



SOLICITATION AMENDMENT #1		
<p style="text-align: center;">YH 16-0036</p> <p>Lodging, Transportation, and Meal Services Reimbursement for Fee-for-Service Medicaid Members and an Escort</p>	<p>Solicitation Due Date:</p> <p style="text-align: center;">June 17, 2016</p> <p style="text-align: center;">3:00 pm Arizona Time</p>	<p>Procurement Officer:</p> <p>Jennifer Roberts</p> <p>jennifer.roberts@azahcccs.gov</p>

A signed copy of this amendment must be returned with the proposal and received by the State of Arizona on or prior to the Solicitation due date and time.

1. The Proposal Due Date is extended as follows:

PROPOSAL DUE DATE:

JUNE 17, 2016

AT 3:00 P.M.
ARIZONA TIME

2. The attached Answers to Questions are incorporated as part of this solicitation amendment.
3. The following statement is added to the Scope of Work, paragraph 4.3, page 5 of the RFP:

The AHCCCS Fee Schedule is located at:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/transportationrates.html>

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME: Meggan Harley, CPPO, MSW
TITLE:	TITLE: Acting Chief Procurement Officer
DATE:	DATE: May 18, 2016



QUESTIONS AND ANSWERS

Lodging, Transportation and Meal Services Reimbursement for Fee-for-Service Medicaid Members and an Escort - RFP # YH16-0036

PROPOSAL DUE DATE: JUNE 17, 2016 AT 3:00 P.M. ARIZONA TIME

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	Access2Care, LLC	4.2	5	Please explain how members/ providers currently submit requests for transportations/lodgings, etc.	Providers submit a request through the Contractor. The Contractor then submits for authorization to AHCCCS. See SOW 4.11.
2.	Access2Care, LLC	4.2	5	Is a toll free number required to receive requests?	Yes.
3.	Access2Care, LLC	4.2	5	What level of services should be available? Van/sedan, wheelchair, stretcher, ambulance with advanced and/or basic life support, commercial air transport?	All levels of service appropriate for non-emergency transportation. See SOW 4.2.
4.	Access2Care, LLC	4.2	5	Are Ground Ambulance and Air Ambulance services to be provided? If Air ambulance is included, does this include fixed and rotary?	See 4.2.1 under General Requirements.
5.	Access2Care, LLC	4.2	5	What levels of service has been provided in the last 12 months and how many of each type?	Claims for various levels of service totaled approximately \$123K in the past fiscal year.

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6.	Access2Care, LLC	4.2	5	Were there any Ground Ambulance or Air Ambulance services provided in the last 12 months in the program?	Yes.
7.	Access2Care, LLC	4.2.4 & 4.2.5	5	If members are to have no out of pocket expense, is there a preferred process for per diem payment of meals during urgent or same day requests?	See 4.2 and 4.12 General Requirements. Contractor to develop process for approval by AHCCCS.
8.	Access2Care, LLC	4.2.6	5	Who determines whether a caregiver is eligible for wages? How close must a family member be to be ineligible for wages? For example, is a cousin who does not reside in the same household eligible for wages?	Escort wage eligibility must be submitted for authorization by AHCCCS. Family members are not eligible. See 4.7 and 4.11 of the SOW.
9.	Access2Care, LLC	4.2.6	5	Is vehicle rental an approved level of service? Reimbursable?	No.
10.	Access2Care, LLC	4.2.6	5	Is there an expectation that the contractor will have to tax the escort for wages paid? And/or issue a W-2 for all activity in a calendar year?	The Contractor would not employ the escort. The Contractor would reimburse the expense. The Contractor is responsible to determine and follow applicable, local, State, and Federal tax laws.
11.	Access2Care, LLC	4.2.6	5	Under what circumstances would a paid caregiver be paid less than the federal minimum wage?	AHCCCS will review for approval. The federal minimum wage is the maximum reimbursable amount for AHCCCS approved escort wages.
12.	Access2Care, LLC	4.2.6	5	What is the amount of time allowed for documentation submittal from date of service in order to be reimbursed?	See General Requirement, 4.10 of the SOW.

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13.	Access2Care, LLC	4.2.6	5	Are there any expectations for pre-payments for meals or lodging prior to the long distance trip? If so, what are the expected forms of payments?	See 4.2 Coordinate and Facilitate. A plan must be submitted with the Offeror's Method of Approach.
14.	Access2Care, LLC	4.8	6	What is the current method for expense verification?	The Contractor determines expense at time of arrangement of services. Expense verification occurs at time of authorization by AHCCCS. See General Requirements 4.10 of the SOW.
15.	Access2Care, LLC	4.8	6	Members are not required to pay out of pocket for expenses. How is this handled today? For example, are members supplied with debit cards or pre-payment?	Members have been supplied debit cards for the Per Diem as needed. The Contractor pays the lodging.
16.	Access2Care, LLC	4.9	6	Is there a preferred method for expense verification? How do we determine funds are being properly appropriated?	Offeror may submit a plan with their Method of Approach.
17.	Access2Care, LLC	4.9	6	Please explain the current procedures used to prevent fraud waste and abuse, if submission of receipts are not required.	Contractor may pay lodging directly to the facility, may arrange direct billing, or provide per diem debit card. AHCCCS has internal processes for verification of service delivery.
18.	Access2Care, LLC	4.9	6	Will we be responsible to audit services if no receipts, member signatures or provider signatures are available to validate against?	See SOW 4.10. Per the Provider Billing Manual, AHCCCS may conduct post payment review of claims.
19.	Access2Care, LLC	4.10	6	Who designates rural vs. urban for rates?	See SOW 4.3 related to GSA rate information and 4.10 follow the AHCCCS FFS Provider Manual.

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20.	Access2Care, LLC	4.11	6	Where does the required forms originate from (do we create form)?	AHCCCS forms to be utilized see 4.11 in the SOW.
21.	Access2Care, LLC	4.11	6	Who is responsible for requesting medical necessity form from the medical professional – Access2Care/Health plan or member?	The Contractor.
22.	Access2Care, LLC	4.12	6	Will the health plan have a direct contact or distribution list with authority to override 72 hour authorization review timeframe?	There is a Prior Authorization line for providers.
23.	Access2Care, LLC	4.12	6	Are DMV checks and insurance verification required for any vehicle used? Who will perform those checks?	DMV checks are not conducted by the State nor are DMV checks required by the Contractor for the services of this RFP. Business Automobile Liability Insurance is not part of the Insurance Requirements for this RFP (pages 38 – 40).
24.	Access2Care, LLC	4.14	6	What is the time frame expectation as to how many days to pay providers or members once a claim is clean?	See SOW 4.8 and 4.14. Payments for authorized services to members may not be withheld for clean claim status.
25.	Access2Care, LLC	Exhibit B, Item 1.4	46	Please clarify the meaning of “key personnel and subcontractors”. Whose subcontractors are being referred to? Are transportation providers considered to be subcontractors for this questions?	Exhibit B, item 1.4 is regarding the team of people your firm used to carry out the services for references you submit who were involved in projects demonstrating your firm has experience providing the required services of this RFP.
26.	Access2Care, LLC	N/A	N/A	Please clarify what trips are handled in this program as opposed to regular NEMT program. Will this program will responsible for all trips over 100 miles?	See 3. Project or Service Overview/Background. This contract is for medically necessary travel outside the member’s service area usually requiring an overnight stay including lodging and/or meal coverage. This contract will be applicable to transportation, lodging and meal

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					related service referrals received by the Contractor to meet member needs as indicated in #3 Purpose and Background. This does not apply to all trips over 100 miles.
27.	Access2Care, LLC	N/A	N/A	Is it the vendor's responsibility to verify eligibility and if so, will an eligibility file be provided?	Contractor verifies eligibility utilizing AHCCCS online system. No eligibility file will be provided.
28.	Access2Care, LLC	N/A	N/A	In what format should claim/encounter files be submitted?	See SOW 4.10 follow the AHCCCS FFS provider manual. Claims submission training is available.
29.	Access2Care, LLC	N/A	N/A	Please provide specific utilization history by level of service.	See answer to question #5.
30.	LogistiCare	4.2.6	5	Who is required to provide the escort, the member, the medical facility, or the vendor?	The member. The escort must be ordered by the medical provider and determined by AHCCCS to be medically necessary.
31.	LogistiCare	4.2.6	5	Who determines the medical need for an escort, the member, the medical facility, or the vendor?	Medical necessity would need to be established by the ordering provider.
32.	LogistiCare	4.2.6	5	If the vendor is responsible for providing an escort, is it only when a family member or household member is not available for every trip? Is the member allowed to travel alone (i.e. without an escort)?	N/A see #30. Travel requirements are determined on a case by case basis based on medical necessity.

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33.	LogistiCare	4.2.6	5	If the vendor is responsible to provide the escort then the vendor is now responsible for collecting the necessary tax information from the paid escort. How will AHCCCS hold escorts accountable for timely submission of this information?	The Contractor may be responsible for escort reimbursement; however, the Contractor would not be responsible for provision of an escort. The Contractor would reimburse the escort, not to exceed the federal minimum wage, for the authorized services of the escort. The Contractor is responsible to determine and follow applicable, local, State, and Federal tax laws.
34.	LogistiCare	4.2.6	5	If the vendor is responsible to provide the escort, is the vendor now responsible for filing all applicable state and federal tax filings associated with paid escorts?	See #30. Please see 4.3 Applicable Taxes, page 24 of the RFP.
35.	LogistiCare	4.2.6	5	If the vendor is responsible to provide the escort, is the vendor now responsible for timekeeping associated with paid escorts?	See #30.
36.	LogistiCare	4.9	6	It is standard practice to require signatures for services provided from our network of providers. This ensures accurate payment and ultimately accurate charges to our direct clients. If this requirement is removed, how will the Contractor ensure request for payment is not fraudulent?	See SOW 4.9. The member is not required to provide receipts or provider signatures. However the member may be asked for a signature to verify that a service has been provided to them, such as a transportation trip report and upon delivery of meal payments.
37.	LogistiCare	4.12	6	Will a formal policy be developed that clearly explains the circumstances in which same day and urgent requests should be approved or will this be up to the vendor's interpretation and assumptions?	The Offeror is to develop a process for approval by AHCCCS.

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38.	LogistiCare	4.15	6	Please provide additional clarification and details concerning exactly what information is required to be submitted quarterly.	See SOW 4.15, quarterly payments and performance reports, format to be determined after award.
39.	LogistiCare	Exhibit A	45	In each scenario, transportation is needed. Can the Department please provide specifics regarding the mode of transport or level of service that would be required for each of the member examples listed?	Assume the details are as specified in the scenarios. For example if the scenario does not specify wheelchair, then assume wheelchair is not required.
40.	LogistiCare	Exhibit A	45	As it relates to the Pricing Exercise A through D, the mode of transportation is not specific. Are you requesting in each scenario a price that differs by mode of transport? Meaning, in scenario A, the contractor will provide price for Ambulatory Mode of transport and a separate price for Wheelchair, etc.? If not, please specify the mode of transport required for each example so that this can be priced accordingly.	See #39.
41.	LogistiCare	Exhibit A	45	Can the Department provide the current population count to be served under this contract as well as the current volume by mode of transport provided in 2015?	The population count is approximately 130,000 FFS members. A 2015 breakdown of volume by mode of transport is not available. AHCCCS does not guarantee the Contractor any minimum or maximum quantity of services or goods to be provided under this contract.