe, timely, and reliable manner by transportation providers who perform in compliance with state and local regulations and meet Commissioner approved consumer satisfaction criteria.
- Any reimbursement fees proposed by transportation managers will be reviewed and approved by the Commissioner prior to implementation of those fees.
- The law's provisions sunset ten (10) years after the execution date of the first transportation management contract, June 9, 2021.

Providing health care for Medicaid enrollees requires both ensuring access to an appropriate number and type of medical professionals, and the necessary mode of transportation to their services. Medicaid enrollees require transportation to access nearly all Medicaid-covered services, including to appointments with local primary care practitioners and routine appointments, such as for renal dialysis and/or drug and alcohol treatment. New York's Medicaid program covers non-emergency medical transportation provided via non-emergency ambulance, ambulette, taxi, livery, public transit, personal vehicle, commercial travel (i.e., airplane, bus, and train) and other modes as applicable to the individual enrollee.

Currently there are Medicaid programs, including some Adult Day Health Care and most developmental disabilities facilities and programs, which include payment for transportation of registrants to and from the programs within their Medicaid reimbursement rates. Also, Managed Long-Term Care Program plans are responsible for providing transportation to its enrollees, and the transportation is covered under its capitated rate. Therefore, FFS transportation to and/or from these programs is not covered under this contract and will not be approved unless the DOH adopts an initiative to carve out non-emergency medical transportation from the Medicaid rates paid to these programs. Whenever applicable, the transportation manager(s) shall refer enrollees to their respective program for transportation services.

The DOH will pay the selected contractor on a per-enrollee-per month fee for management of Medicaid transportation in the Long Island Region and Western NY Region. These enrollees are defined as those eligible for fee-for service Medicaid transportation. Transportation management services will include non-medical transportation for those in the Traumatic Brain Injury Waiver program, those who are eligible to receive Behavioral Health Home and Community Based Non-Medical Transportation Services in the

Health and Recover Plan program (HARP), Community First Choice Option (CFCO), or other programs allowed in the New York State Medicaid State Plan and amendments. The bidder must propose a fee as described in Section 6.3 Cost Proposal.

The transportation manager will pay up front for DOH approved enrollee transportation expenses, such as enrollee mileage reimbursement, public transportation and necessary commercial transportation, and will bill the DOH directly for reimbursement.

For trips that take place within the State of New York, the DOH directly reimburses Medicaid-enrolled transportation providers that provide transportation for FFS Medicaid enrollees at fees established by the DOH. Medicaid payments will be made only to those lawfully authorized to provide transportation services. To be eligible to receive payment, the transportation provider will be lawfully authorized under Section 365-h of Social Services Law on the date which services are rendered. The contractor may, occasionally make direct payments for transportation when an enrollee is out of state or when an enrolled provider is not available or when an unenrolled provider can provide needed services at a lower cost.

During the course of the resulting contract(s), the DOH envisions the possibility that a portion of activities/services that are typically provided by the contractor to manage transportation services may transition in or out of the FFS model. See Section 4.8 Transition.

Examples of such possibilities may include but are not limited to:

- A cohort of enrollees utilizing a new technology to be determined by the Department to secure their transportation needs;
- A cohort of enrollees transitioning into the FFS model from a managed care plan not already managed by the contractor;
- A cohort of enrollees moved from the FFS management into a managed care plan's capitated benefit.

At any time during the course of the contract, the contractor must be prepared to assist the Department, another Departmental agent or successor contractor with efforts to transition the relevant information to support any new technology to be determined by the Department. See Section 4.8 Transition.

## **2.2 Important Information**

The bidder is required to review, and is requested to have legal counsel review, [Attachment 8](#), the DOH Agreement as the bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the bidder be selected for contract award. Please note that this RFP and the awarded bidder's proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful bidder. By submitting a response to the RFP, the bidder agrees to comply with all the provisions of Appendix A.

Note, **Attachment M**, the Bidder's Certifications/Acknowledgements, should be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site.

### **2.3 Term of the Agreement**

This contract term is expected to be for a period of five (5) years and three (3) months if awarded to a new contractor, and five (5) years if awarded to the incumbent contractor, both commencing on the date shown on the Calendar of Events in Section 1.0., subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

### **3.0 BIDDERS QUALIFICATIONS TO PROPOSE**

#### **3.1 Minimum Qualifications**

DOH will accept proposals from organizations with the following types and levels of experience as a prime contractor.

- A minimum of three (3) years' experience in managing the delivery of non-emergency Medicaid transportation services in a geographic and demographic area similar to the specified region they are proposing to manage; and
- A minimum of three (3) years' experience in operating a call center.

Experience acquired concurrently is considered acceptable.

For the purposes of this RFP, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

### **4.0 SCOPE OF WORK**

This Section describes the transportation management services that are required to be provided by the selected bidder. The selected bidder must be able to provide all of these services throughout the contract term.

**PLEASE NOTE:** Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms "bidders", "vendors" and "proposers" are also used interchangeably. For purposes of this RFP, the use of the terms "shall", "must" and "will" are used interchangeably when describing the Contractor's/Bidder's duties.

## **4.1 Tasks/Deliverables**

### **4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals**

The contractor will provide a primary call center that will be located and operated in the State of New York (see Section 6.2, Technical Proposal).

The contractor will establish and maintain a toll-free telephone number and other voice and telecommunications devices, including devices appropriate for the hard-of-hearing in order to effectively communicate and interact with enrollees and their advocates, transportation providers and medical professionals, to secure appropriate transportation for enrollees to access Medicaid-covered services. Oral interpreting services shall also be made available, free of charge to Medicaid enrollees, for all predominant languages, especially Spanish and Russian. The telephone number will be operational at least fifteen (15) calendar days prior to the service begin date and will be transferable to the DOH, or other entity designated by the DOH, upon expiration of the contract.

The contractor shall maintain sufficient personnel to perform the functions required of the call center from the peak-hours of 7:00 a.m. through 6:00 p.m. Eastern Standard Time, Monday through Friday; during non-peak hours (6:01 p.m.-6:59 a.m.) and 24 hours a day on weekends to perform management of all trip requests including for urgent, life sustaining and/or sick visit appointments. The contractor may observe the designated Federal holidays of: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. However, the contractor will be prepared to manage requests for urgent, life sustaining and/or sick visit appointments on those holidays. If the contractor intends to observe additional holidays, the contractor will obtain prior written approval from the DOH. The contractor shall give the DOH thirty (30) days' written notice of scheduled closure of business other than those holidays listed above.

The contractor shall maintain telephone routing and response procedures, with options for the enrollee to stay in the queue to reach a staff person, return to telephone routing, or opt to enter a telephone number to be used to return the call to the enrollee. The contractor will meet the standards outlined in Section 4.4 Performance Standards.

The contractor will accommodate requests for Urgent Care related transportation services on the day the request is made or within 24 hours. "Urgent care" means that level of care was ordered and verified by the enrollee's physician. Verification can be conducted via telephone, fax, e-mail or in a manner determined the contractor. Verifications are to be retained as documentation.

The contractor will accommodate hospital and emergency department discharge requests, with pickup and transport occurring within a reasonable timeframe of receipt of the request, but not exceeding three hours from the request, 24 hours a day/ 7 days a week.

The contractor shall maintain a call tracking system recording the details outlined in Section 4.3 Record Keeping and Reporting – *Call Center Telephone Compliance Reports* for each call related to transportation, and upon request from the DOH, shall provide electronic recordings of specified calls. Minimally, the call tracking system will be able to retrieve calls based on incoming telephone number, date of call, and contractor staff answering the call. Callers shall be advised that calls are monitored and recorded for quality assurance purposes. The call tracking system shall be able to record and aggregate information by queue and shall be able to produce the reports specified in this RFP as well as ad hoc reports that the DOH may request on a daily, weekly, or

monthly basis as outlined in Section 4.3 Record Keeping and Reporting. In addition, the contractor will provide designated DOH staff access to view real-time data and generate reports directly from the contractor's call tracking system.

The contractor shall maintain a system to transcribe calls at the DOH's request. The contractor must be able to provide the DOH the transcript from the call(s) requested within three (3) business days.

The contractor will maintain a system that can receive transportation requests similar to the volumes outlined in Attachment H – Medicaid Transportation Data through telephone calls and other online methods (agreed to by the DOH), from Medicaid eligible enrollees, their representatives, or a medical practitioner for Medicaid transportation in the primary call center. The volumes in Attachment H are based on historic volume and do not guarantee current or future service levels. The actual volume may be higher or lower.

The contractor will establish and maintain a system to receive and process requests from medical practitioners 24 hours a day/ 7 days a week. The system should minimize the time and effort needed by the medical practitioner and will accommodate both one (1) time (ad hoc) and multiple trip requests (i.e., standing orders).

The contractor will be able to adequately explain the DOH's published rules and regulations of the Medicaid transportation program to transportation providers, medical practitioners and Medicaid enrollees and refer specific inquiries to the DOH, as appropriate.

The contractor will establish and implement a plan to manage transportation for Medicaid enrollees during a natural disaster or any other acute emergency event that may disrupt telephone and/or transportation services for each region the contractor provides Medicaid Transportation Management services (Long Island Region and/or Western NY Region).

#### **4.1.2 Operate a Backup Call Center for Medicaid Eligible Individuals**

The contractor will provide a backup call center that will be located and operated in the Continental USA (see section 6.2 Technical Proposal).

The backup call center will have the ability and capability to perform all duties and services provided by the primary call center and staffed with individuals knowledgeable in each region the contractor provides Medicaid Transportation Management services.

The backup call center will only be utilized when the primary call center is not fully functional, such as during periods of excessive call volume (this will avoid having callers hearing a busy signal when all inbound calls are occupied), emergencies, equipment malfunction or during non-peak hours

After award, the contractor is expected to provide a formal plan in reference to the narrative above for the backup call center which is subject to DOH approval. The contractor shall be responsible for all work performed by the backup call center, and the contractor accepts all responsibility for the work of the backup call center and will ensure the backup call center is in full compliance with this RFP and the resulting contract.

### **4.1.3 Create and Maintain a Public Website**

The contractor will create and maintain a user-friendly public website with information for enrollees, transportation providers, and medical practitioners about available transportation services, Medicaid transportation eligibility requirements, the prior authorization process, and how to access transportation. The website will have the ability to receive feedback from the Medicaid community including medical practitioners and enrollees; and accept communication from enrollees and/or their agents, transportation providers, and medical practitioners.

The contractor will make requested changes to the website within three (3) business days of request by the DOH.

At a minimum, the following information (or links to sites containing the information) will be included on the website:

- List of Medicaid terms and program standards;
- A list of essential contractor and State government Medicaid transportation contacts;
- Available Medicaid transportation services by county;
- Information on general Medicaid transportation service determination criteria;
- A list of transportation vendors, including the current address and telephone number of each transportation provider, the geographic area covered by each transportation vendor, and the mode of transportation provided. Updates to this list within the previous thirty (30) days shall be indicated as a change to previous information;
- State-approved forms and a description of use;
- State-approved fee schedule by mode of service;
- Links to transportation resources such as traffic, travel, and transit information), and bus maps;
- Links to submit a complaint or concern;
- Links to individual transportation provider performance data; and
- Any other information requested by the Department.

### **4.1.4 Processing Requests for Medical Transportation**

The contractor shall create an automated system to manage the reservations, scheduling, and efficient routing of requests for non-emergency medical transportation. When a transportation request is made by a Medicaid enrollee, the contractor will interview the individual using a DOH approved script to confirm all relevant information including their normal means of transportation, pickup address, telephone number, location of required medical service, transportation needs, and whether the required medical service to which transportation is requested is a Medicaid covered service or whether transportation is covered in an enrollee's plan of care grid.

At the time of the transportation request, the contractor will confirm the individual's eligibility status as a Medicaid enrollee utilizing the applicable State-operated eligibility verification system. The contractor will become a registered user of the system operated through the DOH, in accordance with applicable rules. The contractor will determine if transportation is a covered service within their managed care plan, if so, the enrollee would not be eligible for FFS non-emergency medical transportation and the contractor will refer the enrollee to their managed care plan for transportation services.

#### Determining Appropriateness of Mode of Transport

The contractor will determine the appropriate mode of transportation according to the enrollee's needs, level of mobility, and location of their medical service provider. Based on that determination, the contractor will arrange the most appropriate transportation provider capable of meeting those needs at the lowest cost and highest quality.

The contractor will ensure the enrollee uses the most cost-effective mode of transportation available that is medically appropriate based on the enrollee's level of mobility and the location of the enrollee's medical service provider. If the most cost effective and medically appropriate level of transportation is not available, the requested trip will be scheduled at the next higher mode of transportation.

An appropriate vendor may be a friend or neighbor, common carrier (public transit), livery service, ambulette, stretcher van, or non-emergency ambulance. Transportation will be assigned giving appropriate and reasonable consideration to the transportation needs of the enrollee. The contractor shall first require enrollees to use public transit when accessible and appropriate for the enrollee.

#### Rides Assignment System

The contractor shall establish a system for assigning rides that is fair and equitable to transportation providers and efficient for enrollees. Such a system will be based on the requirement that enrollees are free to choose a transportation provider within the medically necessary mode of transport and who participates at the assigned fee for the required transport service. If no transportation provider preference is expressed by the enrollee, the contractor will assign trips via a simple rotation system approved by the DOH.

#### Medical Justification Review Verification of Medicaid Transportation Abilities (Form-2015)

Non-emergency medical transportation must be utilized at the lowest cost, most medically appropriate mode available. The utilization of non-emergency ambulance, ambulette, or livery service (where public transit is an available option) is a medical decision and requires the justification and recommendation of a medical practitioner. The contractor must obtain documentation from a medical practitioner to support and justify prior authorization before these modes of transportation can be utilized. The process of obtaining the medical justification will include the use of a medical justification form (Form-2015) created and approved by the DOH (Attachment K).

The Form-2015 is available upon request from the contractor or can be downloaded from the contractor's website. The contractor will be required to comply with the most up to date policy and procedure regarding verification of Medicaid transportation abilities as directed by the DOH. The signature of a certified medical practitioner eligible to request transportation services must be included on the Form-2015 or a Multi Factor Authentication must be used for online submissions. Upon receipt of the completed Form-2015 the information shall be reviewed by the utilization review team. A final review of the Form-2015 must be completed by the utilization review manager who shall be a Registered Nurse (RN) or Medical Doctor (MD) on the contractor's staff. This final review will determine the appropriateness of the medical justification supporting the request for a higher mode of transportation. The review of the Form-2015 may include, but not be limited to, contacting the medical practitioner for any clarification needed prior to approving the request for prior authorizing the non-emergency transportation request. Based on the Medicaid program criteria, the request will either be approved or denied by the contractor. When the verification of Medicaid transportation abilities documentation is denied, the transportation

manager will be responsible for notifying both the medical practitioner of the denial as well as the enrollee in a method determined by the Department.

The verification of Medicaid transportation abilities documentation shall be uploaded, as applicable, to the contractor's repository system in its entirety, making it easily retrievable by the contractor upon request in a format determined by the DOH which may be subject to change throughout the term of the contract. The contractor shall seek new verification of Medicaid transportation abilities documentation for an enrollee any time there is a change in an enrollee's health status that necessitates a change to their mode of transport or, at a minimum, will be reviewed on a timeframe determined by the DOH.

Historic volumes of medical justifications received in the Long Island Region and Western NY Region are outlined in Attachment H, Table 9a and 9b.

#### Sick Visit and/or Urgent Care Requests

The contractor will accommodate sick visit and/or urgent care requests for same day transportation services. Sick Visit and/or Urgent care requests means that level of care ordered and verified by the individual's physician, by telephone or fax, to be necessary on the day the request is made or within 24-hours. Post trip verification will be pursued as directed by DOH to help authenticate the medical need for transportation services being rendered in less than the 72-hour advance notice policy. The verification will be documented in the contractor's repository system for record keeping purposes and/or to be easily retrieved by the contractor upon DOH's request.

The contractor will accommodate requests for transportation to "Urgent Care" treatment centers as necessary to reduce inappropriate utilization of hospital emergency departments and emergency ambulance usage.

#### Hospital and Emergency Department Discharges

The contractor will arrange transportation for hospital and emergency department discharge requests 24 hours a day/ 7 days a week with pickup and transport to occur within three (3) hours from when the request was made.

#### Trip Attestation

The contractor shall also create a trip attestation system whereby transportation providers will attest that an assigned trip has either been completed or not completed. If the trip was not completed, the attestation will include the reason as to why. The contractor will be responsible for ensuring that only attested trips are authorized for payment. The contractor will describe to DOH prior to the start of work, how each of these trips will receive an authorization from the DOH or an agent of the DOH, and how this authorization will be matched to each attested trip. Every trip will have its own distinct contractor-generated trip number and related Medicaid Management Information System (MMIS)-generated prior authorization. Each prior authorization submitted to the MMIS via a prescribed service authorization process is automatically assigned a date (the beginning submission date will be the first of the month, and the last submission date will be the last day of the month).

#### Post-Trip Approval

The contractor will establish a process to allow for post-trip approval of transportation services in accordance with DOH regulations and policies. Post-trip approval is allowed in instances when

approval prior to the trip was not obtainable, such as in situations where the person was not eligible for Medicaid on the date of travel, but subsequently was determined to be retroactively Medicaid eligible to cover that service date. The post-trip approval policy shall ensure that all applicable requirements of prior approvals are considered for the post-trip authorization and shall establish a timeliness requirement for the submission of post-trip approval requests in accordance with DOH regulations and policies.

#### State Fair Hearings

The contractor may not arbitrarily take an action on a transportation request solely because of the diagnosis, type of illness, or medical condition of the enrollee. The contractor will provide written notification to the enrollee at the time an adverse action is taken to deny or reduce a transportation service. The Department of Health may mandate that certain language be used in the posted policies and written notifications. The notice will be issued within 24 hours of the action and indicate:

- The action taken and reasons for the action;
- Basic instructions regarding the grievance filing process and outlining the enrollee's options to:
  - Request a telephone conference to discuss the matter further;
  - Receive relevant information, and
  - Request a State Fair hearing.

A copy of the notice, or notification of initial electronic filing in the contractor's enrollee file repository, shall be provided to DOH within one (1) business day of determination.

Should an enrollee request a Fair Hearing to review a decision made concerning non-emergency medical transportation, the contractor's staff will be readily available to provide to the DOH all pertinent information in written format including a transcription of any call center staff's conversations with an enrollee. If required, a representative from the contractor's staff will be available to attend a Fair Hearing in the DOH's stead. The contractor will provide testimony and all relevant information required by the audit of the findings in the Fair Hearings proceedings regarding Medicaid transportation and, if necessary, in legal proceedings which could include other administrative, civil, or criminal proceedings, related to work performed pursuant to this agreement. Compensation for these services will not be reimbursed separately and are to be included in the per member, per month price bid.

Note, in addition to an enrollee's right to request a State Fair Hearing, enrollees also have the right to request a conference (typically a phone-conference) with the contractor to obtain additional information and/or seek clarification pertaining to the reason for the adverse action taken, prior to requesting a State Fair Hearing.

#### **4.1.5 Special Transportation Requests**

The contractor shall work directly with the DOH to develop and implement guidelines for authorizing multiple trips for enrollees who regularly attend scheduled medical care, day programs, transportation outside the common medical marketing area, non-emergency air ambulance transportation, nursing home transportation, and hospital admissions and discharges. The contractor shall be able to process requests from enrollees or medical practitioners for travel to and from major medical facilities in cities located across the United States and its territories, including arranging for fixed wing air ambulance or commercial air transportation. Requests for transportation outside the local area will be reviewed, and payment made to the transportation

provider only when sufficient medical documentation is received, reviewed, and approved by the contractor.

When appropriate, the contractor will make arrangements for lodging and other necessary travel related needs in accordance with DOH approved guidelines and will seek DOH's approval on any unusual costs or costs that exceed what is considered to be routine expenses (see Attachment D, Travel Reimbursement Policy Manual).

Approval and prior authorization are not generally required for emergency ambulance transportation. Callers requesting emergency ambulance transportation to a hospital emergency department will be directed to call emergency services (911). However, the contractor will be responsible for urgent care transports to the emergency department via the appropriate mode of transport (see section 4.1.4 above).

#### **4.1.6 Education, Training and Outreach Activities**

As required by the DOH, the contractor shall generate and disseminate correspondence electronically, posted to their website or in written form sent to individual medical practitioners, Medicaid enrollees and transportation providers regarding program requirements, corrective action plans, eligibility issues, etc. The DOH will be responsible for notifying medical practitioners, Medicaid enrollees, and transportation providers of any changes impacting the entire cohort of transportation providers or Medicaid enrollees.

The contractor will educate all eligible Medicaid enrollees in need of transportation for non-emergency or non-urgent medical care, to request such services at a minimum of 72 hours in advance of the service date. This notification will also be communicated to all medical practitioners.

##### ***Collaborate with Local Stakeholders***

The contractor shall be knowledgeable of existing local transportation resources, provider networks and current processes in place for arranging Medicaid transportation. The contractor shall also be knowledgeable of the unique challenges faced within the region and should collaborate with local stakeholders to combine available knowledge, expertise, and information across the region(s) they are proposing to provide transportation management services.

The contractor will collaborate closely with medical practitioners and transportation providers to ensure an efficient, flexible and user-friendly system for approving and arranging transportation is implemented and that all stakeholders understand the application of this system. The contractor will assure the system complies with all aspects of the Medicaid FFS transportation program. The contractor will ensure staff are assigned to work cooperatively and continuously with medical practitioners and transportation providers to determine how to streamline the request for transportation and documentation practices and resolve issues that could present barriers to the efficient routing, provision and authorization of transports through consultation with the DOH and relevant stakeholders.

The contractor will provide, at a minimum, semi-annual training to transportation providers, Medicaid enrollees and medical practitioners; and will afford an option of a semi-annual stakeholder meeting to take place within each county. The contractor will conduct on site visits to transportation providers and medical practitioners at their facilities as necessary to provide training or to resolve any issues in need of being addressed

The contractor will train medical practitioners and transportation providers on how to navigate the automated system used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation as outlined in Section 4.1.4 Processing Requests for Medical Transportation.

#### **4.1.7 Quality Assurance**

The contractor will create and submit a Quality Assurance (QA) Plan to the DOH as part of the technical proposal. The contractor will work with DOH for approval of the submitted QA Plan and agree to a reporting schedule within 30 days upon receiving an approved contract from the Office of the State Comptroller (OSC). The Department reserves the right to amend the plan at any time to add, delete, or modify the quality assurance metrics. The contractor shall develop, implement, and monitor a QA plan to ensure DOH's standards are met for each of the following areas:

##### ***Call Center Telephone Compliance and Performance Standards***

The contractor will:

Meet all compliance standards in the Call Center Telephone Compliance Report found in Section 4.3 Record Keeping and Reporting; and Performance Standards 1-3 in Section 4.4, Performance Standards.

##### **Proactive Surveys and Complaint Resolution**

Resolve enrollee, transportation provider and medical practitioner complaints within ten (10) business days from the date the complaint was received. Monthly, the contractor shall report the findings of the complaints to the complainants and the DOH.

Take measures to minimize unforeseen complaints and operational issues using, but not limited to, conducting a proactive survey(s) developed by the contractor and approved by the DOH.

Provide a monthly summary to the DOH detailing, at a minimum, the following:

- Outcome of the proactive survey(s);
- Other approved measures proposed by the contractor; and
- Complaint resolution processes.

Record all complaints, investigations and resolutions in the enrollee's electronic file and provide a copy to the DOH upon request.

##### ***Processing Requests for Medical Transportation***

The contractor will:

Review and verify medical justification provided to justify a request to travel using a higher mode of transportation (livery, ambulette, ambulette stretcher, or non-emergency ambulance vendor) in areas where public transit is an available option.

Review the medical justification conducted by a Registered Nurse or Medical Doctor on the contractor's staff as outlined in Section 4.1.4 Processing Requests for Medicaid Transportation and Section 4.2 Staffing.

Review requests for access to ongoing use of advanced modes of transportation to ensure that the higher mode of transportation is still medically justified.

### ***Transportation Provider Performance***

In order to participate in the New York State Medicaid Program, transportation providers must meet all applicable State, County and Municipal requirements for legal operation. Per Section 1 – Requirements for Participation within the Transportation Manual – Policy Guidelines, available at:

[https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation\\_Manual\\_Policy\\_Section.pdf](https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf), the contractor will:

Objectively measure transportation provider performance. The purpose of such procedures is to develop and apply standards to assure that enrollees receive quality transportation services at the lowest cost while utilizing the most efficient routes. At a minimum, the assessment should include quality standards for driver conduct, timeliness of pickups and return, no show vendors, safety, vehicle condition, and trip reassignments; as well as Medicaid enrollee complaints and medical practitioner complaints. All performance measurement methodology and standards will be communicated to the transportation providers prior to the implementation of the performance measurement plan. For example, the contractor shall develop a Plan to review each transportation provider's compliance with the DOH's policies regarding pick up and wait times.

Transportation providers that have demonstrated a pattern of substandard performance will be asked by the contractor to submit a corrective action plan subject to the review and approval by the contractor and the DOH. If the provider continues to deliver substandard services, the information will be referred to the DOH with a recommendation for administrative action.

The contractor will create and disseminate a semi-annual report to each transportation provider that summarizes feedback provided to the contractor concerning the transportation provider's performance as listed in Section 4.3 Record Keeping and Reporting.

The contractor will also make individual transportation provider performance data available for public use on their Public Website outlined in Section 4.1.3.

### ***Transportation Manager (Contractor) Performance***

The contractor will:

Measure consumer satisfaction of its transportation management services. The quality improvement process shall include proactive strategies aimed at obtaining consumer feedback and recommendations and not rely solely on complaint resolution as a measure of improvement.

#### **4.1.8 Enrollee and Transportation Provider Fraud**

While the investigation of Medicaid fraud and abuse cases is the principal responsibility of the Office of the Medicaid Inspector General, the contractor will develop policies and procedures to identify potential fraud and abuse by both transportation providers and enrollees and will report suspected fraud, waste or abuse to the DOH in writing within twenty-four (24) hours of identification, or by the close of the next business day.

Trip Verifications include the following:

- Standing orders are requests for prescheduled transportation to recurring Medicaid-covered service appointments at the same location (and often with the same transportation provider). These orders usually occur at the same time(s) and day(s) every week. Dialysis, for example, is considered a regularly recurring treatment) shall not exceed 50% of the total verified trip count. The remaining trip count must be from ad-hoc trips.
- 10% of all trips will be pre-verified by the contractor
  - The 10% trip verification requirement is based on attempts to verify with the medical provider using a methodology approved by DOH. The 10% requirement is based on the attempt to verify the trip and not the outcome of the verification.
- 10% of all trips will be post verified by the contractor
  - The 10% trip verification requirement is based on attempts to verify with the medical provider using a methodology approved by DOH. The 10% requirement is based on the attempt to verify the trip and not the outcome of the verification
- The transportation manager will focus on modes of transportation, treatment types, and trip request sources which have historically shown a greater risk for fraudulent activities as determined by the Department.
- 100% of enrollees who have been identified as potential abusers of transportation will have their appointments both pre and post verified
- The transportation manager will provide a Monthly Trip Verification Report to the DOH. This report will include the outcome of the attempted verifications, detailed summary of transportation mode, detailed summary of trip request source, and medical facilities who were not willing to verify trips, in a format approved by the Department.

At any time, the Department reserves the right to request additional information and/or further investigations, including percentages of trip verifications, at any time.

#### **4.1.9 Processing Payments to Enrollees for Incurred Transportation Expenses**

The contractor will be expected to authorize legitimate personal travel-related expenses incurred by enrollees traveling to and from eligible Medicaid covered services, using the “Travel Reimbursement Policy Manual”, (Attachment D) as guidance. Enrollees must provide documentation of expenses they have incurred to the contractor within ninety (90) calendar days starting the day immediately after the final approved trip date of travel for review, or, when applicable, provide substantive justification for exceeding this time limit. These expenses typically are for personal vehicle and public transit use and can also include episodic reimbursement of commercial travel costs, lodging, meals and incidental travel-related expenses such as parking and tolls. The contractor will educate enrollees on reimbursable travel related expenses that are allowable in the Medicaid program outlined in Attachment D.

The contractor will develop and implement an efficient and timely mechanism to authorize and make payment directly to enrollees, representatives, family members and volunteer drivers who provide transportation. Authorization verification may include but not be limited to: possessing a valid driver’s license and providing proof of residency. Note that volunteer drivers, including friends and neighbors who provide transportation for an enrollee using a personally owned vehicle must have a valid driver’s license on the service date to be considered eligible for Medicaid reimbursement. Appropriate personal and commercial travel expenses paid by the transportation manager will be reimbursed by the DOH (see Attachment D, Travel Reimbursement Policy Manual).

The contractor will maintain detailed accounting of trip information, including enrollee information, service date, origination and destination addresses, mode of travel, mileage units (where applicable), and total trip cost. The contractor will be required to submit a monthly report titled "Incurred Enrollee Transportation Expenses", as outlined in Section 4.3 Record Keeping and Reporting.

The DOH will process a monthly payment for allowable enrollee transportation expenses incurred, as outlined in Section 5.4 Payment, to reimburse the contractor for all legitimate costs that were expended within that month. The DOH reserves the right to request from the contractor further documentation to substantiate reported costs, and to not reimburse the contractor for expenses deemed unsubstantiated or out of compliance with applicable Medicaid policies.

#### **4.1.10 Standard Operating Written Procedures and Guidelines**

At least thirty (30) days prior to the date that the contractor begins management of Medicaid transportation in the specified region they are managing, the contractor will develop formal written procedures and guidelines for all aspects of the Medicaid transportation program and submit them for approval to the DOH prior to their distribution to and implementation by contractor staff. Once approved by the DOH, the procedures and guidelines will be distributed by the contractor to all staff and regularly updated to reflect changes in program requirements. The procedures and guidelines will be reviewed by the core management team outlined in Section 4.2.1 Core Management Team at least annually to assure ongoing applicability of the information. When necessary changes are identified, such changes shall be incorporated in the contractor's written procedures within ten (10) business days of notification that such changes are necessary.

#### **4.1.11 Project Implementation**

The contractor will submit a Transportation Management Implementation Plan (Plan) no later than thirty days prior to the start of the implementation date to obtain approval by the DOH. The Plan will provide a schedule for assuming transportation management activities from the previous vendor (if applicable). This Plan is subject to the review and approval of the DOH and may be amended as required by the DOH. The contractor will begin managing transportation in the specified region they are awarded on or about June 1, 2020.

The contractor cannot begin managing transportation services prescribed by this RFP nor receive any payment until the DOH determines that the following items have been satisfactorily completed (see Section 5.4, Payment):

- Call center operations are ready to commence;
- Medical practitioners in the county have been informed of and trained on new processes for requesting transportation;
- Transportation providers have been informed of and trained on new processes to receive trips and subsequent authorization information;
- The necessary system changes have been made to transmit authorization data to the DOH's Medicaid prior authorization and payment system;
- The DOH has determined that the contractor is ready to transition Medicaid transportation management; and
- The contractor's Transportation Management Implementation Plan has been approved by the DOH.

## **4.2 Staffing**

### **4.2.1 Core Management Team**

The contractor is required to establish and maintain a core management team whose primary activities and direct responsibilities are to oversee the day-to-day operations of the Medicaid Transportation Management services in the contracted region (s). The success of the contractor will rely in part on the competence and character of the core management team, the location, and their accessibility to the contracted region (s).

The core management team will also identify a Project Manager who is available to consult with the DOH and who also has the principal responsibility of overseeing the day-to-day operations of the contract awarded from this RFP. All other core management team members will be knowledgeable, in the aggregate, of all functions required under this contract. The core management team is responsible for decision making for all tasks and aspects, both financial and management, of the RFP. Should a vacancy occur in the core management team, the contractor will fill the vacancy within 60 days.

In addition to the core management team, the contractor will be required to maintain a Registered Nurse(s) (RNs) and/or Medical Doctor(s) (MDs) on staff with the minimum qualifications listed below.

- Registered Professional Nurse (RN): Currently licensed and registered in NYS; and/or
- Medical Doctor (MD): Currently licensed to practice medicine and registered in NYS.

The contractor will submit resumes of RN(s) and/or MD(s), and proposed core management team members being considered under the terms of this contract for DOH's review prior to the start of work. The contractor's proposed core management team members, RN(s), and MD(s) are subject to the DOH's approval.

### **4.2.2 General Requirements**

The contractor shall maintain sufficient personnel to perform all functions (Section 4.0 Scope of Work) required to operate the call center during peak and non-peak hours.

The contractor will ensure all personnel have sufficient knowledge of the requirements of the Medicaid transportation program and health-related privacy requirements (i.e., HIPAA) through the provision of upon-hire training and annual privacy training refreshers for all existing staff.

## **4.3 Record Keeping and Reporting**

### ***Management and Utilization Reports***

The transportation manager will maintain and retain all financial and programmatic records, supporting documents, statistical records, and other records of participants for a minimum of six (6) years from the expiration of the contract. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the six (6) year period, the transportation manager will retain the records until completion of the action and resolution of all issues which arise from it or until the end of the regular six (6) year period, whichever is later. The

transportation manager will retain the source records for data reports for a minimum of six (6) years and will have written policies and procedures for storing this information in compliance with all current to applicable HIPAA and security requirements.

The contractor will be required to submit management and utilization reports to the DOH with content and schedule determined by the DOH. The contractor will submit all report templates to the DOH for approval within 60 calendar days of notification of approved contract. Any changes to the report templates shall be submitted to the DOH for approval 30 days prior to implementation. Over the term of the contract the types of reports the DOH requires may also change, however, the number of reports required at any given time is not expected to exceed fifteen (15). The contractor will be expected to respond to ad hoc reporting requests to assist the DOH in responding to questions from stakeholders or to support operational changes.

The contractor will maintain a flexible reporting capability and will be able to respond to ad-hoc reporting requests, as well as changes in the standard reporting package. It is expected that the DOH may also request reports on specific topics. It is essential that these ad hoc reports are completed in a reasonable amount of time ranging from immediate or same day to several days, depending on the urgency and scope of the request, in order to allow the Department to make certain policy decisions related to the program. The contractor's data system will be designed to easily retrieve the data necessary for such requests. The requests are likely to be related to call center statistics; special analyses (e.g., third party health insurance, trip records; as well as assessment of quality of performance metrics and outcomes).

All reports shall be complete and accurate. Specific data sets shall also be provided to the DOH as requested.

At a minimum, the contractor will submit the following quality assessment and activity reports to the DOH in a software format and frequency determined by the DOH and are outlined below:

Semi-Annual:

- Transportation Provider's Performance Report (See Section 4.1.7).

Quarterly:

- Quality Assurance Report (See Section 4.1.7).

Monthly:

- Call Center Telephone Compliance Report (See Below);
- Incurred Enrollee Transportation Expenses (See Below);
- Transportation Denial Evaluation Report;
- Monthly Trip Verification Report;
- Trip Report by Mode and Transportation Provider (trips are reported as one (1) way);
- Monthly Summary of Proactive Surveys and Complaint Resolution (See Section 4.1.7, Quality Assurance, Proactive Surveys and Complaint Resolution).

Bi-weekly

- Field Liaison Activity report.

When Applicable

- Transportation Provider Accident Report (only when the enrollee is in the vehicle) within three days after notification of the accident.

### ***Call Center Telephone Compliance Report***

The contractor shall provide a monthly compliance report generated directly from its Primary and Backup call center telephone system(s) (refer to Attachment L for report template) which shall include at a minimum:

- The name of the Contract Region (free text field);
- The Calendar Year (YYYY);
- Total number of incoming calls;
- Number of calls reaching AVR - 3-rings or less;
- Percentage of calls reaching AVR - 3-rings or less;
- Number of calls "disconnected";
- Number of calls routed to a call center operator;
- Number of calls abandoned while in waiting queue;
- Percentage of calls abandoned while in waiting queue;
- Number of calls reaching a call center operator;
- Percentage of calls reaching a call center operator;
- Number of calls answered by call center operator <3 mins;
- Percentage of calls answered by call center operator <3 mins;
- Number of calls placed on hold by call center operator;
- Number of calls abandoned while on hold;
- Percentage of calls abandoned while on hold;
- Mean handle time (seconds);
- Median handle time (seconds);
- Maximum handle time (seconds);

In addition, the contractor will provide the DOH staff real-time data generated directly from the contractor's systems.

### ***Incurred Enrollee Transportation Expenses***

As outlined in Section 4.1.9, the contractor will maintain detailed accounting of trip information, including enrollee information, service date, origination and destination addresses, mode of travel, mileage units (where applicable), and total trip cost. The contractor will create a report that details these expenses and summarizes the expenses by county of fiscal responsibility. The report will account for costs **incurred by the contractor** within the month being reported on. This report shall be submitted to the DOH on a monthly basis and will be reimbursed per Section 5.4 Payment.

#### **4.4 Performance Standards**

The contractor is expected to fully meet all requirements and maintain the staffing necessary to perform the tasks described in the Scope of Work Section 4.0 of this RFP.

The contractor will effectively manage transportation requests for enrollees who are eligible to receive FFS Medicaid transportation (within the contracted region) in a timely and professional manner. The Department has identified specific quality assurance standards whereby the contractor's performance will be measured.

The contractor will meet all quality assurance standards for call center compliance in accordance with the QA plan, once received and approved by the Department. Any alteration of the frequency or strategy for monitoring call center compliance shall only be made with prior approval of the Department.

The contractor’s performance standards are listed below and will be measured monthly. The contractor’s monthly management voucher will be reduced by the corresponding percentage (which may be cumulative) when any of these Performance Standards are not met during any given month as follows:

**Table 1: Contractor Performance Standards**

<b>Program Area Performance Standard Category</b>	<b>Service Level Metric</b>	<b>Performance Standard</b>	<b>Reduction Amount</b>
1. Call Center: Timeliness	Queue time for a call center operator to answer a call <b>after</b> the initial automatic voice response.	A call center operator will answer a call after the initial automatic voice response in three (3) minutes or less per call with 95% or greater compliance during peak and non-peak hours.	5%
2. Call Center: Timeliness	The contractor’s hold time, per call placed on hold, shall not exceed 15 minutes 95 percent of the time, in any given month.	The length of time a caller is placed on hold once a live agent picks up the call during peak and non-peak hours shall not exceed 15 minutes 95 percent of the time, in any given month.	5%
3. Reporting	10% of both pre-and post-trip verifications are completed.	Pre- and Post-Trip Verification reports shall be provided by the 15 <sup>th</sup> of the month following the reporting month. If the 15 <sup>th</sup> falls on a weekend or State holiday, the reports will be due the next business day.	2.5 % for Pre-Trip Verifications; 2.5% for Post-Trip Verifications.

If standards are not met in all categories, the maximum total reduction penalty would be 15% of the subject month.

The State acknowledges that the actual damages likely to result from breach of this Section 4.4 are difficult to estimate on the date of this agreement and may be difficult for the State to prove. The parties intend that [CONTRACTOR’S] payment of the Liquidated Damages Amount would serve to compensate the State for breach by [CONTRACTOR] of its obligations and is not intended to serve as punishment for any such breach by [CONTRACTOR].

#### **4.5 Conflict of Interest**

Actual or potential conflicts of interest are those relationships, financial or otherwise, which could be in conflict or interfere with the proper discharge of responsibilities under this RFP/contract. This includes but is not limited to any business relationship or financial interests with entities which provide or utilize transportation services and companies whose reimbursement for transportation of Medicaid enrollees is made via eMedNY or through another Medicaid reimbursement method, except where the successful bidder has a financial or other relationship to perform transportation services under a contract with a Managed Long-Term Care Program. (See Section 8.8 Award Recommendation, Conditional Award). If the successful bidder has a contract with a Managed Long-Term Care Plan, all records and bookkeeping will be kept separate and will be producible to the DOH upon request. If the successful bidder has a contract or a subcontract with a Managed Long-Term Care plan to provide transportation, the contractor will inform the DOH where there may be a conflict of interest and demonstrate how such conflict or potential conflict will be avoided (Attachment 4).

- a. The contractor, for the entire life of the contract, must meet and maintain the conflict of interest disclosures and abrogate any ownership, affiliation, subsidiary relationship, management or operating interest, or participation of any kind in a company or entity that provides or utilizes Medicaid transportation in any part of the region covered by this RFP, except where the contractor has a financial or other relationship to perform transportation services under a contract with a Managed Long Term Care Program.
- b. The contractor must not be co-located with any Medicaid transportation provider.
- c. If, during the term of a resulting contract, the contractor becomes aware of a relationship, actual or potential, which may be considered a conflict of interest with the proper discharge of responsibilities under this RFP/contract, the contractor shall notify the DOH in writing immediately and seek the DOH's approval on any proposed mitigation plans or corrective measures to be taken.

Failure to comply with these provisions may result in termination of the contract and criminal proceedings as required by law.

#### **4.6 Information Technology**

The application and all systems and components supporting it, including but not limited to any forms and databases that include Personal Health, Personal Identification or other New York State information, must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

#### **4.7 Security**

The selected Contractor shall comply with all privacy and security policies and procedures of the Department (<https://its.ny.gov/eiso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The contractor is required, if applicable, to execute a number of security and privacy agreements with the Department including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing. The contractor must also complete a System Security Plan (SSP) as part of the executed DUA. The SSP consists of a system description document which presently requires the completion of 18 workbooks comprising 402 individual security controls.

The contractor is expected to provide secure and confidential backup, storage and transmission for hard copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The contractor is obligated to ensure any Subcontractor hired by Contractor who stores, processes, analyzes or transmits MCD on behalf of contractor has the appropriate Security requirements in place. Contractor is required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

The contractor is required to maintain and provide to the Department upon request their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to subcontractor work where applicable. The contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The contractor will comply fully with all current and future updates of the security procedures of the DOH/HRI, as well as with all applicable State and Federal requirements, in performance of this contract.

#### **4.8 Transition**

A transition is defined as any period when any portion of the current contract activities/services maintained and operated by the contractor must be turned over to the Department, another Departmental agent or successor contractor during or at the end of the contract period.

During the course of the resulting contract(s), the DOH envisions the possibility that a portion of activities/services that are typically provided by the contractor to manage transportation services may transition in or out of the FFS model, which may affect the volume of eligible enrollees managed by the contractor. See Section 2.1 Introductory Background, Section 4.0 Scope of Work, Section 4.8 Transition and 5.4 Payment.

Examples of such possibilities may include but are not limited to:

- A cohort of enrollees utilizing a new technology to be determined by the Department to secure their transportation needs;
- A cohort of enrollees transitioning into the FFS model from a managed care plan not already managed by the contractor;
- A cohort of enrollees moved from the FFS management into a managed care plan's capitated benefit.

At any time during the course of the contract, the contractor must be prepared to assist the Department, another Departmental agent or successor contractor with efforts to transition the relevant information to support any new technology to be determined by the Department. See Section 2.1 Introductory Background, Section 4.0 Scope of Work, Section 4.8 Transition and 5.4 Payment.

The contractor shall ensure that any transition activities/services to the Department, Departmental agency or successor contractor shall be done in a way that provides the Department with uninterrupted transportation management services. The transition includes a complete and total transfer of all data,

files, and reports, that have been generated from the inception of the contract, during the course of the contract and through the end of the contract to the Department or another Department agent or successor contractor should that be required during or upon expiration of its contract. The contractor shall provide technical and business process, including participation in meetings and support as necessary and required by the Department to transition and assume contract requirements to the Department or another Departmental agent or successor contractor should that be required during or at the end of the contract. All relationships between transportation providers, medical providers, enrollees, and all other parties involved in the normal business processes should be notified of the transition and all changes required to ensure a seamless transition of services within a timeframe to be determined by the Department.

The contractor shall manage and maintain the appropriate number of staff members to meet all requirements listed in the RFP during any transition period. All reporting and record requirements, security standards, and performance standards are still in effect during any transition period.

In the event of a transition, within 90 days of notification by the Department, the contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the contract to the Department or another Departmental agent should that be required during or upon expiration of its contract. The timeline must ensure all current and future transportation requests during the transition period are addressed and completed. The plan, timeline and documentation must be submitted to the Department for review no later than three (3) months before the last day of its contract with the Department of Health or upon request of the Department.

## **5.0 ADMINISTRATIVE INFORMATION**

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

### **5.1 Restricted Period**

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be made.

### **5.2 Questions**

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular

RFP Section and paragraph number where applicable and must be submitted via email to [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov). It is the bidder's responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

### **5.3 Right to Modify RFP**

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the bidder shall immediately notify DOH of such error in writing at [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov), and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

### **5.4 Payment**

The contractor shall submit invoices and/or vouchers to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: [AccountsPayable@ogs.ny.gov](mailto:AccountsPayable@ogs.ny.gov) with a subject field as follows:

Subject: Subject: **Unit ID: 3450437      Contract #TBD**

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health  
Unit ID 3450437  
c/o NYS OGS BSC Accounts Payable  
Building 5, 5th Floor  
1220 Washington Ave.  
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not

comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>. Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9<sup>th</sup> Floor  
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

The successful contractor will receive a monthly payment per Medicaid enrollee eligible to receive FFS transportation in the specific awarded region (Long Island Region and/or Western NY Region) they are managing (see Attachment B1-B2, Cost Proposal) which is based on a fee determined in accordance with the fee schedule. Payment will be made per eligible Medicaid enrollee for only those counties where the contractor is implementing the Medicaid transportation management services prescribed by this RFP. For those in the Behavioral Health Home and Community Based Non-Medical Transportation Services in the Health and Recovery Plan program (HARP), and CFCO programs, no additional reimbursement payment will be made. **This monthly payment is an all-inclusive reimbursement under the contract and will be the only compensation received by the contractor for performing the transportation management activities procured by the State through this RFP. The volume of eligible enrollees managed by the contractor may fluctuate during the course of the contract per Section 4.0 Scope of Work and Section 4.8 Transition.**

The contractor cannot begin managing transportation services prescribed by this RFP nor receive any payment until the DOH determines that the items identified in Section 4.1.11 (Project Implementation) have been satisfactorily completed.

**For the purpose of contractor payment for Medicaid Transportation Management Services, the volume of Medicaid enrollees will be calculated within five (5) business days of the 28th day of each month.** Therefore, the level of contractor reimbursement is subject to change monthly during the contract period due to fluctuating number of Medicaid enrollees who are eligible to receive FFS transportation. The Department of Health may change the day the calculation is made for each month upon agreement with the awarded vendor.

Additionally, the contractor will be responsible for paying for DOH approved Medicaid enrollee transportation costs. These expenses include payments to Medicaid enrollees for personal travel expenses and transportation providers not enrolled as a vendor in NYS Medicaid Program, such as commercial transportation providers. These expenses can also include reimbursement for costs associated with medically necessary long-distance travel. These payments will be made based on detailed reports submitted by the contractor. See Section 6.2.E.9, Processing Payments to Enrollees for Incurred Transportation Expenses.

The Department of Health will monitor four (4) areas of contractor activities for compliance, as specified in Section 4.4 Performance Standards. Non-compliance will result in reduction to the subject month's voucher payment as demonstrated in Section 4.4 Contractor Performance Standards, Table 1.

Prices for the transportation management services for each region shall remain firm for the lifetime of the contract per the cost proposal bid submitted by the vendor.

## **5.5 Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, DOH hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises ("MBE") participation and **15%** for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under "Search for Certified Firms" and accessed by clicking on the link entitled "MWBE Directory". Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a bidder as being non-responsive under the following circumstances:

- a) If a bidder fails to submit a MWBE Utilization Plan;
- b) If a bidder fails to submit a written remedy to a notice of deficiency;
- c) If a bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the bidder has failed to document good-faith efforts;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov) before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime contractor.

**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**

## **5.6 Equal Employment Opportunity (EEO) Reporting**

By submission of a bid in response to this solicitation, the bidder agrees with all of the terms and conditions of [Attachment 8](#) Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5), to DOH with their bid or proposal.

### **5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)**

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

The successful bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)
- ST-220 TD: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220td\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf)

### **5.8 Contract Insurance Requirements**

Prior to the start of work under each Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV.

## 5.9 Subcontracting

Bidder's may **not** propose the use of a subcontractor to perform Medicaid Transportation Management services.

However, the contractor may use subcontractors for other services such as human resource and business administrative agencies, office equipment, office cleaning services, etc. **See Attachment M, Bidder's Certified Statements.**

The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime contractor.

## 5.10 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, any offer is subject to withdrawal communicated in a writing signed by the offerer; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete

understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

### 5.11 Freedom of Information Law ("FOIL")

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(D\)](#) of the RFP.** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

### 5.12 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b) required the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e) directed the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment; (bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligation under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

### **5.13 State Finance Law Consultant Disclosure Provisions**

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at: <http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and <http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

### **5.14 Debriefing**

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

### **5.15 Protest Procedures**

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

## **5.16 Iran Divestment Act**

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the “Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012” list (“Prohibited Entities List”) posted on the OGS website (currently found at this address: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

## **5.17 Piggybacking**

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor’s consent.

## **5.18 Encouraging Use of New York Businesses in Contract Performance**

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

## **5.19 Diversity Practices Questionnaire**

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises (“MWBEs”) in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBEs.

## **5.20 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses**

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or [VeteransDevelopment@ogs.ny.gov](mailto:VeteransDevelopment@ogs.ny.gov) to discuss methods of maximizing participation by SDVOBs on the Contract.

## **5.21 Intellectual Property**

Any work product created pursuant to this agreement and any subcontract shall become the sole and exclusive property of the New York State Department of Health, which shall have all rights of ownership and authorship in such work product.

## **5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect**

All bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this IFB does not create a conflict of interest and that the bidder will not act in any manner that is detrimental to any other State project on which they are rendering services.

## **5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination**

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

## **6.0 PROPOSAL CONTENT**

The following includes the format and information to be provided by each bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. **All bidders are required to submit a separate proposal for each region they choose to bid.** A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, bidders are requested to submit each proposal in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment A, Proposal Document Checklist. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals for each region received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

This RFP will result in two (2) separate and distinct contracts as outlined in Section 2.0, Overview. One (1) contract will be awarded for the Long Island Region and one (1) contract will be awarded for the Western NY Region. A bidder must submit a separate and distinct proposal for each region bid upon,

**DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.**

## **6.1 Administrative Proposal**

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

### A. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

### B. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.11](#), (Freedom of Information Law)

### C. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep), or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

D. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the bidder, members, shareholders, parents, affiliates or subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the bidder contractually.

E. M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

F. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), "Encouraging Use of New York State Businesses" in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

G. Bidder's Certified Statements

Submit [Attachment M](#), "Bidder's Certified Statements", which includes information regarding the bidder. Attachment M must be signed by an individual authorized to bind the bidder contractually. Please indicate the title or position that the signer holds with the bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned Attachment M or no Attachment M.

H. References

Provide references using [Attachment 9](#), (References) for three (3) organizations that can verify your experience as described in Section 3.0. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

I. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

## 6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the bidder and the staff to be assigned to provide services related to the services and region(s) included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by bidders. The information requested

should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

**Submit one (1) of the following for EACH region a bid is being submitted for:**

A. Title Page

Submit a Title Page providing the RFP subject and number; the bidder's name and address, the name, address, telephone number, and email address of the bidder's contact person; and the date of the Proposal.

B. Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

C. Documentation of Bidder's Eligibility Responsive to Section 3.0, Bidders Qualifications to Propose of RFP

Bidders **MUST** be able to meet all the requirements stated in [Section 3.0](#) of the RFP. The bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

1. Describe how the bidder meets the required minimum of three (3) years' experience in managing the delivery of non-emergency Medicaid transportation services in a geographic and demographic area similar to the region (Long Island Region and/or Western NY Region) they are proposing to manage. **Pass/Fail Assessment (Mandatory Requirements)**; and
2. Describe how the bidder meets the required minimum of three (3) years' experience operating a call center. **Pass/Fail Assessment (Mandatory Requirements)**.

Experience acquired concurrently is considered acceptable.

In addition, the bidder **MUST** indicate the following requirements per Section 4.1.1 and 4.1.2.

3. **The bidder must indicate that the Primary Call Center will be located and operated in the state of New York. Pass/Fail Assessment (Mandatory Requirements)**

The bidder should identify the actual or anticipated location of the primary call center, if known (see Section 4.1.1, Operate a Primary Call Center for Medicaid Eligible Individuals).

4. **The bidder must indicate that the Backup Call Center will be located and operated in the Continental USA. Pass/Fail Assessment (Mandatory Requirements)**

The bidder should identify the actual or anticipated location of the backup call center, if known (see Section 4.1.2, Operate a Backup Call Center for Medicaid Eligible Individuals).

#### D. Executive Summary

The Executive Summary should include a clear, concise summary of the proposed approach in accordance with the scope of work specifications as well as the bidder's experience conducting relevant projects. Additionally, a summary of the bidder's understanding of the various review components and required processes should be included.

Identify the location of the Core Management Team and explain how this location will allow the management team access to the counties included in the region they are proposing to provide Medicaid Transportation Management services to fulfill the requirements of the RFP.

The narrative overview should include the proposed services you will provide as the Medicaid Transportation Manager for the specific region that is the focus of your proposal. The narrative is to include a plan that describes how the transportation management functions will be implemented in this region.

#### E. Technical Proposal Narrative

The technical proposal should provide satisfactory evidence of the bidder's ability to meet, and respond to, each requirement and information requested in this RFP and as outlined Section 4.0 Scope of Work. Bidder should respond to each element of the scope of work and label each section by its corresponding letter/number in the scope of work. If any appendices are submitted, they will **not** be evaluated.

Detailed, specific information is expected in each response. The bidder is expected to include activities that show an ongoing continuous improvement structure that is flexible and responsive, adaptable and creative. For example, the DOH requires transportation managers to develop websites which will streamline processes and educate users. The bidder is expected to have a conceptual design of the website. However, processes that will be used to create, develop, and update a website are more critical than an actual website design.

##### E.1 Operate a Primary Call Center

- a. Describe the availability of a toll-free telephone number and other toll-free voice and telecommunications devices, including devices appropriate for hard-of-hearing clients and oral interpretation services. Describe the process for providing twenty-four-hour toll-free access in order to provide information on accessing transportation for an urgent medical condition; and on holidays, weekends and outside business hours. Include the hours of operation and proposed level of staffing for the call center.
- b. Describe the automated phone system capabilities that are to be employed including routing and response procedures, with options for the enrollee to stay in the queue to reach a staff person, return to telephone routing, or key-punch a telephone number to be used to return the call to the enrollee within one (1) hour.
- c. Describe the bidder's plan to verify and accommodate "urgent care" level of care

request for transportation the same day or within 24 hours as outlined in Section 4.1.1.

- d. Describe the bidder's plan to accommodate hospital and emergency department discharge request within three (3) hours, of the request as outlined in Section 4.1.1.
- e. Describe your approach and technologies to construct the call tracking system outlined in Section 4.1.1.
- f. Describe your approach to maintain a system to transcribe calls at DOH's request as outlined in Section 4.1.1.
- g. Describe how the transportation management system and call center technology is structured to handle the volume of trip requests anticipated in a timely, user-friendly and efficient manner. Include any web based, fax based or other technology that may be used to maximize the efficiency of scheduling required trips.
- h. Describe the call center's process for receiving and processing transportation requests from medical practitioners. Include system efficiencies developed to expedite the process for practitioners and special accommodations made by the call center to handle urgent care requests.
- i. Describe how you intend to explain the DOH's published rules and regulations of the Medicaid transportation program to transportation providers, medical practitioners and Medicaid enrollees and refer specific inquiries to the DOH, as appropriate.
- j. Describe how the call center manages transportation during an acute event that disrupts telephone and/or transportation services, such as a seasonal coastal storm or act of terror.
- k. Describe the bidder's plan on how and when the backup call center is utilized.
- l. Provide statistics for the call center performance standards to be achieved each month as defined in Section 4.4 Table 1: Contractors Performance Standards for similar services provided by the bidder's organization for the **calendar year 2018**.

## E.2 Operate Backup Call Center

- a. Provide an informal plan in reference to Section 4.1.2 for the backup call center.

## E.3 Create and Maintain a Public Website

- a. Describe how the bidder plans to create and maintain a user-friendly public website as discussed in Section 4.1.3 to educate enrollees, transportation providers, and medical practitioners about available transportation services, eligibility requirements, the prior authorization process, and how to access transportation.
- b. Describe the objectives of the website, the general contents, how it will be designed and updated should also be included.

- c. Describe bidder's plan to receive complaints and acknowledgements from enrollees, transportation providers, and medical practitioners through the public website, as well as maintain website functionality and make requested changes to the website within three (3) business days of request by the DOH.

#### E.4 Processing Requests for Medical Transportation

- a. Describe: (1) how an individual's Medicaid eligibility is identified and (2) what HIPAA regulation compliant safeguards are in place to protect enrollee confidentiality as information is acquired and used during the prior authorization process.
- b. Describe your anticipated automated system to manage reservations, scheduling, and efficient routing of requests of non-emergency medical transportation.
- c. Describe how the bidder plans to determine if transportation is a covered service within the enrollee's managed care plan.
- d. Describe the process how the bidder plans to refer the enrollee to their managed care plan for transportation services.
- e. Describe what strategies the bidder plans to use to ensure the availability of the most medically appropriate mode of transportation in all areas of the participating counties will be assigned according to the enrollee's needs, level of mobility, and location of their medical service provider.
- f. Describe the bidder's plans to encourage enrollees' use of public transportation and how the increased rate of public transportation utilization will be determined and documented.
- g. Describe the process for ensuring the most cost-effective mode of transportation is be used for each encounter, including:
  - Only such transportation as is essential, medically necessary and appropriate to obtain medical care, and services is provided;
  - No expenditures for livery transportation are made when public transit or lower cost transportation is reasonably available; and
  - Documentation for employing a mode of transportation different from the requested mode (either higher or lower) will be maintained and made available upon request.
- h. Describe the process for arranging transportation once the mode has been determined. Include the process for determining the mileage for each trip scheduled and calculating the total costs for the prior authorization.
- i. Describe the process for ensuring that rides are assigned to available transportation providers fairly and equitably.
- j. Describe the process by which advanced modes of transportation (ambulette, non-

emergency ambulance, and livery where applicable) will be reviewed and authorized. Include the role of the utilization review manager (RN(s) or MD(s)) in the prior authorization review process and a description of how and when a medical justification form is to be used.

- k. Describe the process for making appropriate and economical use of transportation resources available in each county in order to meet the anticipated demand for transportation services within the respective county. These resources include but are not limited to: transportation generally available free-of-charge to the general public or specific segments of the general public, public transit, promotion of group rides, coordinated transportation, and direct purchase of services.
- l. Describe the trip verification system whereby transportation providers will attest that an assigned trip has either been completed or not been completed as outlined in Section 4.1.4. Describe how each of these trips receive an authorization from the DOH, and how this authorization is matched to each attested trip.
- m. Describe the bidder's plan to accommodate sick visit and/or urgent care requests as described in section 4.1.4.
- n. Describe the process for approving transportation for hospital discharges and admissions; include any differences from routine transportation approvals that will ensure expediency with the arrangements.
- o. Describe the bidder's plan to accommodate hospital and emergency department discharge requests 24 hours a day, with pickup and transport to occur within three (3) hours from when the request was made.
- p. Describe the approach to allow for post-trip approval of services as described in Section 4.1.4.
- q. Describe the written notification process upon denying a request for transportation services for an individual that informs the enrollee of the denial and the enrollee's right to challenge the decision by requesting a State Fair Hearing.

#### E.5 Special Transportation Requests

- a. Describe the process for developing and implementing guidelines for authorizing multiple trips for enrollees attending regularly scheduled medical care, transportation outside the common medical marketing area, and nursing home transportation.
- b. Describe the process for responding to requests from enrollees or medical practitioners for travel to and from major medical facilities in cities located across the United States and its territories, including arranging for fixed wing air ambulance or commercial air transportation.
- c. Describe the process used to make arrangements for lodging and other necessary travel related need at per diem rates or at reduced rates when traveling outside of the contractor's service region.

#### E.6 Education, Training and Outreach Activities

- a. Describe how you plan to generate and disseminate correspondence to individual medical practitioners, Medicaid enrollees and transportation providers regarding program requirements, corrective action plans, eligibility issues, etc.
- b. Describe your process for ensuring transportation service requests from Medicaid enrollees are made at least 72 hours in advance of the service date and how the process will be effectively communicated to Medicaid enrollees and ordering providers.
- c. Describe current experience coordinating with local transportation provider networks and optimizing existing local resources to enhance Medicaid transportation.
- d. Describe current Medicaid transportation challenges that exist in the region you are proposing to bid, and proposed solutions to these challenges.
- e. Describe strategies for collaborating locally that will improve efficiency and result in a user-friendly system for approving and arranging transportation.
- f. Provide details on how staff will be assigned to coordinate and resolve specific transportation issues for medical practitioners and transportation providers throughout the region you are proposing to bid.
- g. Describe in detail how the contractor will provide semi-annual trainings to transportation providers, Medicaid enrollees and medical practitioners as described in Section 4.1.6 Education, Training, and Outreach Activities. The bidder should include a plan on how they will recruit each cohort to attend these trainings.
- h. Describe your plan to conduct site visits to transportation providers and medical practitioners at their facilities as described in Section 4.1.6 Education, Training, and Outreach Activities. This plan should include situations that would trigger the need for a site a visit.
- i. Provide details on how staff are assigned to provide ongoing education and support to providers and enrollees in each county as specified in Section 4.1.6 Education, Training and Outreach Activities – Collaborate with Local Stakeholders.
- j. Describe your approach on how to train medical practitioners and transportation providers on navigating the automated system used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation as outlined in Section 4.1.6 Education, Training, and Outreach Activities.

#### E.7 Quality Assurance

- a. Submit a Quality Assurance plan as described in Section 4.1.7.

#### *Call Center Telephone Compliance and Performance Standards*

- a. Describe your plan to meet all compliance standards in the Call Center Telephone Compliance Report found in Section 4.3 Record Keeping and Reporting; and

Performance Standards 1-3 in Section 4.4, Performance Standards.

*Proactive Surveys and Complaint Resolution*

- a. Describe the process for receipt and resolution of enrollee, transportation provider, and medical practitioner complaints and the general process and timeline from investigation to resolution as described in Section 4.1.7.
- b. Describe your approach to surveying transportation providers and enrollees regarding recent trips to assess the contractor's quality of service.

*Processing Requests for Medical Transportation*

- a. Describe the approach to review and assess the medical justification provided when requests for transportation indicate a higher mode such as livery, ambulette, ambulette stretcher, non-emergency ambulance vendor in areas where public transit is an available option.
- b. Describe the process by which trips for advanced modes of transportation (ambulette, non-emergency ambulance, and livery where applicable) are to be reviewed on an on-going basis for continued need and that the higher mode of transportation is still medically justified.

*Transportation Provider Performance*

- a. Provide details of the evaluation plan in Section 4.1.7 Quality Assurance – Transportation Provider Performance to be developed and how it will be implemented. Include procedures to measure provider's quality of performance. The evaluation plan should include trip and expenditure data collection and analysis, as well as measuring the level of consumer satisfaction. The plan should include the transportation provider quality standards outlined in Section 4.1.7 Quality Assurance – Transportation Provider Performance.
- b. Describe a corrective action protocol for transportation providers and drivers who fail to provide satisfactory services in a timely manner or fail to comply with regulations.

*Transportation Management (Contractor) Performance*

- a. Describe the bidder's approach to implement an internal quality improvement process that measures consumer satisfaction of its transportation management services. The quality improvement process should include proactive strategies aimed at obtaining consumer feedback and recommendations and not rely solely on complaint resolution as a measure of improvement.

**E.8 Enrollee and Transportation Provider Fraud**

- a. Describe strategies to identify and report fraudulent or abusive activities, including monitoring and documentation of such behaviors by both transportation providers and enrollees.
- b. Describe the approach to conducting pre-and post-trip verification reviews as

outlined in Section 4.1.8.

E.9 Processing Payments to Enrollees for Incurred Transportation Expenses

- a. Describe the process for educating enrollees on travel related expenses that can be reimbursed under the Medicaid program due to long distance/overnight travel, etc., and the system that will be developed to recover receipts and to reimburse the enrollee for travel expenses as outlined in Section 4.1.10. Include a process for accountability and reporting these expenses to the DOH. Response should include a sample monthly report including the type of information that is to be reported.
- b. Describe the development and implementation of an efficient and timely mechanism to authorize and make payment directly to enrollees, their representatives, family members, and/or volunteer drivers who provide transportation.

E.10 Standard Operating Written Procedures and Guidelines

- a. Describe the process for developing formal written procedures and guidelines for all aspects of the Medicaid transportation program; describe how the procedures and guidelines are to be distributed to all staff and how the procedures are to be kept up to date with DOH's requirements.

E.11 Project Implementation

- a. Provide a brief work plan for the full term of the contract that includes a date specific timeline for implementation of the project specifications that supports the start date listed on the cover page of the RFP. Response should describe each goal/objective, the expected completion date, and person(s) responsible for implementation.

E.12 Organizational Experience and Staffing Requirements

- a. Provide a brief history and description of your organization. Response should include an organizational chart outlining the structure to be used for this project and depicting the relationship with management staff.
- b. The bidder should provide a list of at least three (3) projects, similar to this project in size and scope, for whom the organization has provided services for the past three (3) years, including any government contracts, if any. The response should include a clear description of the services provided and the timeframe the services were provided. Provide the name, title, organization, address, telephone number and email address of a contact person for each project listed. Prior to award, the DOH may confirm this experience.
- c. Describe aspects of the organization's personnel training program designed to ensure knowledge of Medicaid policy, Federal HIPAA regulations, and NYS Medicaid transportation policy and guidelines (<https://www.emedny.org/ProviderManuals/Transportation/index.aspx>). Give specific examples of the training program's curriculum.
- d. Describe the background and experience of the officers, executives and core management team staff that would be assigned to manage the contract, and the

location of each staff member. Describe your anticipated staffing pattern relative to this transportation management RFP and related job descriptions for each position responsible for both administration/management and direct service delivery. Specify the staffing level, job descriptions and qualifications for each member of the core transportation management team in the specified region they are proposing to provide Medicaid Transportation Management services. Discuss the strategy to replace core management team members if they leave the organization.

- e. The bidder should describe how core management team members and their functions relate to the successful completion of the project.

**Resumes of officers, executives, core management team staff, RNs, and MDs are not required, should not be submitted, and will not be evaluated.**

- f. Describe the organization's experience with the administration, provision, and coordination of non-emergency medical transportation services including:
  - 1. Experience in professional transportation coordination and delivery activities, scheduling, and dispatching of Medicaid-funded transportation;
  - 2. Capability to receive and respond to a high volume of telephonic and electronic requests for non-emergency medical transportation;
  - 3. Experience and knowledge of the rules and regulations for New York State Medicaid eligible individuals;
  - 4. Proven ability to utilize automated systems to support coordination and administration of transportation services; and
  - 5. Demonstrated ability to establish partnerships with various transportation providers and local transportation networks to manage and coordinate transportation services.
- g. Describe the organization's proven experience coordinating transportation services in a similar geographic and demographic area to the region they are proposing to provide Medicaid Transportation Management services.
- h. Describe the organization's experience in coordinating transportation services during an emergency or acute event that disrupts telephone and/or transportation services.
- i. Describe the organization's experience providing functional assessments to determine level-of-need and the appropriate mode of transportation.
- j. Provide information on the organization's technology support relative to back-up and redundancy capabilities.

#### E.13 Record Keeping and Reporting

- a. Describe your organizations ability to respond to ad-hoc reporting requests and how your data system is to be designed to report on a wide range of data in a reasonable amount of time as identified in Section 4.3, Record Keeping and Reporting.

- b. Refer to Section 4.3 and describe your plan to provide the list of reports requested in Section 4.3, Record Keeping and Reporting.
- c. Describe any additional reporting your organization may be able to provide outside the listed reports in Section 4.3, Record Keeping and Reporting, and how these reports can be beneficial to the operation, quality and management of the Management Transportation program.

#### E.14 Transition Plan

- a. Outline your Transition Plan which describes how transportation services are to remain uninterrupted through the end of this contract. This outline should include, but not be limited to the following:
  - i. Describe your overall approach to the transition period. This approach should include how you will manage and maintain the appropriate number of staff members to effectively meet all requirements as specified in this RFP during the transition period; prioritize tasks and meet timeframes for completion, and any assumptions which affect your approach.
  - ii. Provide an organizational chart showing all relevant staff and their respective roles in the transition period. Include all personnel proposed by the bidder (by name, if known; otherwise, by functional title), to be mapped to the specific tasks that they will perform and a timeline for when these tasks will be completed.
  - iii. Describe the level of work to be performed during the transition period and any impacts on normal day-to-day work functions.
  - iv. Describe the level of knowledge transfer planned during the transition period including timeframes for completion. This description should include discussion of continuity of services for Medicaid enrollees prior to the implementation date, transfer of enrollee information, system testing of transferred information and access to relevant data and other sources of information.

#### F. Diversity Practices Questionnaire

[Submit Attachment 10](#) Diversity Practices Questionnaire. The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate.

Accordingly, respondents to this procurement should include as part of their response to this procurement, Attachment 10 "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

### 6.3 Cost Proposal

Submit a completed and signed Cost Proposal for each region being bid upon. **[Attachment B1 – Cost Proposal for Long Island Region and/or Attachment B2 – Cost Proposal for Western NY Region](#)**. The Cost Proposal shall comply with the format and content requirements as detailed in this document and in Attachment B1 and Attachment B2 (there is a separate Attachment for each region). Failure to comply with the format and content requirements may result in disqualification.

Bidder must complete a Cost Proposal (Attachment B1 and/or– Attachment B2) for each region being bid upon.

The bid price is to cover the cost of furnishing all of the said services, including, but not be limited to: materials, equipment, overhead, profit and labor to the satisfaction of the Department and the performance of all work set forth in said specifications in RFP and Section 4.0 Scope of Work.

The bidder must submit a separate bid price (for Years 1-3 and Years 4-5) for each of the volume level categories (A and B) for the number of Medicaid enrollees eligible to receive FFS non-emergency transportation for **EACH** region bid upon, as indicated in Attachment B1 and Attachment B2. The bidder must bid on each volume level category, even if the region’s total eligible number currently is not at that level. Bidders are encouraged to reflect volume discounts in higher volume level categories. Bids should be in whole cents only. Any fraction of a cent will not be considered in the determination of the cost proposal score. Example: a submission of \$0.125 per member, per month (PMPM) will be evaluated as \$0.12 PMPM. There will be no rounding.

Attachment H, Medicaid Transportation Data, includes a historic volume of Medicaid enrollees eligible to receive FFS transportation in the counties that will be covered under the contract, as of the dates provided. Bidders should note that the volume of Medicaid enrollees, and consequently transportation manager reimbursement, changes monthly during the contract period due to the eligibility of new and current Medicaid enrollees, therefore the actual monthly volume may be higher or lower. (See Section 5.0 Administrative Information, 5.4 Payment).

**7.0 PROPOSAL SUBMISSION**

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. **A separate and distinct proposal MUST be sent for each Region being bid upon.**

The table below outlines the requested format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	<b>Electronic Submission</b>	<b>Paper Submission</b>
<b>Administrative Proposal</b>	2 dedicated flash drives or CDs labeled “Administrative Proposal” containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
<b>Technical Proposal</b>	2 dedicated flash drives or CDs labeled “Technical Proposal” containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
<b>Cost Proposal</b>	2 dedicated flash drives or CDs labeled “Cost Proposal” containing standard searchable PDF file(s) with copy/read permissions only.	4 Originals 6 Copies

1. All hard copy proposal materials should be printed on 8.5” x 11” white paper (single-sided) and **be clearly page numbered on the bottom of each page with appropriate header and footer information.** A font size of eleven (11) points or larger should be used. The Technical Proposal materials should be presented separate from the sealed Cost Proposal. The sealed Cost Proposal should also be presented in separate three-ring binder(s);

2. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in blue ink.
3. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the bidder should make specific reference to the other section rather than repeating the information;
4. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team; and
5. In the event that a discrepancy is found between the electronic and hardcopy proposal, the original hardcopy will prevail.
6. **Appendices should not be submitted.** If any appendices are submitted, they will **not** be evaluated.

**The proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.**

Proposals for each region bid upon should be submitted in three (3) separate, clearly labeled packages: (1) Administrative Proposal, (2) Technical Proposal and (3) Cost Proposal, prepared in accordance with the requirements stated in this RFP. Mark the outside envelope of each proposal as "RFP# 17965 – and the region bid upon, (Administrative) (Technical) or (Cost) Proposal submitted by (Bidder's name)". The three (3) sealed proposals may be combined into one (1) mailing, if desired. A separate and distinct proposal **MUST** be sent for each Region being bid upon.

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health (RFP # 17965)  
Attention: Justin Seastrum, Office of Health Insurance Programs  
One Commerce Plaza, Room 1450  
99 Washington Avenue  
Albany, NY 12210

NOTE: You should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

Submission of proposals in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted.

## **7.1 No Bid Form**

Bidders choosing not to bid are requested to complete the No-Bid form [Attachment 2](#).

## **8.0 METHOD OF AWARD**

### **8.1 General Information**

DOH will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerers” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations for each region bid, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

Each region will be awarded separately with two (2) awards made based on region.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **75%** of a proposal’s total score and the information contained in the Cost Proposal will be weighted **25%** of a proposal’s total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

## **8.2 Submission Review**

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

## **8.3 Technical Evaluation**

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals. Each region will be evaluated separately.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive bidder.

The Technical Proposals will be scored based on a maximum technical score of 75 points. The maximum technical score will be allocated to the proposal with the highest averaged Technical Score.

All other responsive proposals will receive a proportionate score based on the relation of their Technical Proposal to the proposals with the highest average Technical Score, using this formula:

$$C = (A/B) * 75\%$$

A is Averaged Total Score of highest scoring technical proposal;  
B is Averaged Total Score of technical proposal being scored; and  
C is the Technical score.

The technical evaluation is **75% (up to 75 points)** of the final score.

#### **8.4 Cost Evaluation**

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. Each region will be evaluated separately. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 25 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost

Proposal to the proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 25\%$$

A is Total price of lowest cost proposal;  
B is Total price of cost proposal being scored; and  
C is the Cost score.

The cost evaluation is **25% (up to 25 points)** of the final score.

#### **8.5 Composite Score**

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost points awarded for each region (Long Island Region and Western NY Region). Finalists will be determined based on composite scores for each region.

#### **8.6 Reference Checks**

The bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify bidder qualifications to propose (Section 3.0).

#### **8.7 Best and Final Offers**

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

## 8.8 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest composite score(s) whose experience and qualifications have been verified.

The Department will notify the awarded bidder(s) and bidders not awarded. The awarded bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

### Conditional Award

The award will be made conditionally to the highest aggregate (Technical/Cost) scoring and responsible vendor, via the process delineated in RFP Section 8.0, Method of Award for each region, pending the following:

1. Receipt of the Conflict of Interest documentation as determined by the DOH (see Section 4.5).
2. No later than 30 calendar days following notification of an award, and prior to execution of the contract, the successful bidder will abrogate any ownership as defined in RFP Section 4.5, Conflicts of Interest Requirements Under Contract and to the satisfaction of the DOH that such ownership (if any) has been satisfactorily abrogated.
3. Any conflicts of interest disclosed (see Sections 4.5 Conflicts of Interest Requirements Under Contract) must be mitigated no later than 30 calendar days following notification of an award.

### ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
8. [DOH Agreement \(Standard Contract\)](#)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)

The following fillable attachments are included in this RFP and are available under RFP 17965 at: <https://www.health.ny.gov/funding/>

- A. Proposal Document Checklist
- B1. Cost Proposal for Long Island Region
- B2. Cost Proposal for Western NY Region
- M. Bidder's Certified Statements

The following document attachments are included in this RFP and are available under RFP 17965 at:  
<https://www.health.ny.gov/funding/>

- C. Definitions
- D. Travel Reimbursement Policy Manual
- E. Transportation Management Law
- F. Title 18 of the New York code of Rules and Regulation (NYCRR) §505.10
- G. Medicaid Fair Hearing Rights
- H. Medicaid Transportation Data
- I. 92 ADM-21, Transportation for Medical Care and Services: 18 NYCRR 505.10
- J. Medical Provider Transportation Ordering Guidelines Manual
- K. Form-2015
- L. Call Center Telephone Compliance Report