

**Medicaid Transportation Management Initiative
Finger Lakes and Northern NY Regions
Funding Availability Solicitation (FAS) #1208060100**

Responses to Written Questions

1. Is the Department of Health seeking a risk-based capitated brokerage model?

The Department of Health is not seeking a risk-based capitated brokerage model.

The Department of Health is seeking a contractor to perform the administrative functions related to the management of non-emergency Medicaid transportation as listed in the Funding Availability Solicitation.

All payments to transportation vendors, typically paid by brokers under a risk based capitated model, will continue to be paid to the transportation provider by the Department of Health.

2. Would you confirm that the pricing is to be for administrative services only?

The Department of Health confirms that the pricing is to be for administrative services only.

The bidder's cost proposal should reflect the costs of managing non-emergency transportation services described through Section C of this Funding Availability Solicitation (FAS).

The transportation manager will not make any payments to participating transportation vendors. The cost of the delivery of transportation services incurred by a transportation vendor or a Medicaid enrollee is not to be included in the cost proposal as these transportation costs are reimbursed via other mechanisms described in this FAS.

3. Would the Department allow alternative pricing models such as an administrative percent off the transportation cost?

The Department of Health will not consider alternative pricing models to determine the fee to be paid to the contractor.

4. Is preference given to bidders based in New York State?

No preference is given based on a bidder's location.

5. Please provide detailed information on any performance standard related penalties assessed to the transportation managers currently contracted with the Department of Health for both the Hudson Valley Region and the New York City Region projects.

This information may be obtained through a Freedom of Information Law (FOIL) request, submitted to the Department via email to FOIL@health.state.ny.us, or via any of the methods included at <http://www.health.ny.gov/regulations/foil/>.

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- 6. A transportation vendor cannot submit a bid. However, can a company that has ownership in a transportation vendor (but is a separate company) submit a bid?**

If the bidder has ownership in a transportation company, and this transportation company delivers transportation in any part of the region the bidder is submitting a proposal for, the bidder's proposal will not be considered.

- 7. Will the State allow the selected transportation manager to also serve as a transportation vendor in limited circumstances, such as in very rural areas of the State where limited resources exist?**

The Department will not allow the selected transportation manager to also serve as a transportation vendor in any circumstance.

- 8. What is the timeline for transitioning Medicaid Managed Care enrollees to the fee-for-service transportation management selected contractor?**

The timeline for transitioning this cohort of Medicaid enrollees from their current methodology for securing transportation to the fee-for-service transportation model will be based upon the proposal of the successful contractor coupled with the Department's contractual obligations to the Medicaid Managed Care plans. In general, the managed care transition has occurred 3-4 months after full fee for service enrollee implementation.

- 9. In addition to Medicaid, will transportation of Family Health Plus (19 and 20 year olds), Managed Long Term Care, and Medicaid Advantage Plans also be transitioned to fee-for-service?**

The contractor will be responsible for transportation of Family Health Plus 19 and 20 year olds, but not Managed Long Term Care or most Medicaid Advantage Plans.

- 10. Who will set the transportation vendor reimbursement fee schedule?**

The New York State Department of Health sets the transportation vendor reimbursement fee schedule.

- 11. Will the transportation manager negotiate fees with transportation vendors?**

The transportation manager will not be permitted to negotiate fees with transportation vendors, except in the exceptional situation in which the established fees are not applicable to the transportation request. However, final approval of the fee will be made by the Department.

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For example, the transportation manager may need to negotiate a fee for the transport of a child to an out-of-state major urban medical center.

12. Does “subcontractor” include transportation vendors?

Transportation vendors can't be proposed as a subcontractor. In fact, the winning bidder will not be allowed to enter into any contract with a Medicaid transportation vendor.

13. Will the transportation manager be responsible for credentialing transportation vendor vehicles and drivers?

The transportation manager will not be responsible for credentialing vendor vehicles and drivers.

14. Will the Department of Health provide the contractor a file containing all eligible transportation vendors?

The Department of Health will provide a file containing all eligible transportation vendors to the contractor.

15. Is the method of payment for commercial airfare fee-for-service?

Commercial airlines are not enrolled in Medicaid, and therefore cannot be reimbursed through the Department's eMedNY claim system.

The cost will be determined at the time of reservation and is considered an enrollee expense. The transportation manager will incur the cost of this airline travel, and will be reimbursed for this cost by the Department.

Please understand that commercial air travel of a New York State Medicaid enrollee is a rare event.

16. Is out of state transportation covered?

The New York State Medicaid program covers out of state transportation for necessary medical services covered by the New York State Medicaid program.

17. What services are covered by the New York State Medicaid program?

Below is a comprehensive, though not exclusive, list of covered medical services to which a Medicaid enrollee may need transportation:

- Inpatient and outpatient hospital services;
- Physician and nurse practitioner services;

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- Medical and surgical dental services;
- Nursing facility services;
- Family planning services;
- Rural health clinic services;
- Laboratory and X-ray services;
- Federally qualified health center and free-standing clinic services;
- Midwife services;
- Intermediate care facility services for the developmentally disabled;
- Optometrist services;
- Physical, speech and occupational therapies;
- Dental services;
- Audiology;
- Clinical psychologist services;
- Diagnosis, screening, preventive and rehabilitative services; and
- Hospice.

- 18. Will the contractor be expected to mail an introductory letter prior to implementation of transportation management services? If yes, will the mailing to Medicaid enrollees be sent to all enrollees or only to those current users of transportation services, and how often will these mailings be expected to occur?**

The contractor will not be expected to mail an “introductory letter” to Medicaid enrollees, transportation vendors, or medical practitioners.

Letters of instruction and information relevant to the efficient operation of the call center and prior authorization process may be mailed by the contractor to transportation vendors and/or medical practitioners as part of the contractor’s work plan, to be determined solely by the contractor. Further, ongoing mail may be required to be sent to individual Medicaid enrollees, transportation vendors and/or medical practitioners as part of the prior authorization process. In all communications, the Department strongly encourages use of electronic mail.

- 19. Will the contractor receive an eligibility file that identifies applicable Medicaid enrollees or will the contractor be required to solely use ePACES?**

The Department of Health will provide the contractor with a file every month containing pertinent Medicaid enrollee information for those enrollees in each contracted county.

- 20. With what frequency is the eligibility status of Medicaid enrollees updated?**

Medicaid enrollee eligibility is updated daily.

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- 21. Will transportation vendors be expected to independently verify Medicaid eligibility or will they transport based on information provided by the transportation manager?**

The transportation manager will be expected to assign trips of Medicaid eligible enrollees to transportation vendors.

It is the responsibility of the transportation vendors to verify Medicaid eligibility of riders on the service date, in order to determine if that rider is eligible on that date. If the rider is ineligible, no payment will be made.

Further, the transportation manager is not financially liable for the cost of trips delivered to non-eligible enrollees.

- 22. Will the contractor be responsible for the disbursement of public transit fare?**

The contractor may be required to disburse public transit fare. The method of disbursement will be determined jointly between the contractor and the Department. This disbursement will be reimbursed to the contractor by the Department.

- 23. Must all of the contractor's information systems be web-based and no modules or portions of the system can be based on client-server or other technologies?**

The Department of Health will allow the use of web-based systems, modules, client-server, or other technologies where such a system is feasible and informative, and addresses the requirements of the Funding Availability Solicitation.

- 24. What is the intent of the public website?**

The intent of the website is to disseminate public information to Medicaid enrollees, transportation providers, medical practitioners, and the general public.

Private information deemed confidential (e.g., social security numbers, information protected by HIPAA, etc.) shall be accessed via password-protected portal or not included on the website.

- 25. Must the vendor accept non-urgent requests for service outside of normal call center business hours?**

The transportation manager is not required to accept non-urgent requests for service outside of normal call center business.

- 26. What are the predominant languages spoken by Medicaid enrollees in the regions?**

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English, Canadian French, and Spanish are the predominant languages in these regions.

27. Please provide current Medicaid enrollment numbers for the counties in the Finger Lakes and Northern New York regions.

November 2012 eligibility information, including Family Health Plus and managed care eligibles, is included in the table below.

County	# Eligibles (11/2012)
CHEMUNG	21,308
CHENANGO	11,734
CLINTON	17,440
CORTLAND	10,512
FRANKLIN	10,343
HAMILTON	681
HERKIMER	14,389
JEFFERSON	21,279
LEWIS	5,245
LIVINGSTON	9,695
MADISON	11,665
MONROE	152,862
ONTARIO	15,635
ORLEANS	8,823
OSWEGO	28,736
OTSEGO	10,528
ST LAWRENCE	24,065
SCHUYLER	4,103
SENECA	5,799
STEUBEN	19,840
TIOGA	9,154
TOMPKINS	12,809
WAYNE	14,903
YATES	4,425

28. Does the Department have current Medicaid eligibility projections for 2013 and beyond by Region? If so, can the Department provide its eligibility projections?

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The Department does not have eligibility projections for 2013 and beyond by region.

29. Do the trip numbers in Table 2 reflect Fee-for-Service and Managed Care trips?

The trip numbers in Table 2, below, reflect fee-for-service trips only.

Table 2: Medicaid Trip and Expenditures by Transportation Service Data

	Calendar Year 2011 Total One Way Trips		Calendar Year 2011 Total Paid		Regions Combined	
	FINGER LAKES	NORTHERN NY	FINGER LAKES	NORTHERN NY	TOTAL UNITS	TOTAL PAID
AMBULANCE	49,579	15,136	\$7,584,659	\$2,421,029	64,715	\$10,005,688
AMBULETTE	228,346	26,012	\$9,563,900	\$2,510,996	254,358	\$12,074,897
TAXI/LIVERY/VAN	330,407	23,008	\$8,937,505	\$311,889	353,415	\$9,249,394
GRAND TOTAL	608,332	64,156	\$26,086,064	\$5,243,914	672,488	\$31,329,978

Source: eMedNY data. Does not include "offline" reimbursed trips, for example, in certain instances where Medicaid enrollees are reimbursed for the use of personal vehicles or public transit.

30. Page 68, Attachment E: Table 2: Will the Department confirm the One Way Trips for Finger Lakes of 608,332 and Northern New York of 64,156 is for Calendar Year 2011?

The information contained on page 68, Attachment E: Table 2 reflects Calendar Year 2011 information.

31. Page 68, Attachment E: Table 2: Does the grand total paid for 2011 of \$31,329,978 represent direct transportation costs only? If administrative amounts are included in the total, will the Department provide a breakdown by Region of the administrative costs?

The information reflected in Table 2 is direct transportation costs, not administrative (i.e., offline Medicaid expenses) costs.

32. Page 68, Attachment E: Table 2: Can the same information be provided by month for Calendar Years 2010 and 2011, and the first six months of 2012?

The data contained in Table 2 was a query of annual information and was not returned in a monthly format.

Generally, there is little fluctuation month-to-month in the number of trips that the transportation manager is expected to handle.

33. Please provide historical call statistics for each region to correspond to the 2011 trip information provided in Table 2, including the number of incoming calls,

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average talk time, average and number of calls placed on hold, and number of calls abandoned.

The Department does not have historical call statistics.

- 34. Will an electronic file of authorized Medical Service Providers be available for addressing matching and verification?**

The Department of Health will not supply an electronic file of authorized Medical Service Providers, to be available for addressing matching and verification. However, the Department will assist the successful bidder with resolving system issues as necessary to assign prior authorizations.

- 35. What does the term “offline Medicaid transportation expenses” refer to?**

Offline expenses are those expenses not reimbursed via the Department’s eMedNY claims system. These include payments to enrollees, such as reimbursement for personal vehicle mileage, bus fare, commercial air travel, lodging and meals.

- 36. What are the current administrative costs by the two Regions, monthly or annual, incurred by Department of Health for the administrative maintenance and/or support of the non-emergency Medicaid transportation program?**

The Department does not have any information on the current costs incurred by each county for the administrative maintenance and/or support of the non-emergency Medicaid transportation program.

- 37. Please provide the number of one-way trips and the cost per trip by mode of transport paid offline by region for 2011.**

The Department does not have this information.

- 38. Page 12, Section C.4, Bulleted Item #6: This section states that transportation provider information shall be posted on the web page, this could lead to Medicaid clients contacting providers directly, rather than through the broker who will prior authorize the client and the trip. Please reconsider this requirement.**

Page 12, Section C.4, Bulleted Item #6 remains unchanged.

- 39. In Section C.15, please consider adding the term “with 95% compliance per month” at the end of #2 to match the language on page 10.**

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The Funding Availability Solicitation is corrected to be consistent with the language on page 10, as reflected above. Accordingly, Section C.15. "Call Center" of the FAS now reads (additional language underlined):

C.15. Assessment of Financial Penalty Regarding Contractor Performance of Call Center and Prior Approval Requirements

A deduction from the contractor's monthly voucher reimbursement will be assessed when the performance standards described below are not met. The penalty ranges from five to ten percent of the voucher for the month the poor performance is assessed in as described below. The Department will monitor two areas of contractor activities, and will assess a financial penalty each month when aberrant outcomes are discovered.

Call Center:

In Section C.2.a., a number of call center activity measures are listed as requirements for a monthly report. These measures will assist the Department in evaluating that certain call center standards are being met. These standards are listed below.

The contractor shall maintain sufficient equipment and call center staff to ensure that, on a monthly basis:

1. The automated voice response system answers all calls within three (3) rings;
2. The average queue time after the initial automatic voice response is three (3) minutes or less per call, with 95 percent compliance in each month;
3. Incoming calls are answered by a call taker within three (3) minutes, including peak call volume times, with 95 percent compliance in each month; and
4. The average queue time for a system to assist hearing impaired enrollees shall not exceed three (3) minutes per call, with 95 percent compliance in each month.

A monetary penalty will be assessed when any one of these four standards is not met during any given month as follows: When one of the standards is not met, the contractual reimbursement voucher for that month will be reduced by 5%. When two or more standards are not met during a given month, the voucher for that month will be reduced by 10%. The assessed monthly penalty will not exceed 10%.

40. If submitting for both regions, are two proposals required?

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If a bidder wishes to submit a proposal for both regions identified in the Funding Availability Solicitation (FAS), only one program proposal is required.

However, there are certain areas of the FAS where a bidder must respond two distinct times, one response for each region. Where distinct responses are required per region, the FAS notes this in the section instructions and allows for additional pages for those particular responses.

41. If one vendor is chosen to operate both regions, are two separate administrative offices required or may they be located in the same office?

If one vendor is selected to operate both regions of transportation management as procured under this Funding Availability Solicitation, the administrative office for both regions may be the same office, provided the location of the core management team meets the requirements defined in Section C.1 of the FAS.

42. Can the Department provide the projected “large” volume of trip requests by either month or annual projection?

The Department cannot provide a projected volume of trip requests expected from this Funding Availability Solicitation.

43. If a Medicaid enrollee has access to a working vehicle and can operate the vehicle safely, is the enrollee denied Medicaid-funded transportation?

If a Medicaid enrollee has access to a working vehicle and can operate the vehicle safely, the enrollee is not denied Medicaid-funded transportation. The Medicaid enrollee is offered mileage reimbursement for use of that vehicle.

44. What are the minimum limits of liability insurance for the transportation vendors?

The Department of Health sets no insurance requirements on transportation vendors, and has no information on the minimum limits of liability insurance they hold.

The transportation manager selected through this FAS will be required to obtain insurance coverage in accordance with Section X. in Appendix D of the Sample Standard NYS Contract Language and Appendices as included in Attachment M of the FAS.

45. Can the Department provide a breakdown of call operations personnel by Region as currently staffed? If not by Region, can the Department provide a breakdown of call operations personnel currently handling the trip requests?

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Call operations is handled on a county-by-county basis at the discretion of the local department of social services. The Department does not have information, by county, on the number of full time equivalent staff necessary to administer the transportation benefit.

- 46. Can the Department provide copies of any reports which may include trip counts, utilization (the number of one-way trips divided by the total Members in Department), trips by mode, mileage by mode, call statistics, and/or complaints for the past six (6) months?**

The Department does not have any of the requested reports.

- 47. Can the Department provide information for year-to-date 2012 for Medicaid enrollees who are reimbursed for the use of personal vehicles or public transit by mode by month for one-way trips and expenditures?**

The Department does not capture this level of requested information.

- 48. Can the Department provide projected monthly incoming calls by Region?**

The Department has no projections of incoming calls by Region.

- 49. What are the standard transportation procedure codes and applicable procedure amounts by code being currently utilized?**

The Department's approved fee schedule is available online at <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>.

- 50. What are the current administrative fees and/or cost of a bus pass and the gas reimbursement program?**

There are no administrative fees associated with the costs of distributing a bus pass or the gas reimbursement program.

The costs of a bus fare differ by county, depending upon each transit system.

The Department does not have information on the costs of a gas reimbursement program, if and where such a program exists.

- 51. What is the current personal vehicle mileage reimbursement rate for the regions?**

The 2013 reimbursement rate for personal vehicle mileage incurred by a Medicaid enrollee or his or her family member is \$0.24/mile.

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The 2013 reimbursement rate for personal vehicle mileage incurred by a volunteer driver is \$0.565/mile.

52. How far in advance are requestors required to request a trip?

Please refer to Section C.2.d. which states that *“The contractor must implement a system that will require all Medicaid eligible individuals in need of transportation for non-emergency or non-urgent medical care to request such services a minimum of 72 hours in advance of the service date. The system should include a process for communicating this requirement to enrollees and medical providers.”*

53. How long are the current vendors required to wait at the rider’s pick up location when the client is not there before they are allowed to leave?

The Department has no vendor requirement relative to this question.

54. Can the Department provide complaint information to potential bidders?

Complaint information received by county staff is not available to the Department.

55. Many proposers do not fully disclose negative information which would impact their qualifications and/or the evaluation of their qualifications. Based on this, we would like to request that the Funding Availability Solicitation be amended to require proposers to fully disclose certain serious negative contract problems, for themselves as well as their principles and affiliates, at least for contracts or potential contracts in the last seven years, which we feel should include at a minimum:

- a. Any investigative or audit or similar findings or charges of proposer or proposal principal’s fraud, malfeasance, anti-trust violation, civil violation, violation of transportation regulations, criminal activity or fine included those agreed to by settlement;**
- b. Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies;**
- c. Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under the prime contract agreement or under agreements to transportation subcontractors.**

The Funding Availability Solicitation will not be amended. The required Vendor Responsibility Questionnaire solicits information on the areas cited above.

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- 56. Section A, page 4, Introduction: Must the transportation manager verify that each reservation for a managed care enrollee is to a medical provider that is participating in the network of that applicable managed care plan?**

The transportation manager does not need to verify that a managed care enrollee has requested transportation to a medical provider participating in the plan's network.

- 57. Section C, page 11, C.3(i) states *"The contractor must implement a system by which access to ongoing use of advanced modes of transportation are reviewed every 90 days to ensure the continued need of a higher standard of transportation."* What is meant by "advanced mode of transportation"?**

Advanced modes of transportation are ambulette and non-emergency ambulance.

- 58. Does a reservation made by a facility on behalf of a Medicaid enrollee count as a "pre-verified" trip?**

A request by a facility is simply a request for transportation services and is not to be considered a pre-verified trip.

Section C.9 of the Funding Availability Solicitation states, in part, that a pre-trip verification review is:

"...verifying the medical appointment for a covered service with the medical provider..."

The contractor is expected to verify appointments for those requests made by enrollees.

- 59. Is it the expectation of the Department that all counties in each region will be implemented on the same date?**

No, the Department expects to implement the initiative in phases.

- 60. Will the Department please provide a list of facilities for which transportation is included in its rate?**

The Department will provide a list of facilities for which transportation is included in its Medicaid reimbursement rate to the selected vendor.

- 61. The Restricted Recipient Program restricts some enrollees to receive care from certain medical practitioners. What is the impact on transportation?**

The county and the Department may restrict an enrollee's access to Medicaid covered care and services if, upon review, it is found that the enrollee has received duplicative, excessive, contraindicated or conflicting health care services, drugs or supplies (18

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NYCRR §360-6.4). The State medical review team designated by the Department performs Medicaid enrollee utilization reviews and identifies candidates for the Restriction Program. In these cases, the county and the Department may require that the enrollee access specific types of medical care and services through a designated primary provider or providers.

The primary provider is a health care provider enrolled in the Medicaid Program who has agreed to oversee the health care needs of the restricted enrollee. The primary provider will provide and/or direct all medically necessary care and services for which the enrollee is eligible within the provider's category of service or expertise. Primary providers include:

- Physicians;
- Clinics;
- Inpatient hospitals;
- Pharmacies;
- Podiatrists;
- DME Dealers;
- Dentists; and
- Dental Clinics.

When a Medicaid enrollee has been restricted to a primary provider, only the primary provider is allowed to order transportation services for the enrollee. This applies to all modes of non-emergency transportation and includes cases where the enrollee's primary physician or clinic has referred the enrollee to another provider. In such situations, ordering transportation remains the responsibility of the primary provider.

The contractor is expected to assign trip requests only when those requests are made by the primary provider.

Transportation providers must use the identification number of the primary provider when obtaining eligibility information and submitting claims.

62. How often must the transportation manager develop and disseminate educational materials for Medicaid enrollees?

The transportation manager must develop and disseminate educational materials for Medicaid enrollees as needed. The Department does not anticipate any mass mailing through the United States Postal Service to fulfill this obligation.

63. What is the purpose of the post-trip verification audit?

Section C.9 states *"The contractor must perform and document a post-trip verification review on a minimum of ten percent (10%) of trips and include problem areas such as after-hours transportation, and verify that "routine trips" are for legitimate medical services. The Department reserves the right to change the percentage of trip verifications during the term of the contract."*

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The purpose of post-trip verification review is to confirm that quality transportation is being delivered to medical services.

- 64. Our list of current and past governmental contracts is several pages long. Please confirm whether the list is included in the page limitation for Section D.**

The requested list is outside the page limitation.

- 65. Which counties in the regions are currently being managed by a transportation manager? Please provide the name/s of the transportation manager/s for that/those county/ies and the current annual contract amount paid for 2011.**

The name of the transportation manager currently delivering services for each local department of social services in certain counties can be found at https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_PA_Guidelines_Contact_List.pdf.

For information on the current annual contract amount paid for Calendar Year 2011, this information may be obtained through a Freedom of Information Law (FOIL) request, submitted to the Department via email to FOIL@health.state.ny.us, or via any of the methods included at <http://www.health.ny.gov/regulations/foil/>.

- 66. For this three year contract, is the per member per month price provided on Attachment H-Bid Form to be the fixed price for the first three years of the contract or should the Bid Form reflect the PMPM price for the first year of the contract only?**

Attachment H should reflect the per member per month fixed price for the length of the contract with the Department.

- 67. Should the originals be bound or unbound?**

The originals and required six copies of the proposal should be bound as described in Section E.3. of the Funding Availability Solicitation.

- 68. Can the proposal be consecutively page numbered instead of by section?**

The proposal can be consecutively page numbered, instead of restarting the page numbers on each section.

- 69. Should the attachments be consecutively numbered?**

The attachments are not required to be consecutively numbered. However, the attachments should be clearly separate and distinct.

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70. Are we required to submit financial statements with our Cost Proposal?

The bidder is not required to submit financial statements with the cost proposal.

Section D.5 of the Funding Availability Solicitation lists what is required to be submitted with the bidder's Cost Proposal.

71. Does the State anticipate any impact by the Affordable Care Act on this initiative?

The State does not anticipate any impact by the Affordable Care Act on this initiative.

72. Will the State extend by two weeks the due date of responses to this Funding Availability Solicitation?

The Department will not extend by two weeks the due date of responses to this Funding Availability Solicitation. Responses are due by 4:45 p.m. on January 7, 2013, as stated in the Funding Availability Solicitation.

73. The Funding Availability Solicitation (FAS) mentions the regions for the desired services (table on page 2 of the numbered FAS; page 6 of the .pdf file). Must a bidder propose to serve these entire regions only, or will a bid be accepted to serve a smaller number of counties within that area? Will a bid to serve only one county within the defined areas be acceptable?

Bidders may elect to submit a proposal for one or both regions, and include every county listed in that region. Any proposal to manage transportation only for a smaller number of counties within a region/s identified in the Funding Availability Solicitation will be rejected by the Department.

74. Can letters of commitment from transportation vendors be included in an appendix?

This Funding Availability Solicitation requires no letters of support or commitment from any transportation vendor. Such letters should not be included in a bidder's proposal.