



HOWARD COUNTY, MARYLAND

OFFICE OF PURCHASING

6751 Columbia Gateway Drive, Suite 501, Columbia, MD 21046

ADDENDUM NO. 2 FEBRUARY 26, 2018 REQUEST FOR PROPOSALS

RFP NO. 11-2018

NON-EMERGENCY TRANSPORTATION SERVICES FOR MEDICAID RECIPIENTS

REVISED OPENING: FEBRUARY 7, 2018 AT 11:00 A.M.

<https://www.howardcountymd.gov/Departments/County-Administration/Purchasing>

This addendum is hereby made a part of this RFP No. 11-2018. Please note the following information as a result of the pre-proposal conference on January 5, 2018 and submit the proposal accordingly. The opening date is revised from January 31, 2018 to February 7, 2018.

Clarifications/Changes

Replace original Price Proposal Page with the attached **REVISED** Price Proposal Page. Only the County's attached **REVISED** Price Proposal Page shall be accepted. RFP responses submitted with the original Price Proposal Page shall be considered non-responsive.

Questions/Answers

1. **Question:** Refer to RFP Page 13, Section 2.1.9. Do you want services to be provided 24 hours/day for hospital discharges?

Response: Refer to RFP Page 13, Section 2.1.9. **Delete** this section in its entirety and **replace** with the following:

2.1.9 The Contractor shall provide non-emergency transportation to and from medically necessary Medicaid covered appointments. These services shall be provided to eligible Medicaid recipients residing in the County. Service shall be provided on weekdays and Saturdays on a regular basis and shall also be provided on occasional Sundays and holidays when dialysis centers and other medical facilities are open. Contractor shall provide hospital transfers and discharges 24 hours/day.

2.1.9.1 During office hours (8:00 A.M. to 4:00 P.M.), the County will approve trip, determine mode of transport, provide Contractor with authorization code and relay the ETA to the hospital.

2.1.9.2 After office hours (after 4:00 P.M.) the hospital will contact the Contractor directly. The Contractor shall transport clients in good faith, within 24 hours the Contractor shall notify the County of the after-hour transport, the County shall approve/deny the transport. If approved, the Contractor shall receive an authorization code. If denied, Contractor shall obtain payment from discharging hospital or other source.

2. **Question:** Refer to RFP Page 13, Section 2.1.13, First Sentence. This sentence contradicts State of Maryland regulations. Clarify whether or not the Contractor is required to provide service to a recipient who has additional bags, food, or observing the client coming from a location other than the address where they were dropped off.

Response: The Contractor shall not abandon recipient with additional bags. The Contractor shall report incident to the County and recipient will receive written notification from the County.

3. **Question:** Does the County have a minimum number of required vans or minimum age of vans?

Response: There is no minimum number of required vehicles or minimum age of vehicles; Contractor shall have sufficient amount of vehicles in its fleet to accommodate for program need. The Contractor shall ensure that all vehicles are in proper operating conditions and that all equipment is in proper operating order.

4. **Question:** In reference to ambulance service, is critical care required?

Response: Critical care is part of the required ambulance services.

5. **Question:** Refer to RFP Page 15, Section 2.2.6. Is this requirement subject to negotiation?

Response: The Contractor shall abide by all requirements and/or conditions imposed by the Maryland Department of Health during the term of the contract.

6. **Question:** Refer to RFP Page 16, Section 2.2.8.18 Clarify requirement that ambulance service for recipients who need not be transported in a supine position is not covered under the contract.

Response: The County or recipient's medical professional will determine the mode of transportation; if the Contractor selects to transport recipient in another mode of transportation at a higher cost, the transport will not be covered.

7. **Question:** Refer to RFP Page 17, Section 2.5.2. The Public Service Commission no longer does inspections. Clarify if this is still a RFP requirement.

Response: As per Maryland Department of Health, the Contractor must provide Public Service Commission inspections and current PSC inspection stickers unless vehicle has been deemed exclusive for the purpose of the Maryland Medical Assistance Transportation Program.

8. **Question:** Refer to RFP Page 19, Section 5.2. The State of Maryland Public Service Commission prevents Howard County from providing transportation for stretcher mode of transport, please clarify.

Response: Refer to RFP Page 19, Section 5.2. **Delete** this section in its entirety and **replace** with the following: "The Contractor shall be able to provide transportation for all three modes of transport: sedan, wheelchair, and ambulance."

9. **Question:** Refer to RFP Page 20, Section 5.5. Will the list provided by the State EMS office and the Maryland PSC meet this requirement since we have so many vehicles?

Response: The Contractor must hold valid permits, licenses, and certification as required by Maryland State law. The Contractor shall submit the list provided by the Maryland Public Service Commission with the RFP Technical Proposal.

10. **Question:** Refer to RFP Page 23, Section 15.3. Is the County going to be using Visa Procurement cards because the fees for using a credit card are getting higher?

Response: The County will not be using credit cards to reimburse the Contractor.

11. **Question:** Would you provide the average number of daily cancellations and no-shows?
Response: The annual average number of no-shows is 1275. Cancellations are transports that are cancelled prior to Contractor pickup, allowing enough time to prevent a no-show. The daily average number of cancellations is 4.
12. **Question:** Would you provide a loaded mileage report (monthly or annually) that the County sends to the State for FY17?
Response: The annual number of miles for FY17 is 215,841.
13. **Question:** Can the County provide a breakdown of total trips that are sedan and wheelchair separated out?
Response: For Fiscal Year 2017 total trips data: Sedan – 45,780, Wheelchair – 4,635.
14. **Question:** Refer to RFP Page 31, Price Proposal Page, Line Item No. 6. What is a bariatric fee? Is this an upcharge?
Response: Bariatric fee is the total cost per trip (not including mileage) for any patient over 300 lbs. or height/weight mismatch, it is not considered an upcharge.
15. **Question:** Does the County need a NICU licensed vehicle?
Response: The County does not require a NICU licensed vehicle.
16. **Question:** Would the County provide average weekly number of Methadone and dialysis trips?
Response: Average weekly number of Methadone trips is 420. Average weekly number of dialysis trips is 100.
17. **Question:** Are Methadone clients the largest population the County transports?
Response: Methadone trips are a large part of our daily transports but may not be considered the largest population. There are 65 methadone clients.
18. **Question:** Are Methadone clients transported on weekends?
Response: Methadone clients are transported Monday through Saturday and occasionally on Sundays.
19. **Question:** Does the County do its own screening? Do you require the Contractor to provide any screening?
Response: The County provides eligibility screenings; the Contractor is not required to provide any screenings.
20. **Question:** Refer to RFP Page 14, Section 2.1.19. Who provides the attendant?
Response: The recipient shall provide their own attendant.
21. **Question:** Would the County provide the average number of trips for Saturdays and Sundays?
Response: The average number of trips for Saturdays is 50. The average number of trips for Sundays is 5.
22. **Question:** Are any of the current drivers, schedulers, dispatchers, etc. part of a bargaining unit (union) with carryover rights that may affect the awarded vendor?
Response: No
23. **Question:** Refer to RFP Page 15, Section 2.2.5. Will the manifest be submitted electronically to the County? If so, what system does the County use?
Response: The manifest shall be submitted electronically to the County using an encrypted email source. The County uses an ACCESS database.

24. Question: How will the County communicate trip reservations to the Contractor? How much advance notice will be given to the Contractor for routine trips that do not meet same-day-reservation requirements?

Response: The County will send a manifest to the Contractor twice daily at 12PM and 3PM. Trip requests will be sent to the Contractor via a secured email system. All rides scheduled that day will be forwarded to the Contractor. Recipients have until 3pm to request next day rides.

25. Question: When does the County anticipate that it will notify the Contractor of anticipation to award the contract (needed to determine how long the Contractor will have to implement services)?

Response: The County intends to award a contract during the first or second week of March.

26. Question: Refer to RFP Page 19, Section 5.1. If a newly-formed entity is submitting a proposal, should it complete Page 30, Section F, Contractor's Qualification Information, for previous contracts its owners and managers were involved with at other companies? Or, does the County prefer an alternate solution?

Response: Yes, the Contractor shall complete and submit Section F, Contractor's Qualification Information sheet.

27. Question: Refer to RFP Page 26, Section 2.3.1.4.5 Technical Submittal Documents; Page 10, Section 22.2 Award Notification; Page 19, Section 5.1 Contractor's Qualifications. Please confirm that Contractors are not required to have all permits and certificates in place at the time of proposal submission, but rather that these must be submitted following contract award and prior to services being performed under the contract.

Response: Refer to RFP Page 20, Section D, Paragraph 5.5.

All other specifications, terms and conditions remain the same.

Please acknowledge addenda by signing below and returning with the proposal. Failure to acknowledge this addendum may be cause for rejection of the proposal.

ADDENDUM RECEIVED BY:

Company Name

Signature

Title

IBC

SECTION G

REVISED PRICE PROPOSAL PAGE

(Must be submitted separately from the Technical portion of the proposal)

COMPANY NAME: _____

TITLE: Non-Emergency Transportation Services For Medicaid Recipients

NIGP CODE/PRODUCT CODE: 952-94 Human Services, Transportation Services For The Elderly, Handicapped, Incapacitated Prisoners, etc.

NOTE: The Price Page is segmented in two groups. Group A: Non-Ambulance Transportation (Ambulatory and Wheelchair Van Service for Medicaid Recipients) and Group B: Ambulance Transportation. Group A services shall be billed based solely at a one way per trip rate as specified in Section D, Paragraph 2.7.1, Payment For Services. Group B services shall be billed based on a one way per trip rate for the specified type of trip (for example, Advanced Life Support) plus the actual service miles for the trip.

ITEM NO.	COMMODITY/SERVICE DESCRIPTION	ESTIMATED ANNUAL QUANTITY	U/M	UNIT PRICE (2 Decimal Places Only*)	EXTENDED PRICE
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GROUP A: NON-AMBULANCE TRANSPORTATION

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|----|--|--------|------|----------|----------|
| 1. | Transportation, Medicaid Recipients, Sedan/Wheelchair Under 10 Miles, Per Trip | 35,790 | Trip | \$_____. | \$_____. |
| 2. | Transportation, Medicaid Recipients, Sedan/Wheelchair Over 10 Miles, Per Trip | 8,360 | Trip | \$_____. | \$_____. |

GROUP B: AMBULANCE TRANSPORTATION

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|----|--|-------|------|----------|----------|
| 3. | Transportation, Medicaid Recipients, Ambulance Advanced Life Support, Per Trip. | 52 | Trip | \$_____. | \$_____. |
| 4. | Transportation, Medicaid Recipients, Ambulance Basic Life Support, Per Trip. | 616 | Trip | \$_____. | \$_____. |
| 5. | Transportation, Medicaid Recipients, Ambulance Critical Care, Per Trip | 6 | Trip | \$_____. | \$_____. |
| 6. | Transportation, Medicaid Recipients, Ambulance Bariatrics, Per Trip | 5 | Trip | \$_____. | \$_____. |
| 7. | Transportation, Medicaid Recipients, Ambulance, Neonatal, Per Trip | 20 | Trip | \$_____. | \$_____. |
| 8. | Transportation, Medicaid Recipients, Ambulance, Pediatrics, Per Trip | 10 | Trip | \$_____. | \$_____. |
| 9. | Transportation, Medicaid Recipients, Mileage for all Ambulance Trips as indicated in Group B Items 3 – 8, Per Mile | 9,040 | Mile | \$_____. | \$_____. |

TOTAL PROPOSAL PRICE (Group A plus Group B): \$_____.

* Please note that prices shall only have **TWO DECIMAL PLACES**. The County's financial system will not allow more than two decimal places, adjust responses accordingly.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____