

Transportation RFI

QUESTIONS ANSWERED

Please note: Guidance on questions is subject to change based on requirements from the Louisiana Department of Health (LDH). Transportation broker will be responsible for staying current and maintaining compliance with all state and local regulations.

#	RFI Page Reference	Question	Answer
1	LHCC RFP Performance Metrics – Page 1	Will LHCC define the requirement for “Network Adequacy”? What will the NEMT vendor need to supply on a monthly basis to prove compliance?	<p>Please see all standards in the LDH/LHCC contract located here: https://ldh.la.gov/index.cfm/page/3991</p> <p>Section 7.8.9.1 states, “MCO shall have sufficient NEMT/NEAT providers, including wheelchair lift equipped vans, to transport members to/from medically necessary services when notified 48 hours in advance.”</p>
2	LHCC RFP Performance Metrics – Page 2	Will LHCC revise the Call Answer Time metric to be 90% in 30 seconds or less? Any 100% requirement does not consider any potential for call volume spikes, or changes that naturally occur in call centers or random call timing patterns Requiring 100% in 30 seconds or less will also add substantial cost to the program for NEMT vendors to comply.	This will be updated to read 95% in 30 seconds or less per state requirements.

#	RFI Page Reference	Question	Answer
3	LHCC RFP Performance Metrics – Page 2	<p>While our goal for provider no shows is 100% of members picked up as scheduled, some unforeseen circumstances do occur, such as a vehicle breakdown or accident/incident. Will LHCC modify the metric for Provider No Shows to 0.20%?</p> <p>Metric: 100% of members picked up as scheduled.</p> <p>Will LHCC consider modifying this metric to allow for minimal margin of error?</p>	LDH provides no acceptable No Show rate.
4	LHCC RFP Performance Metrics – Page 3	Would LHCC consider consolidating the metric categories for Network Adequacy and Access to Services into one metric? Compliance with access to services implies compliance with network adequacy.	Yes, LHCC would consider this.
5	LHCC RFP Performance Metrics – Page 3	The three network adequacy metrics on page 3 seem to apply to medical providers. Will LHCC clarify how these metrics apply to a NEMT vendor and how they differ from the Network Adequacy metric on page 1? For example, do these metrics imply the NEMT vendor must enforce closest provider with members in urban areas only allowed to attend a primary care provider within 10 miles of their home and a specialist within 90 miles?	Transportation is tied to network adequacy of transportation providers. Presently, all trips to a PCP over 30 miles and all trips to a Specialist over 60 miles must get vetted to ensure long distance transport is necessary, in an effort to ensure compliance with LDH Network standards. If not, transportation should be denied. This section is present for informational purposes only. Please also see Geographic Access Requirements in section 7.3 of the LDH Emergency Contract.
6	LHCC RFP Performance Metrics – Page 3	Will LHCC confirm the NEMT vendor may use non-participating providers when a participating provider is unavailable, as indicated by the Access metric?	LHCC will amend to remove this statement. All transportation providers should be properly vetted and meet all credentialing requirements.

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7	LHCC RFP Performance Metrics – Page 3	Our scheduling software optimizes trips for the best scheduling/routing scenarios until 24-48 hours before the scheduled pickup, depending on the contract requirements. Will LHCC modify the Access to Services for Routine Trips and Access metrics to allow the NEMT vendor to identify an appropriate provider at least 24-48 hours prior to the scheduled pickup?	This section indicates that brokers must schedule trips when members call at least two days in advance. Brokers may schedule transportation providers in less time, as long as the member receives a ride for routine trips when giving at least two days' notice.
8	RFP – Page 9	Will LHCC accept bidders' corrective action, remediation, and penalties/sanctions history for the past two years?	LHCC will accept bidder' corrective action, remediation, and penalties/sanctions history for the past three years.
9	RFP – Page 12	<p>The RFP asks vendors to describe plans for in-state call center operations by 1/1/2022. Would LHCC be open to a Work-from-Home call center workforce, in lieu of a physical call center, if the agents are all located within the state of Louisiana? This approach would employ Louisiana residents while containing cost for the program.</p> <p>If LHCC cannot allow the NEMT vendor to operate a Work-From-Home approach, is there a percentage of calls or minimum personnel required in Louisiana?</p>	Call center must be a physical call center. Please see House Resolution 68 for all current specifics. Details continue to be determined by the Louisiana Department of Health.

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10	RFP – Page 15	<p>Question 59 asks bidders to: Describe your willingness to conduct regular self-audits or provide data for health plan audits that include monitoring of:</p> <p>k. CPST permit compliance</p> <p>Will LHCC clarify what CPST permit the NEMT vendor will need to acquire? From an initial search, CPST permits seem to only apply to Behavior Health Service providers.</p> <p>Regarding (k). CPST permit compliance: please explain how the Community Psychiatric Support and Treatment permit relates to the NEMT broker and its transportation provider network.</p>	<p>LHCC will amend “CPST” to “CPNC.”</p> <p>All trips originating in Orleans and Jefferson Parish must obtain proper parochial permitting. Please see more details here and here.</p>
11	RFP – Page 16	Does LHCC have specific requirements for driver/vehicle enrollment, i.e. driver’s license, vehicle registration, insurance?	LHCC currently does not have requirements beyond published state guidance.
12	RFP – Page 16	The RFP asks bidders to detail who they issue and manage 1099 forms for drivers. 1099 forms are only required if the NEMT vendor pays above the federal standard gas mileage rate. Will LHCC provide the current gas mileage rate paid to members and if the new NEMT vendor must pay this rate under the contract?	<p>Gas reimbursement rates are set at the IRS designated reimbursement rate. Those can be located on the IRS website: https://www.irs.gov/tax-professionals/standard-mileage-rates</p> <p>However, LDH requires 1099 forms for all drivers that have participated in this program. The current draft Transportation provider manual section 10.3 page 2 (https://ldh.la.gov/index.cfm/page/3680) states, “The transportation broker shall issue IRS Form 1099 to all gas reimbursement providers for income tax purposes.”</p>

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13	LHCC Credentialing Requirements – Page 1	Will LHCC consider allowing the NEMT vendor to use transportation providers with drivers licensed in neighboring states, including Texas, Arkansas, or Mississippi in addition to those licensed in Louisiana?	No
14	BAA	If the vendor already has an existing, negotiated and executed national BAA with Centene, will LHCC allow the bidder to use that BAA with in lieu of the BAA included as an attachment to the RFP?	Yes

15	General	<p>Will LHCC provide the following for bidders to prepare an accurate financial proposal:</p> <p>Calls</p> <ul style="list-style-type: none"> Last 12 months of call statistics, including: <ul style="list-style-type: none"> Number of calls received Abandonment rate Average handle time <p>Membership</p> <ul style="list-style-type: none"> 12 month membership by population type (if applicable) and region (if available) Any major shifts in population expected after implementation <p>Encounter/Trip Data</p> <ul style="list-style-type: none"> Last 12 months total trip legs (identify if provided data is actual paid legs or authorized/scheduled legs), broken down by: <ul style="list-style-type: none"> Month Mode of transport Population Trip reason Region (if available) Last 12 months total miles, broken down by: <ul style="list-style-type: none"> Month Mode of transport Region (if available) <p>Other</p> <ul style="list-style-type: none"> Are meals, lodging, and commercial air transport covered? If yes, provide the last 12 months utilization. Is the broker required to provide attendants? If yes, provide the current number of attendants utilized per month. Provide the last 12 months of public transportation utilization. <p>Provide the rate per mile currently paid to gas mileage reimbursement participants.</p>	<p>Calls</p> <ul style="list-style-type: none"> 2019 pre-COVID-19 average was 29,192 per month for an average of 450,756 members LHCC expects abandonment rate will not exceed state requirement of 5%. Average handle time can vary due to systems and workflows. We assume all vendors will use their experience to estimate handle time based on their protocols. <p>Membership</p> <ul style="list-style-type: none"> Pre-COVID-19 membership in 2019 averaged 450,756 per month. As of December 3rd 2020, membership volume is 502,645. Please also see enrollment information located on LDH's public website: https://ldh.la.gov/index.cfm/page/718 <p>Encounter/Trip Data</p> <ul style="list-style-type: none"> 2019 Trip averages are as follows: <ul style="list-style-type: none"> 34,476 ambulatory per month 2,074 wheelchair per month 1,723 Public transit per month 6,172 Mileage reimbursement per month. However, this has gone down due to regulatory changes. <p>Other</p> <ul style="list-style-type: none"> Meal/Lodging is covered. 2019 Average overnight stays was 251 per month, and meal reimbursement was 261. Air Travel is not covered. Broker is not required to provide attendants. 1,723 Public transit per month <p>Rate per mile paid to gas mileage reimbursement participants is the approved IRS gas mileage reimbursement rate.</p>
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16	General	<p>What types of trends and growth for membership levels does LHCC anticipate in 2021 and beyond?</p> <p>Can you share membership and population type breakdown by parish?</p>	<p>Pre-COVID-19 membership in 2019 averaged 450,756 per month. As of December 3rd 2020, membership volume is 502,645. Please also see enrollment information located on LDH's public website: https://ldh.la.gov/index.cfm/page/718</p>
17	General	Will the state continue to provide mandatory minimum rates for transportation providers?	Yes
18	RFI – Page 15	May LHCC please restate what you mean by "maneuverable" data, and how you will require our team to process the data?	At a minimum, the broker should be able to produce on demand in a structured format all data elements defined in 6.23.5.1.2. In addition, the broker should be able to produce data on demand in a structured format to meet any data requests in order to meet any data requests from local or federal agencies regarding the services provided.
19	RFI – Page 14	Can LHCC give example(s) of your definition of "Health Messaging?"	This could include informational reminders about getting cancer screenings, diabetic testing, well visits, or other important health information.
20	RFI – Page 19	Does LHCC have detailed utilization data to share? including: Trip mode (wheelchair, stretcher, AMB, public transit), Trip Distance, mileage reimbursements, etc.	<p>2019 Trip averages are as follows:</p> <ul style="list-style-type: none"> - 34,476 ambulatory per month - 2,074 wheelchair per month - 1,723 Public transit per month - 6,172 Mileage reimbursement per month. However, this has gone down due to regulation changes.
21	RFI – Page 19	What are your goals or targets for use of public transit, or additionally for fixed route trips?	LHCC has no specific targets for public transit, but public transit should be utilized whenever possible as long as it is appropriate for that member.

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22	RFI – Page 7	Many questions in the LHCC RFI ask for detail or multiple examples, and require the potential for further validation or description using attachments. Would LHCC be open to expanding the size restriction to unlimited attachments if they are referenced or hyperlinked in the RFI answer? Would LHCC be open to any expansion of the size limitation?	LHCC will accept additional attachments or hyperlinks if the primary body of the document is no more than 100 pages. This will be amended in the RFI.
23	RFI – Page 19	Please clarify the reports in the Network Adequacy Rural and Urban Metric Category. For one example, “1 within 30 miles for PCP” - what would this report be tracking and what data would it need to include? Can you clarify the other reporting needs in this section?	Transportation is tied to network adequacy of transportation providers. Presently, all trips to a PCP over 30 miles and all trips to a Specialist over 60 miles must get vetted to ensure long distance transport is necessary, in an effort to ensure compliance with LDH Network standards. If not, transportation should be denied. This section is present for informational purposes only. Please also see Geographic Access Requirements in section 7.3 of the LDH Emergency Contract.
24	RFI – Page 19	The Reporting for Transport Metric Category asks to target 95% within 15 minutes either side of scheduled pickup time. What would the time requirement differences be between the A and B legs?	LHCC will amend this section to read 95% of trips shall arrive at least 15 minutes in advance of the members' appointment.
25	RFI – Page 19	The Reporting for Telephone Answer Timeliness Metric Category asks for a target of 100% in 30 seconds. Would LHCC be open to modifying any of these targets to leverage member convenience technologies like IVR?	This will be updated to read 95% in 30 seconds or less per state requirements. Also note IVR technology is encouraged.

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26	RFI – Page 3	The RFI reads: “providers must accommodate special assistance needs such as the transport of durable medical equipment (i.e. oxygen or a wheelchair)”. Is the intent to cover the delivery of DME that is NOT associated with a member transport for a covered medical appointment? If so, are there statistics related to this service?	The intent is to ensure that members can be transported with their DME equipment. However, DME will not be transported alone.
27	RFI – Page 3	The RFI states that LHCC is seeking a vendor to manage the NEMT and NEAT benefit offered to its membership throughout the State of Louisiana... <u>including trips to value-added services including adult dental and vision benefits</u> . Is the value-add transportation benefit limited in the number of trips allowed and, if so, is the NEMT vendor responsible for tracking and reporting the number of value-add trips? Also, does LHCC require prior authorization from the health plan for each value-add transportation request?	The value-added trips are not limited. The vendor is responsible for recording, tracking, and reporting such trips as value add. Similarly, transportation encounters should reflect the appointment type to indicate it is a value add trip. LHCC does not require prior authorization for value-add trips.
28	RFI – Page 10 & 11	Will LHCC consider excluded the transportation provider list from the 100-page count? Will LHCC consider excluded the downstream Vendor Provider Contract Template from the 100-page count?	It can be provided as a separate attachment not part of the 100-page count.

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29	RFI – Page 17	The Estimated Total Cost per Month (Transportation Only) requires that we estimate the number of trips per month for each Line of Business. Should we apply the 2019 (Pre-COVID-19) 10.0% average utilization to the current State Membership totals listed on page 5 to calculate the estimated trip volume or can you provide the actual number of monthly NEMT trips for each LOB for use in calculating the Total Transportation Cost Per Month?	Yes
30	RFI – Page 17	Please provide the actual number of LHCC NEMT and NEAT trips by Line of Business (Behavioral Health, CHIP, Foster Care, etc.) and mode of transportation (ambulatory, wheelchair, BLS, ALS, public transit, gas reimbursement, etc.) by month for the most recent 12-month period so we can better assess the current demand for NEMT services in an effort to provide the most efficient and accurate administrative cost.	<p>2019 Trip averages are as follows:</p> <ul style="list-style-type: none"> - 34,476 ambulatory per month - 2,074 wheelchair per month - 1,723 Public transit per month - 6,172 Mileage - reimbursement per month. <p>However, this has gone down due to regulation changes.</p> <p>Please see enrollment information located on LDH's public website: https://ldh.la.gov/index.cfm/page/718</p>

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31	RFI – Page 17	<p>Can you provide the number of monthly NEMT calls received for the most recent 12-month period so we can accurately project call center staffing needs based on current demand? Will LHCC please include:</p> <ul style="list-style-type: none"> - Call volume by Line of Business (Behavioral Health, CHIP, Foster Care, etc.) <u>AND</u> by Department/Call group: (Customer Service, Dispatch, etc.) - The ratio of demand trips to standing orders <p>Current call center performance against established KPIs (Average Speed of Answer (ASA), Abandonment Rate (ABND), Average Handle Time (AHT).</p>	<p>2019 pre-COVID-19 average was 29,192 calls per month for an average of 450,756 members.</p> <p>2019 average completed trips per month was 44,959. Standing order trips averaged 13,867 per month.</p>
32	RFI – Page 17	<p>Will LHCC require the NEMT vendor to coordinate meals, lodging, and travel associated with medical appointments requiring overnight stays? If so, can you provide the number of monthly meals, lodging and travel encounters during the most recent 12-month period, so we can accurately assess the staffing needs and administrative costs for this function.</p>	<p>Meal/Lodging is covered. 2019 Average overnight stays was 251 per month, and meal reimbursement was 261.</p>

#	RFI Page Reference	Question	Answer
33	Performance Metrics – Page 1	<p>Metric: 100% of written provider appeals must be resolved within x calendar days. Please define “resolved”. Is the proposed assessment \$1,000.00 per member per month of the total membership?</p> <p>The penalty for the Provider Appeals metric is noted as \$1,000 PMPM for each month the provider appeals are not met. Will LHCC confirm if this is supposed to read \$1,000 per occurrence?</p>	The Louisiana Department of Health Emergency contract section 17.6.4 states “the MCO shall adjudicate all disputed claims to a paid or denied status within thirty (30) business days of receipt of the dispute claim.” LHCC will amend to indicate this penalty to indicate “per occurrence.”
34	Performance Metrics – Page 1	<p>Metric: Must maintain network adequacy requirements of each State.</p> <p>Penalty: \$1,500 per month for each county non-compliant</p> <p>Should the metric reference County rather than State? Please define how this metric will be measured.</p>	LHCC will update to indicate parish in place of county.
35	Performance Metrics – Page 2	<p>Metric: 95% urban no more than 45 minutes; 95% of rural transport no longer than 120 minutes</p> <p>Are these metrics meant to read “45 minutes <u>longer than direct route</u>” and “<u>120 longer than direct route</u>”? If not, will you please define further and provide parameters?</p>	LHCC will amend RFI to indicate that transport shall be no longer than “45 minutes over direct route” and “120 over direct route”.

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36	Performance Metrics – Page 3	<p>Metric: Number of business days prior to Member's trip for provider to be found if applicable, or non-par provider will be secured. (2 business days)</p> <p>Will LHCC reconsider this metric? Many factors could impact a vendor's timeframe to secure a provider. It seems a better approach to measure whether trips are scheduled and delivered on time and member needs were properly met.</p>	<p>Please see the NEMT requirements in section 7.8.9.1 of the LDH Emergency contract.</p> <p>Members must be able to call in 48 hours in advance of an appointment and be assured transport 100% of the time. The provider may be located at any point prior to the member's timely pickup.</p> <p>Additional non-par providers will be removed.</p>
37	RFI – Page 16	In what situations does LHCC require member appointments to be verified?	<p>Trip verification may include:</p> <ul style="list-style-type: none"> - For identified FWA concerns - At least monthly for standing order trips - Samples of remaining trips including public transit, NEMT, and gas reimbursement.