



TRANSPORTATION REQUEST FOR INFORMATION

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CONTACT:

Erin Hawley

EHawley@LouisianaHealthConnect.com

or LHCCVendorManagement@LouisianaHealthConnect.com

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Request for Information (RFI)

Seeking experienced vendors interested in managing non-emergency medical transportation (NEMT) for Louisiana Healthcare Connections members

Preface

Louisiana Healthcare Connections (LHCC) is seeking a strategic partner to manage the Non-Emergency Medical Transportation (NEMT), Non-Emergency Ambulance Transportation (NEAT) and any other additional agreed upon services across Louisiana. LHCC is looking to build a long-term, mutually beneficial relationship with a reputable Non-Emergent Transportation vendor with a track record of quality programs, cost effectiveness, rideshare technology and capabilities, and all provided with superior service. LHCC is subsidiary of Centene.

Duties

LHCC is seeking a vendor to manage the NEMT and NEAT benefit offered to its membership throughout the State of Louisiana for our Medicaid product line. This also includes trips to value-added services including adult dental and vision benefits. This RFI presently does not include LHCC's Medicare product, but may be evaluated for inclusion at a later time.

This benefit offers NEMT/NEAT for covered services which includes medical appointments for the State of Louisiana managed care population. In addition to normal sedan transportation services, providers must accommodate special assistance needs such as the transport of durable medical equipment (i.e. oxygen or a wheelchair) for appointments located statewide and at times to adjacent states. The provision of transportation must accommodate short notices for urgent, medically necessary medical appointments or hospital discharges.

The vendor is required to manage:

- A. mileage reimbursement program for members whom have friends or families transport them to appointments that qualify for the transportation benefit;
- B. public transportation
- C. appropriate vehicle utilization (sedan, para-lift, wheelchair, non-emergent ambulances);
- D. make best efforts to subcontract with local area on aging agencies (AAA) and Hudson-certified businesses
- E. assist and ensure all subcontracted providers conform to regulatory requirements
- F. encourage entrepreneurship especially in rural areas that increases the number of local Louisiana drivers/providers
- G. assist in technology advances

Additionally, we are requesting proposals for any other programs your organization might offer that could have value to Louisiana Healthcare Connections.

Your company should treat the terms of the RFI and all other information provided by LHCC in connection with this request as strictly confidential and proprietary.

In submitting your response, your company agrees that all materials associated with, attached to, or referenced by your proposal may be incorporated into a subsequent contractual agreement between your company and Louisiana Healthcare Connections.

Your response to this RFI indicates your understanding that this is not a contract or offer of business by LHCC.

Background

Centene

Founded as a single health plan in 1984, Centene Corporation (Centene) has established itself as a national leader in the health care services field. Today, through a comprehensive portfolio of innovative solutions, we remain deeply committed to delivering results for our stakeholders: state governments, members, providers, uninsured and underinsured individuals and families, and other health care and commercial organizations.

Centene's core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our managed care model utilizes integrated programs that can only be delivered effectively by a local staff, resulting in meaningful job creation within the communities we serve.

While Centene is a national company with corporate offices in St. Louis, Missouri, its local approach to managing health plans enables it to provide accessible, high quality, culturally sensitive healthcare services to its members. Additionally, this local approach allows Centene's members, providers and state regulators direct access to the local health plan where its officers and staff are available and accountable. Centene combines its local approach with centralized finance, information systems, claims processing and medical management support functions.

Health Plan

Louisiana Healthcare Connections (LHCC) was established in 2012 to transform the health of our communities, one person at a time, by delivering better health outcomes at lower costs. LHCC has since grown into the largest of the state's Healthy Louisiana Medicaid plans, with more than 480,000 members and a network of over 27,000 healthcare providers across the state.

LHCC believes that community health must be locally driven and delivered in close collaboration with healthcare providers. From its five offices in Baton Rouge, Lafayette, New Orleans and Covington, LHCC's

700+ Louisiana-based employees partner closely with physicians and community organizations to help its members achieve long-term improvements in their health.

By staying true to its mission and engaging members, providers, communities and employees, LHCC is driving improvements in health while contributing to the economic growth of the state.

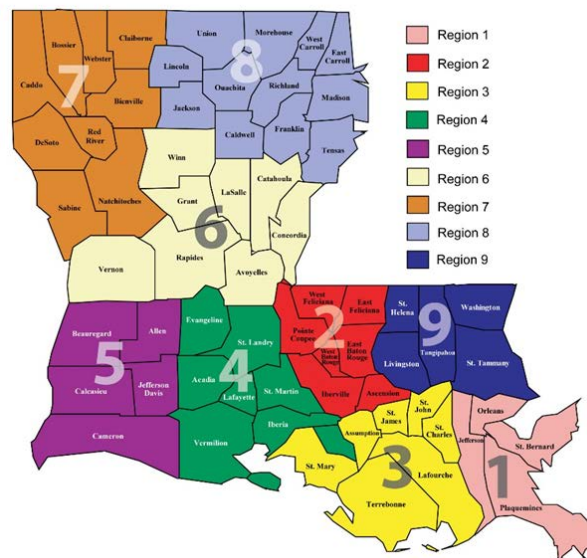
Membership breakdown of the above populations are:

Business Line	Transportation Benefit	Population(s)	Total Current State Membership*
Medicaid	Unlimited	Behavioral Health	30,101
	Unlimited	CHIP	626
	Unlimited	Foster Care	7,014
	Unlimited	Medicaid Expansion	145,438
	Unlimited	SSI Non-Dual	38,240
	Unlimited	TANF	271,249
TOTAL			492,668

*As of 9/28/2020, including transportation-eligible populations only

LHCC services all 64 parishes across the entire state.

Below is the coverage map for Medicaid, divided by region:



Estimated Timeline:

This is a general timeline for this process. Dates are subject to change.

Milestone Date	Event
11/09/2020	RFI received by potential respondents
11/30/2020	Deadline for questions (submitted in writing)
12/21/2020	RFI responses due
1/4/2021 -1/6/2021	Vendor interviews and presentations
1/11/2021	Selected Vendor finalist announced; Contract negotiations begin
2/1/2021	Procurement and Contract Finalization
5/1/2021	Contract Go Live

Request to Bid

Louisiana Healthcare Connections retains the right to select, request further information from, and negotiate with potential respondents it deems qualified for this program. LHCC reserves the right to reject any quotations submitted and to terminate negotiations at any time without incurring liability. LHCC also reserves the right to withdraw this RFI at any time before or after submission of responses, without prior notice.

LHCC assumes no responsibility for any understanding or representation made by its officers or agents during the RFI or subsequent contract negotiation process unless such understanding or representation is expressly stated in a formal written contract signed by both parties.

Response Requirements

The selection of a company to serve our NEMT/NEAT will be based on the information submitted and contained within the responses of this RFI, bid presentation / interview, site visits, and other sources that LHCC may consult. Therefore, it is imperative that your response contains the information absolutely essential for LHCC to obtain an understanding of the respondent's ability to meet all of the requirements of this RFI.

Your proposal must adhere to the following requirements:

- Proposals are due to by **12/21/2020** with no exceptions to the following email address: LHCCVendorManagement@LouisianaHealthConnect.com by 5:00pm CDT.
- Respondents must submit their proposals electronically (via e-mail) in pdf **AND** native file (MS Word, Excel) formats.
- All written responses and materials must be clearly labeled with corresponding question.
- Respondents must provide a response that addresses the entire scope of work for which they are bidding on as described in this RFI.
- Responses should be no more than **100** pages in total including attachments with the exception of the documentation in the appendix including security intake, financial statements, and the Mutual Non-Disclosure Agreement (NDA).
- Respondents must submit pricing in accordance with LHCC instructions.
- Submit contact information for two (2) client references.
- Submit a completed TPRM-IRQ Vendor Intake Form (See Appendix).

Neither the contents of the RFI, nor a response to it, constitute a commitment by *LHCC* to purchase or contract. All expenses related to developing and submitting your response are entirely the responsibility of the respondent. All information and documents submitted by the respondents will become the property of *LHCC* and none will be returned.

LHCC reserves the right to reject any and all proposals, take exception to any requirement or data contained therein, and may negotiate with one or more vendors.

Revisions to RFI

LHCC reserves the right to issue revisions to this RFI at any time prior to the closing date. In the event it becomes necessary to revise any part of the RFI, a written addendum will be provided to all Respondents who received the original RFI.

Communication/Questions regarding this RFI

Any and all questions and communication regarding this RFI must be directed to Erin Hawley at EHawley@LouisianaHealthConnect.com.

LHCC will respond to questions and provide clarifications regarding this RFI in writing to all respondents. Questions must be sent in writing to *Erin Hawley* no later than **11/30/2020**. A set of questions and answers will be summarized and forwarded to all respondents as questions are received and answers are ready to provide.

Clarification and Interpretation of the RFI

Any respondent that discovers an ambiguity, inconsistency, error or omission on examining the RFI shall promptly notify the RFI contact and a written addendum will be provided to all respondents.

Due Diligence/Presentations

LHCC is providing this RFI in the hopes of reducing the amount of due diligence needed to be performed by respondents in order to provide adequate proposals. The due diligence period is a time for respondents to ask questions and get clarification via e-mail.

Formal presentations by respondents are anticipated to occur between 1/04/2021 and 1/06/2021. It is possible that some respondents will **not** be invited to present their responses. We encourage you to be prepared in the event that you are invited to make a presentation.

Evaluation and Selection Criteria

The *LHCC* evaluation committee will review each proposal based on the criteria as follows:

- Adequacy and completeness of the proposal with regard to the information specified in this RFI.
- Compliance with the terms, conditions, and other provisions contained in this RFI.
- The ability of the respondent to provide the overall solution to *LHCC*'s requirements.
- Knowledge of the applicable technology and practices.
- Qualifications, financial position, and experience of the respondent.
- Creativity and completeness of Respondent's proposal and alternative proposals.

Results of this analysis will be the major influencing factor in the decision-making process. However, without knowing the exact circumstances that will exist at the time of the decision, other factors may also influence the decision.

Confidentiality of Proposals

The term "Confidential Information" shall mean any and all information that the Disclosing Party has furnished or is furnishing to the Receiving Party, whether furnished before or after the date of this RFI, whether tangible or intangible and whatever form or medium provided, including all information generated by the Receiving Party that contains, reflects or is derived from the furnished information; provided that Confidential Information shall not include any information which is

- 1) in the public domain through no fault of your company or us,
- 2) already lawfully in the possession of the receiving party prior to disclosure by your company or *LHCC*, as the case may be,
- 3) received from a third party, which the third party is not known to be obligated to a party hereto to keep such information confidential, and
- 4) information requested by any governmental or regulatory body or an arbitrator having jurisdiction over the party directed to make such disclosures.

In the event you are not selected as *LHCC*'s vendor for proposed services, all data sent by *LHCC* must either be destroyed or returned upon notification of an unsuccessful bid.

Responses Requested

General Vendor Information

1. Provide background on your organization including information on each of the following items:
 - a. Size (e.g. total number of full-time employees, revenue);
 - b. Location of your head office as well as the location(s) where your resources are located
 - c. Primary line(s) of business;
 - d. How long your organization has been offering the services described in this RFI;
 - e. How many members have you managed per state per product under risk based capitation models? Please provide these number for each service you manage.
 - f. Any additional information that demonstrates your capabilities.
2. Provide details of the ownership and corporate structure of your organization, and any parent or subsidiary companies that provide similar products or services.
3. Describe what sets your company apart from your competitors. What do you provide that differentiates you from other organizations that provide the same types of services?
4. How many organizations of a similar size or larger than LHCC, do you currently serve who utilize the services LHCC is requesting?
5. Please describe your relationship with other companies with whom you may need to partner if you were to service our needs. Include details such as length of time of your formal business relationship and scope of services they provide.
6. Is your company currently Hudson-certified in the State of Louisiana? If so, please provide copy of current certification.
7. Do you currently have and/or, as of 5/1/2021, are you expecting to have any other operational commitments in the State of *Louisiana*? If so, describe each of them.
8. What dedicated resources and staff would you assign to this commitment with *LHCC*?
9. Is your company headquartered in the State of Louisiana? Do you plan on having an office in Louisiana should you win this bid?
10. Is your company currently **AND** has your company in the past:
 - (a) received any remediation/corrective action plan with any MCO, State, or Federal agency? If so briefly describe each of the circumstances and the resolution plan(s) your company implemented.
 - (b) received penalties/sanctions by another MCO, State or Federal agency? If so briefly describe each of the circumstances and the resolution plan(s) your company implemented.

Transportation Provider Network

11. Describe your network adequacy assessment process, including the calculations and methodology employed to project utilization, by transportation mode, based on membership. Provide an example of computing the adequacy of the number of vehicles required for trips calculated.
12. What parishes within the state are you able to currently adequately cover with your existing provider network by provider type (ambulatory, wheelchair, ambulance)?
13. For parishes in Question #12 for which you currently do not have adequate network coverage (or if you are brand new to Louisiana), describe your plans to address all gaps.
 - a. Please address your ongoing efforts to expand the available pool of eligible transportation providers in our state.
14. Provide a full listing of the transportation providers that will be part of the contracting process to develop an adequate network. The list must include but is not limited to the following information:
 - a. Provider name
 - b. Listing of counties provider will service
 - c. Is the provider Hudson-certified? (Y/N)
 - d. Is the provider minority or Native American owned? (Y/N)
15. Describe how you would ensure development of a partnership as well as utilize fixed route and deviated route transit companies in communities where available.
16. Outline your process to ensure adequate coverage to rural parishes within the State of Louisiana. Please be sure to identify any new or unique ideas for this process.
17. Describe your ability to assist and encourage existing transportation providers to gain Hudson-certification status if they are not presently certified.

Rideshare Capabilities

The State of Louisiana currently does not allow for use of Transportation Network Companies (TNCs) such as Uber and Lyft since they do not meet state credentialing requirements such as background checks authorized by the Louisiana State police. Should this change at any point, we would like to be prepared to implement such programs.

18. Discuss your willingness to partner with Centene on promoting use of rideshare for ambulatory/sedan trips for members; and your willingness to jointly approach State Medicaid departments for pilot programs using rideshare for Medicaid eligible members.

19. Discuss any existing partnerships with TNC companies (or your own rideshare network, if applicable) and ability to utilize their services to supplement existing the NEMT network. Describe how that process is integrated with the existing NEMT network.

Implementation Plan

20. Provide a detailed implementation plan for a 5/1/2021 start date.
 - a. Include all activities you deem critical for implementation and timeline for completion of each, including but not limited to process flows and staffing plan with notation of local resources vs out of state resources to be used.
 - b. Outline specific capabilities that you feel may set you apart from other competitors.
21. Provide specific names, titles, locations, responsibilities, and availability of individuals that would serve as key leaders in the implementation process.
22. Describe expectations for Corporate and Health Plan leadership in the implementation process including specific responsibilities.
23. Describe the timing and process for testing any and all systems and operational processes.
24. Provide a detailed transition timetable for transitioning a Health Plan from an existing vendor over to your management.
25. Provide your timeframe for implementing a new product within an existing market being managed.
26. Provide feedback and scores from implementation related customer satisfaction surveys over the last three years.
27. Describe your best practices for implementations.
28. Describe examples of components of implementations that were initially problematic but that you were ultimately able to rectify. Outline steps taken to resolve any issues.
29. Describe any failed implementations. Please provide reasons for failure and any practices that may have changed as a result of this failure.

Business Operations

30. Provide a copy of the downstream Vendor Provider contract template.
31. Describe your onboarding process for bringing in new providers. Process should include:
 - a. Compliance with Louisiana Training requirements

- b. Establishing measurable expectations (i.e. how is it rolled out and what will you measure?); and
 - c. Credentialing plan. Please note how you will confirm that all Contracted Providers meet the criteria set out by the Louisiana Medicaid NEMT credentialing criteria as listed in the appendix. Please also explain how you ensure the accuracy and validity of this documentation.
32. Describe your process AND systems for assessing provider performance, including onsite staff assessment protocols for the following:
- a. on time performance; and
 - b. rewards/incentive systems; and
 - c. ensuring providers do not engage in prohibited practices such as avoiding short distance trips in favor of only taking longer ones (also known as “cherry picking”) or ask members to call personal cell phones for “will call” pick-ups; and
 - d. retraining, disciplinary or punitive actions for non-performance; and
 - e. adherence to driver and vehicle credentialing and safety standards with initial contracting, with renewals, and ongoing (daily, monthly or another frequency).
33. Describe your process for assessing member satisfaction, including medium and frequency as well as how customer feedback is reviewed and used to improve services. Provide documentation of your current performance including recent member satisfaction results as well as complaints and your remediation thereof.
34. Outline your claim submission process and ability to meet state-required payment turn-around times to your providers.
35. Describe your call center operations. Please include:
- a. plans for in-state call center operations by 1/1/2022
 - b. number of agents assigned to this commitment;
 - c. hours of operations (weekdays and weekends, after hours);
 - d. call volume management capabilities;
 - e. tracking capabilities such as caller type (member vs provider), nature of the call, did the call result in a scheduled transport;
 - f. training plan (scope, listening and soft skills training);
 - g. staffing plan with call overflow and redundancy plan (including other call center locations if applicable); and
 - h. standards for quality and operational metrics.
36. Describe your scheduling policy, including your ability to meet state guidelines set forth in requirements (see attached Credentialing requirements).
- a. advance notice period required to schedule transportation;
 - b. handling of urgent trips
37. Explain routing control you will exert over trips placed with providers. Include the following:

- a. What software do you utilize or expect to use for routing? Please specify where you are in the process (i.e. using X software currently with Y functionality; plan to be using X software by Y date with Z functionality)?
 - b. Do you currently bid and/or purchase blocks of time and/or routes?
38. Describe your disaster recovery process, crisis management and business continuity plans to cover the services requested in this RFI. Please provide an example.
39. Describe your process to ensure quality services to members. Do you have Field Monitors or other personnel to monitor transportation providers' performance?
40. Describe your ability to customize the transportation approval process, including
 - a. your ability to provide utilization management services to ensure members do not travel over geo-access limitations unless necessary (30 miles to PCPs and 60 miles to Specialists).
 - b. your process for ensuring appropriate vehicle utilization (sedan, paralyft, ambulance, etc.)
41. Describe your process for identifying and ensuring prioritization of medically necessary trips during times of rare transportation shortages. This include trip types such as dialysis, chemotherapy, and wound care.

 In your current markets, what is the average (per day/week/month) percentage of trips requested and but not scheduled? What is your process for ensuring transportation can be scheduled for all members requesting rides? How do you accommodate and manage transportation during surge/peak times?
42. Describe your process for capturing and storing Certification of Ambulance Transportation forms, as well as your ability to modify Non-Emergency Ambulance Transportation procedures based on any state regulatory changes that are made.
43. Provide a general description of your transportation dispatch process, if in house. If dispatching is managed by the transportation provider, describe the process of assigning the trip to the provider and their procedures.

Technological Capabilities

44. Describe the technology that would be used to assign and schedule trips.
45. Describe the technology used to ensure and monitor timely pick-up and re-assign of trips when necessary.
46. Do you currently have any apps that are user friendly for drivers? Please explain where, how long in use, and provide any supporting data to show success of application. In relation to any app capabilities, please also include:
 - a. What percentage of vehicles and drivers utilize a GPS/monitoring system?

- b. What percentage of vehicles and drivers submit electronic claims?
- 47. What percentage of vehicles and drivers utilize in-vehicle cameras?
- 48. Describe your technological capabilities to schedule rides on line- including app functionality with real-time vehicle/ride visibility for members. Describe any additional functions such as appointment reminders, confirming provider assignment, or health messaging.
- 49. Describe your ability to complete friends and family driver enrollment online as well as gas reimbursement claim submission.
- 50. Describe the system or portal in which LHCC and LDH would have access for
 - c. self-service reporting
 - d. submitting trips
 - e. live, real-time transportation monitoring down to location of vehicle
 - f. any additional features or capabilities
- 51. Would you be willing to white label your member portals or applications used by members to track and monitor trips?

Reporting

- 52. There are several monthly, quarterly, or “ad hoc” reporting requirements, including but not limited to, the following list:
 - a. call center statistics including number of calls received, call abandonment percentage, total calls, average speed of answer, % of calls answered in 30 seconds (ASA), hold time, ASA + hold time
 - b. utilization rates including:
 - i. trip legs by trip reasons;
 - ii. trip legs by trip mode;
 - iii. total miles
 - iv. frequent users;
 - v. out-of-state trips;
 - vi. trips over a certain mileage;
 - vii. number of member no shows
 - viii. number of provider no shows;
 - ix. scheduled and completed transports;
 - x. number of cancelled trip legs, denied trip legs, authorized trip legs, total requested trip legs;
 - xi. number of eligible members;
 - xii. number of unique members utilizing transportation; and
 - xiii. number of pre-authorized trips
 - c. member satisfaction survey results for call center operations and transportation service;
 - d. number of complaints, complaint percentage, and complaint free percentage by vendor provider;

- e. on time performance reporting
 - f. network adequacy
 - g. Fraud, waste, and abuse reporting
 - h. Provider Registry reporting
 - i. Claims data directly to health plan
 - j. Percent of PCP trips under 30 miles
 - k. percent of Specialist trips under 60 miles
 - l. paid claims report to Centene Corporate per Attachment B: "Data Request Form."
 - m. Encounter files (in 837P formatting or as specified by LDH). Also note, value-added trips must be designated as such.
53. The above listed reporting requirements are the minimum data points required by LHCC. Describe your capabilities of meeting these specific reporting requirements, including your data management and reporting processes and timeframes for production. Include any data transfer processes you provide via API and/or SFTP, and any additional functionality you possess that is not listed above that you believe is important to assess successful transportation benefit administration.
54. Describe your ability to provide trending of all data by variables such as driver, Transportation Company, city, parish, region, time of day, etc. How quickly is this data maneuverable?
55. Describe your ability and process for meeting state requests and detailed inquiries with quick turnaround times.
56. Describe your process for capturing and reporting on provider re-routes, no-shows, and "no vehicle available" metrics. Include your threshold for provider no-shows and actions to be taken to remedy performance issues.

Compliance

57. Discuss your process and ability to stay current with Louisiana laws and evolving regulations, including the state transportation Provider Manual (see appendix).
58. Discuss your track record, history, and experience meeting state transportation timeliness standards similar to Louisiana. If possible, please support your claims with de-identified data.
59. Describe your willingness to conduct regular self-audits or provide data for health plan audits that include monitoring of:
- g. Driver credentialing
 - h. Vehicle credentialing
 - i. Insurance requirements
 - j. Gas reimbursement claims
 - k. CPST permit compliance
 - l. Documentation of good standing with the Secretary of State

m. Exclusion database checks

60. Describe your ability to comply with the requirements outlined in House Resolution 68 including:

- a. Utilization of a Louisiana-based call center by 01/01/2022
- b. Prohibition of out-of-region nonemergency, non-ambulance medical transportation if there is a willing and available transportation provider in the region the member is domiciled. This includes reporting on the basis for any exceptions. Please note LDH guidance is presently in development on how to enact this requirement.

61. Describe your compliance program, include specific information on the following:

- a. documented and implemented compliance program that meets the OIG 7 elements of an effective compliance program;
- b. process for notifying your customer of non-compliance and the resolution;
- c. fraud, waste and abuse detection and remediation plan;
- d. member complaint process (how do you define, what information do you gather, how do you track, investigate and resolve complaints including ability to meet timelines);
- e. collecting and protecting Protected Health Information (PHI) in accordance with relevant privacy laws;
- f. process for handling incidents and injuries (member or providers);
- g. process for the oversight of subcontractors;
- h. process for screening employees, drivers and subcontractors for exclusions;
- i. type of compliance training conducted and frequency; and
- j. managing member gas mileage reimbursement process including
 - i. ability to implement a driver enrollment process
 - ii. request for and submission of reimbursement
 - iii. calculation of mileage
 - iv. validation of completed transports and issuing payment
 - v. how you manage for abuse
 - vi. the issue of 1099 forms for drivers

62. Describe your process for verifying member appointments for both sedan travel and mileage reimbursement program.

Security

63. Provide an overview of your HIPAA program, include the following:

- k. description of how the program is managed;
- l. name of Privacy and Security officer;
- m. process for tracking, investigating and reporting actual or potential HIPAA disclosures;
- n. type and frequency of HIPAA training; and
- o. any self- monitoring activities.

Performance Metrics

64. Listed in the appendix are some of the expected performance targets. Describe your current **systems and processes** which will ensure your ability to meet these specific targets.

Company Financials

65. Provide audited financial statements for the prior three years. If not available please explain.
66. Provide any guarantees made available by parent, owners, and stakeholders to ensure adequate funding is available to satisfy contractual requirements including full-risk capitation proposals.

Financial Proposal

67. Provide proposed rates with full explanation of assumptions used to compute rates containing information such as: modes of transportation, miles per trip, and product line distribution. All bids should be on a cost pass through for all transportation cost with a cost per trip bid for admin per the table below. Additional consideration will be made for pricing that is tied to transportation quality measures such as overall on time performance or provider no show rates.

Product	Utilization	Line of Business (LOB)	Estimated Cost/Trip	Estimated Total Cost per Month (Transportation Only)	Admin Cost/Trip
Medicaid NEMT	2019 Pre-COVID-19 Average: 10.0% Utilization	<i>Behavioral Health</i>			
		<i>CHIP</i>			
		<i>Foster Care</i>			
		<i>Medicaid Expansion</i>			
		<i>SSI Non-Dual</i>			
		<i>TANF</i>			
Medicaid NEAT	2019 Pre-COVID-19 Average Claims per month: 986	<i>Behavioral Health</i>			
		<i>CHIP</i>			
		<i>Foster Care</i>			
		<i>Medicaid Expansion</i>			
		<i>SSI Non-Dual</i>			
		<i>TANF</i>			












Please note that LHCC is interested in partnering with a vendor to control unit costs for transportation. The Admin Cost/Trip will be heavily weighted in the evaluation of all submissions. Also note that a winning bid does not indicate acceptance of proposed rates, and that the exact terms of our agreement will be negotiated during contract finalization process.

68. Describe your model for maintaining cost effectiveness while balancing the needs of the members. In your model include your experience with and your plan to assist LHCC to encourage members' utilization of:
- (a) gas mileage reimbursement;
 - (b) public transportation

THANK YOU FOR YOUR INTEREST.

APPENDIX

The table below provides the RFI Attachments:

Document	File
Performance Metrics	 LHCC RFP Performance Metrics
Vehicle & Driver Credentialing Requirements	 LHCC Credentialing Requirements.docx
Health Plan Reporting Requirements	 Transportation RFP Reporting.doc
Corporate Report Requirements	  COMPLIANT_DATA_12.10.19.xlsx NOSHOW_DATA_12.10.19.xlsx   PHONE_DATA_12.10.19.xlsx SERVICE_DATA_12.10.19.xlsx
Business Associate Agreement (BAA) <i>Please note the BAA cannot be modified in any way.</i>	 Centene_BAA_Template_-_2020.doc
Vendor Security Intake Form	 Centene TPRM IRQ - Vendor Intake Form
Non-Disclosure Agreement	 Mutual Non-Disclosure Agreement
House Resolution 68	 HR 68.pdf
Medicaid Provider Manuals (Medical Transportation included)	https://ldh.la.gov/index.cfm/page/1890 Draft of updated transportation manual available for public comment and review here: https://ldh.la.gov/index.cfm/page/3680