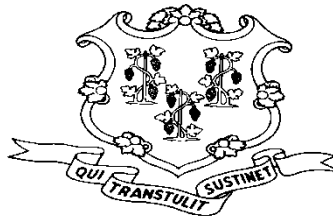


**The State of Connecticut
Department of Social Services**

**Non-Emergency
Medical
Transportation (NEMT)
Program**

Request for Information (RFI)



Date: March 24, 2016

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PART 1: GENERAL INFORMATION

1.1 Purpose of this Request for Information

The Connecticut Department of Social Services (Department) is issuing this Request for Information (RFI) to seek input to improve Connecticut's Non-Emergency Medical Transportation (NEMT) Program. By soliciting the knowledge of interested transportation brokers and industry leaders from Connecticut and throughout the United States, the Department seeks to broaden its perspective regarding potential strategies and solutions to enhance efficiencies and management of non-emergency medical transportation (NEMT) services for our state's Medicaid members (members). The Department is very interested in gathering as much information as possible to improve our understanding of solutions that will best serve our members. The Department is absolutely committed to having a more reliable, cost efficient and transparent model. We welcome and encourage comments from transportation brokers, industry leaders, and vendors to best inform system reform.

1.2 RFI Timeline

Event	Date
Release RFI	March 24, 2016
RFI Responses Due	April 21, 2016

The Department is requesting that all responses to this RFI be submitted by 4:00 p.m. EST on the due date. Please submit responses electronically to:

Name: **Marcia McDonough**
Address: **55 Farmington Avenue Hartford, CT 06105**
Phone: **860.424.5214**
Fax: **860.424.5800**
E-Mail: Marcia.McDonough@ct.gov

1.3 Disclaimers

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an invitation to submit bids or proposals or any other type of current or future procurement or contractual action, and is only intended to gather information and input. The Department will not award a contract or an agreement on the basis of this RFI or otherwise pay for any of the information received. Nor will any party be precluded from bidding on any future procurement's by not responding to this RFI.

The Department may use the information gathered through this process in the development of future documents. However, the Department does not guarantee that this will occur.

Respondents are solely responsible for all expenses associated with responding to this RFI.

The Department will not return responses to this RFI. Respondents will not be notified of the result of the Department's review, nor will they be provided copies of it. If the Department issues a procurement document, no vendor will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that no claims of confidentiality will be honored. Ownership of all data, material, and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

PART 2: BACKGROUND

2.1 NEMT Overview

The primary mission of the Department's NEMT Program is to provide safe, reliable and cost effective transportation to our Medicaid members who otherwise have no other means to get to medically necessary Medicaid services. Widespread feedback from members and their families, member advocates, health care providers, and government leaders speaks to the need for a more responsive and transparent program, as well as substantially better service delivery for our members. The Department would therefore greatly benefit from further perspectives on ways to enhance the management of the NEMT Program. As such, we are seeking input on possible strategies to meet the following objectives:

- To promote NEMT as a key element of a coordinated care strategy for those members who require it, in collaboration with our Administrative Services Organizations
- To maximize cost effective purchasing of transportation services
- To increase consumer access to needed medical services, especially in rural and underserved areas of the state
- To improve efficiency in the delivery of NEMT services

2.2 Current Service Delivery System

NEMT

The Department is the designated state agency administering the Medicaid Program in Connecticut. The Connecticut Medical Assistance Program (CMAP) serves more than 745,000 of Connecticut's medically neediest residents. Unlike other states, Connecticut administers its Medicaid Program entirely under the State Plan using a self-insured model of care. There are no managed care arrangements; the state holds 100% of the financial risk for the program. Medical, dental and behavioral health services are administered by three Administrative Services Organizations (ASOs). Provider services are reimbursed on a Fee-For-Services (FFS) basis. Since

completely moving to this managed fee for service model emphasizing primary and preventive care, Connecticut Medicaid recipients enjoy markedly improved access to medically necessary services, a broader array of primary care and other providers from whom to choose, notable improvements in quality of care and member satisfaction, all in the context of decreasing per member per month costs. The Department seeks to develop a non-emergency medical transportation program model that compliments the aims and success of its other ASO models.

Currently, administration of NEMT services is statewide, using a non-risk, broker model. Under the non-risk arrangement, the Department, through Hewlett Packard Enterprise (HPE), pays for livery, wheelchair and non-emergency ambulance costs while the Broker is responsible for reimbursing all other legitimate NEMT costs, as permitted by DSS. The broker is reimbursed for paying mileage reimbursement and mass transit.

As an administrative entity, the Broker works closely with the Department in the execution of its tasks. In particular, the Broker performs the following major functions:

1. Accepts monthly and daily files of eligible NEMT members;
2. Manages a Call Center, web site, and printed materials to communicate with clients and transportation providers;
 - a. Provides a prior authorization mechanism for all NEMT requests, including:
 - Verification of eligibility;
 - Closest appropriate healthcare provider; and
 - Least expensive and appropriate mode of transportation utilizing medical personnel when appropriate.
 - b. Arranges the appropriate transportation services.
3. Develops and manages a network of Transportation Providers to transport members to Medicaid covered services. This includes assisting providers in enrolling as CMAP Providers in the Department's interChange system and creating a Transportation Provider Agreement (TPA) that enables the Broker to authorize HPE to pay for livery, wheelchair and non-emergency ambulance services and the Broker to pay claims for mileage reimbursement and mass transit services provided to members;
4. Manages and maintains rigorous Quality Assurance, Utilization Review and auditing mechanisms to ensure that services have been delivered to eligible members within performance standards and to ensure that the Department only pays for appropriate claims and costs;
5. Implements a mechanism to manage claims data including:
 - a. An industry-acceptable means to accept claims data from livery and non-emergency wheelchair level of service providers; and
 - b. A mechanism to match and verify claims data with prior authorizations and other required information.

Services provided under NEMT include:

- Public transit or fixed route transportation
- Mileage reimbursement for private vehicles
- Livery/Taxi
- Wheelchair
- Ambulance

The following is a summary of NEMT services by mode, for calendar year 2015:

Total Trips: 4.3 million
Mass Transit: 2,003,965
Livery/Taxi: 1,693,962
Wheelchair: 340,775
Ambulance: 34,411

**Does not include mileage reimbursement

PART 3: RFI SUBMISSION FORMAT

Through this RFI, the Department is soliciting information and comments regarding options for improving Connecticut's NEMT program. All interested stakeholders are asked to respond in writing to this RFI, per the items outlined below.

3.1 Response Submission

Prepare responses simply and economically, using straightforward and concise language and descriptions. All responses should be produced in 12-point font or larger. Limit responses to no more than 16 pages. The pages may be double-sided. DO NOT INCLUDE marketing materials in the response to the Department.

3.2 Cover Letter

Include a cover letter with the following information submission.

1. An introduction to the respondent's organization, background, and interest in Connecticut's NEMT. This does not count towards the total number of pages.
2. General information about the respondent's organization: address, point of contact for this RFI with telephone and fax numbers and e-mail address. This does not count towards the total number of pages.

The cover letter does not count as a page in the response

Response Outline

Section I: Executive Summary of Organization (2 page maximum)

Section II: Information Requested

- General Questions (4 page maximum)
- Utilization Management (2 page maximum)
- Quality Management (2 page maximum)
- Data Analysis and Reporting (2 page maximum)
- Technology (2 page maximum)
- Additional Content Area (Optional: 2 page maximum)

All responses shall be formatted as a single PDF document.

The due date for submissions is April 21, 2016 by 4:00 pm EST. Vendors must designate a point person for communication regarding the status of the request.

Following submissions, organizations may be selected to participate in oral presentations to further explain, describe, and demonstrate the concepts and strategies underlying their response. These presentations will occur between May 9th - 13th 2016. Each presentation shall be no longer than 2 hours and in any format (PowerPoint, video, oral) the

vendor chooses. The presentation should include the content the vendor deems best demonstrative of the above-referenced information. Vendors will be notified of their selection to present no later than May 6th. Vendors will have the option of presenting remotely or in person, coordinated on a case-by-case basis depending on vendor preference and Department's capabilities.

PART 4: RFI DISCUSSION AREAS & QUESTIONS

The Department requests that interested stakeholders send responses to all or any of the questions and topics detailed below:

General Questions

The Department currently operates a state-wide, non-risk broker NEMT model under the Medicaid State Plan. Although there are benefits to a non-risk broker model, the Department is interested in being better informed about the advantages and disadvantages of other NEMT arrangements. The Department is also very interested in learning about innovations in this field, in particular creative uses of new technologies and social media, to better assist members accessing transportation.

Please answer the following questions related to your current contracts and services. Please base your answers on the majority of current contracts:

1. Describe the Medicaid NEMT model under which you operate. Are your contracts risk-based or non-risk based? What are the advantages and/or disadvantages of each of these models, and of your model, from the members' perspective and from your perspective? In particular, are your services under the State Plan or a waiver? If under the State Plan, is NEMT an administrative and/or a medical service; if a waiver, which waiver and are all NEMT services under the waiver or is it a mixed model with some NEMT under the State Plan and some under the waiver?
2. Do you pay the NEMT provider claims directly? What are advantages and/or disadvantages of this arrangement? Does your contract require paying providers using a fee schedule or a standard per mile level of reimbursement, or is another payment arrangement used? If so, what is this other arrangement? Who sets the rates for NEMT providers? How are NEMT claims submitted for federal financial participation?
3. Which Medicaid members are served? Are all Medicaid members eligible for NEMT or only certain members or services covered? If the latter, how is this determined?
4. What types of providers are included in your transportation network?
5. What efficiencies do you bring to your contracts? Do you utilize innovations to facilitate scheduling, deployment of drivers (e.g. GPS, etc.), use of alternative transportation services, or other innovations that you are willing to describe?
6. Are there NEMT services that you carve out or provide separately from the broker?

Information Requested

Briefly describe and be prepared to demonstrate innovative solutions, technology, and outcome reporting currently used and how these tools improve the quality of care and outcomes in the following domain areas:

- **Utilization Management (UM):** Describe your utilization management system and how it effectively and efficiently manages and ensures the most efficient and least costly mode of transportation. What steps would you take to improve your current UM system? Describe how medical necessity is determined for the mode of transportation.

- **Quality Management (QM)**: Describe your quality improvement and quality assurance activities for both internal operations and NEMT providers. At a minimum, this should include the identification of systematic problems or errors and a formal process to improve or correct the problem. The Department seeks to ensure that all members receive appropriate, effective, medically necessary, and cost efficient NEMT services. This can be accomplished by systematically and objectively monitoring the quality of NEMT services. A comprehensive complaint procedure is critical to improving the quality of services. Describe your system to collect, report, and resolve complaints. An important QM activity is monitoring fraud and abuse. Describe your NEMT provider and member fraud and abuse monitoring plan.
- **Data Analysis and Reporting**: refers to the ability to have a robust, comprehensive yet flexible data collection and reporting process that allows for identification and interpretation of trends and aberrations within the NEMT system. The Department is interested in the use of NEMT Provider Report Cards or Dashboards that illustrate performance on specified performance measures.
- **Technology**: The Department is especially interested in how the vendor maximizes the use of technology to arrange and manage NEMT services for members and how this technology improves the efficiency of the service for the member, NEMT provider, and medical provider.

In addition to these four key areas, the vendor may provide information for one supplemental content area that best demonstrates a unique skill set, highlights best practices, and/or has relevance to the RFI.