



**MERCY CARE**  
**REQUEST FOR INFORMATION (RFI)**  
**TRANSPORTATION VENDORS**  
**May 2019**



COVER LETTER

DATE

Provider Name

Provider Address

Provider Address

City, State, Zip

RE: Aetna Better Health and Aetna Medicaid Administrators RFI

Dear Transportation Provider:

We are in the process of reviewing our Transportation vendors and how we can improve benefit offerings and access for our members. The first step in this process is to identify key areas of focus partner relationships and what we can improve upon moving forward. We believe the most efficient way for Aetna Medicaid to assess our current and future partners is to issue this Request for Information (RFI).

The following RFI is a list of four questions we have identified that will help evaluate our current and future partners and guide our selection process going forward as we enter into new Medicaid markets. Currently, Aetna Medicaid is in 15 markets and is actively responding to several state procurement opportunities.

Based on your feedback provided, Aetna Medicaid will evaluate your responses and align them with our current business and future needs. Your feedback will also help aid in our decision going forward.

Please review and respond to the questions in the following pages. Please forward questions concerning this request for information (RFI) to Erika Woods via email at [woodse1@aetna.com](mailto:woodse1@aetna.com) on or before 06/14/2019 at 5:00 p.m., Arizona Time. Telephonic Questions shall not be accepted. The following individuals may be contacted if you receive an out of office for Erika Woods:

Reesa Smith at [Reesa.Smith@mercycares.org](mailto:Reesa.Smith@mercycares.org), Luis Sanchez at [SanchezL@mercycares.org](mailto:SanchezL@mercycares.org) or Brad Hargens at [Hargensb@mercycares.org](mailto:Hargensb@mercycares.org)

Responses to this RFI must be submitted to Mercy Care on or prior to the time and date and at the location indicated above. **Late responses may not be considered.**

All responses must be typewritten. Additional instructions for preparing a response are included in this request. In person presentations and site visits will be scheduled in June.

Thank you,  
Mercy Care Plan

## INTRODUCTION

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Aetna’s mission is to build a healthier world—one person, one community at a time. We are a leading diversified health care benefits company, serving an estimated 38.8 million people. We offer industry-leading information, tools and resources to help people achieve their best possible health. The Aetna team is committed to creating a better health care experience and providing access to affordable, high quality health care.

## CORPORATE OVERVIEW

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### **Aetna, Inc.**

Aetna is one of the nation’s leading diversified health care benefits companies, serving an estimated 38.8 million people with information and resources to help them make better informed decisions about their health care. Aetna offers a broad range of traditional, voluntary and consumer-directed health insurance products and related services, including medical, pharmacy, dental, and behavioral health plans, medical management capabilities, Medicaid health care management services, workers’ compensation administrative services and health information technology products and services. Aetna’s customers include employer groups, individuals, college students, part-time and hourly workers, health plans, health care providers, governmental units, government-sponsored plans, labor groups and expatriates. For more information, see [www.aetna.com](http://www.aetna.com)

## HEALTH PLAN OVERVIEW

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Mercy Care Plan (MCP) is Arizona’s largest Medicaid plan, sponsored by Dignity Health and Carondelet Health Network and managed by Aetna Medicaid. Mercy Care RBHA is Arizona’s state-contracted Regional Behavioral Health Authority, sponsored by Mercy Care Plan.

The two not-for-profit health systems together cover acute care, long-term care and behavioral



Health services for roughly 400,000 members in Arizona. Mercy Care Plan serves members throughout the state of Arizona, while MercyCare RBHA is the RBHA for GSA 6, which includes all of Maricopa County and a small portion of Pinal County. The statewide provider networks include nearly 15,000 medical and behavioral health practitioners, therapists, medical specialists, in-patient and out-patient facilities, medical equipment vendors, transportation providers, housing and rehabilitation providers and employment and prevention specialists.

## PURPOSE

The mission of the Non-Emergency Transportation (NEMT) program is to eliminate transportation barriers for members. The NEMT Program ensures that necessary non-emergency transportation services are available to Members.

Mercy Care would seek to solicit responses from vendors for NEMT. We are looking for innovative ideas on how to handle NEMT (to include arranging transportation, the potential to Leverage vendor's technology to log additional request that come into the Health Plan and reimburse transportation claims for MercyCare approved eligible members). The NEMT vendor will be required to ensure that all eligible members receive transportation services that are safe, reliable and on time by providers who are licensed, qualified, competent, and courteous.

The primary populations that will be served for the NEMT program are enrolled in the Mercy Care and Mercy Care RBHA programs. The provider network must be State-wide and available in Rural areas.

Mercy Care is looking for innovative ideas and proposals that should include shared savings initiatives as well as suggestions for reimbursement model for transportation costs and that include administrative fees.

## SCOPE OF RFI

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We identified your company as a Key provider for non-emergency transportation services and for the programs outlined below. This RFI is a formal request for proposal on your capabilities, approach and costs associated with offering these programs for Aetna's Medicaid and Medicare businesses. The RFI scope includes:

In-Scope Services	
Service	Service Details
Customization and Dedicated Support	Ability to quickly program and support specific plan sponsor customization requests.
Technology Infrastructure Investment	Ability to fund Aetna IT infrastructure.

In-Scope Services	
Service	Service Details
Performance Guarantees	Performance guarantees on utilization management program standards, turn-around times, and reversal of adverse decisions; provider satisfaction; call center support; file exchange process; and dedicated plan sponsor support.
Capability to report metrics by interval	Skill and agent metrics including offered, answered, AHT (Average handle Time), ASA (Average Speed of Answer), ABD% (Abandonment Percent), TSF (Telephone Service Factor), AUX (Auxiliary Time) , staffed hours, occupancy, shrinkage, adherence, pure aux
Call Routing redundancy	
Ability to process when systems are down	
Call center Documentation tools feeds to Aetna	
Multi-channel capabilities	Capability to provide members with seamless communication channels, such as text or phone calls to remind members about their upcoming ride, or driver status. Multi-channel capabilities may also include ways in which to receive transportation requests or send requests to contracted network providers, such as telephone, fax, email or web portal.
Automation capabilities to process transportation requests	IVR, portals, apps
Production ramp up	Process for ramping up for peak volumes and Process for scaling if understaffed
Post Call Survey process/questions	
Complaints and Grievances	Turnaround time for compliant processing Process for Incident reporting

## HOW TO RESPOND

Submit a complete response with contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.

## TIMELINE

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The timeline for this RFI is as follows:

RFI Milestones	Due Date
RFI Release	05/17/2019
RFI Responses Due <b>by end of day on:</b>	06/14/2019
Aetna to invite selected Vendors for final presentation	06/30/2019
Program Implementation/Go-Live	10/01/2019

***AETNA RESERVES THE RIGHT TO CHANGE THE ABOVE SCHEDULE AT ANY TIME WITHOUT VENDOR CONSENT.***

## METHODOLOGY

(PLEASE LIMIT TO 20 PAGES OR LESS, EXCLUDING ATTACHMENTS OR EXHIBITS)

Provide a detailed written response to the categories that include the following elements:

### SUMMARY

Describe your current provider network and service area of the network.

- a) Who do you subcontract with for NEMT services?
- b) Please submit with the proposal a Model subcontract that Vendor intends to use with NEMT Providers
- c) Do you have a Broker contract with other Payors in Arizona? If so, please list name of Payor(s), number of memberships you serve per Payor, Mode of contracted transport(s), contact name and number for references.

### OPERATIONS

1. Describe the operations of your call center. Please include the hours of operation & performance measures.
2. How do you ensure appropriate provider coverage for the State?
3. Do you provide translator or interpreter services and what language(s)?
4. Describe the workflow of an approval for transportation.
5. What is your Member Complaint Resolution & Appeal Process?
6. Describe the inclusion of public transportation (bus passes, light rail, etc.) in your operations.
7. Describe any differences in approach for rural vs. an urban county?

8. Describe how you will expand and contract to handle limited transportation availability during peak travel events?
9. Describe your call center staffing model, call center hiring criteria and call staffing training protocols.
10. Describe your call quality program.
11. Describe your business continuity and disaster recovery plan.

#### **DRIVER AND VEHICLE**

1. What types of vehicles do you use for general and special populations and what is the fleet size for each Mode of transportation?
2. Explain your ability to transport special needs members including the type of vehicles used.
3. Do you provide training for your subcontracted provider network and drivers? If so, please describe, including but not limited to requirements, topics covered and frequency.
4. Describe your new hire and ongoing driver background checks (fingerprint, ticket violations, drug testing, and sample of credentialing P&P).

#### **REPORTING**

1. What types of basic reporting packages do you provide?
2. Describe your Technology services. Please also include:
  - a) Idea on use of technology to improve service – web portal?
  - b) What is your Business Continuity & Disaster Recovery Process?
3. Describe your Implementation Work Plan.
4. Send AHCCCS required documentation for all trips – such as member signature, driver signature, odometer reading, and Pick-Up and Drop-off locations.

#### **Fraud Waste and Abuse**

1. What technology will be used to verify location when a trip is requested? Drop off members to State Verified locations.
2. Verify member location and possibly update State Database with the new address if any.
3. Potentially Self Audit and send reports to the health plan

#### **STRATEGY**

1. Please provide us with your innovative ideas for improving the in the NEMT system given our population and contracts with the State.
2. What are your ideas for Shared savings?

#### **PRICING**

Provide, to the extent possible, an estimated pricing model and pricing details to purchase, implement, and operate the described NEMT services for the Mercy Care population in Maricopa County.

Respondents must clearly state all assumptions underlying your pricing responses (i.e., charge basis, charge variances and sensitivities, etc.)

#### **PRESENTATION OF FIRM'S CAPABILITIES**



Respondents may also take the opportunity to schedule a 60-minute presentation with select Mercy Care management to describe your firm’s capability before 06/30/2019. This time will allow the vendor and Mercy care to discuss strategy and review any questions. Please include your interest in such a presentation with your cover letter. Mercy Care will contact the vendor to schedule a time.

**ELECTRONIC SUBMISSION**

Entire response shall be submitted to the procurement officer listed on the front page in electronic format. Responses may be delivered through documents attached to an email or physically (on a CD) to the procurement officer listed on the front page. Due to MercyCare and Aetna’s system restrictions, we are not able to view information on a USB drive so please use a CD or email for submission.

**CONCLUSION**

This RFI is a request for additional information from the vendor community and it is not a guarantee of an offer for a contract.

**VENDOR RESPONSE EXHIBITS**

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**Thank you in advance for your time and effort in completing this Request for Proposal.**

Appendices	Please Provide the Following:
Appendix A	Individual(s) having authority to contractually bind the vendor.
Appendix B	Individual(s) to be contacted during both the evaluation of the information and in the possibility of the execution of the contract.
Appendix C	Statement of Acceptance and Confidentiality Agreement
Appendix D	A copy of your organizational chart and Mission Statement
Appendix E	Your latest annual report and financial statements for the past two years
Appendix F	Copy of Privacy and Security policies
Appendix G	Sample Reports
Appendix H	The pricing methodology and potential cost estimates for the proposed program. Specify all pricing models, including member case rates or member PMPM price for management of patients, as specified in this document.
Appendix I	QI Plan description



Appendix J	Documentation of all CGL, E&O, D&O, workers compensation and other relevant insurance policies protecting your organization against any losses arising from or relating to the services you provide.
Appendix K	Statement of NCQA and URAC accreditation plans.
Appendix L	Subcontractors and/or collaborating organizations with which vendor will be required to utilize to implement program(s).
Appendix M	Vendor Responses to Questions in 2.2 VENDOR OVERVIEW

## DEFINITIONS

**MCP**– Mercy Care Plan

**MEMBER** - Covered members are enrolled in Mercy Care Plan and Mercy Care RBHA.

**Non-Emergency Transportation (NEMT) Services** – Necessary non-emergency transportation services provided to Medicaid eligible Members to ensure reasonable access to and from Covered Medical Services. Necessary transportation is defined as the Mode of Transportation available that is most appropriate for the needs of the member.

**PROVIDER** – Any person or entity that contracts with Mercy Care or a Contractor for the provision of covered service to members according to the provisions of A.R.S. 36-2901 or any subcontractor of a provider delivering services pursuant to A.R.S. 36-2901.

**VENDOR** - Transportation vendor responsible for establishing a network of providers, operating a central call center, implementing screening to validate eligibility of recipient and trip for coverage, determining the most appropriate mode of transportation, maintaining quality assurance, reporting encounter data, and paying the NEMT subcontractors directly.

### Request for Information - Confidentiality

#### *Vendor Statement of Acceptance and Confidentiality*

This is a Request for Information (RFI) only. This RFI is not an offer or a contract to purchase goods or services, nor does it impose upon Aetna, the bidding organization ("Vendor"), or their respective affiliates, any rights, benefits liabilities or obligations (except for those obligations of Vendor and rights and benefits of Aetna expressly contained in this RFI). In no event shall Aetna, or its Affiliates, be liable for any fees, costs or expenses incurred by the Vendor, or its affiliates, in responding to this request or costs associated thereto. Aetna is not obligated to enter into negotiations with Vendor or any other bidder. Nothing in this RFI shall be construed as a binding commitment or offer to contract, except the confidentiality obligation, in the next paragraph, shall be binding upon Vendor and its Affiliates, including their successors. Aetna reserves the right to discontinue the RFI process at any time, for any reason.

Any information presented by Aetna to Vendor in connection with this RFI or negotiations, if any, toward a management services agreement, shall be considered confidential and proprietary information including, but not limited to, all compensation schedules, demographic data and/or other information. Without prior explicit written permission of Aetna, Vendor shall not disclose this information to any party except to those individuals within the Vendor's organization on a need-to-know basis solely for purposes of evaluating and preparing a response to this RFI. Vendor agrees not to use any information in this RFI, or any other materials, for any other purpose, including, but not limited to any purpose related to the business Affairs or procedures of Vendor and/or of its Affiliates, or otherwise for Vendor's or its Affiliates own advantage, other than in evaluating and responding to this RFI. Those individuals to



whom the information is disclosed shall be advised of its confidential and proprietary nature and their obligation not to disclose the information. Vendor agrees to return to Aetna any Aetna confidential or proprietary materials upon Aetna's request. Aetna reserves the right to retain all submitted materials. The rights and obligations set forth in this paragraph shall survive for seven (7) years from the date Aetna receives this Statement from Vendor, whether or not a definitive agreement is executed by and between Vendor and Aetna.

Aetna reserves the right to renegotiate further, any price initially or subsequently proposed by Vendor. Vendor certifies that the rates and/or discounts proposed have been arrived at independently, without consultation, communication, or agreement, as to any matter relating to such process with any other bidding Vendor, non-bidding Vendor, or competitor of Aetna and that the rates and/or discounts proposed have not been disclosed prior to award of contract, directly or indirectly, to any other bidding Vendor or to any competitor of Aetna.

The undersigned certifies that he/she is the duly authorized person in the Vendor's organization responsible for, and/or authorized to make, decisions as to the terms, prices and/or discounts quoted. The undersigned further agrees that he/she or the organization represented has not and will not participate in any action in violation of the terms and conditions set forth herein.

Vendor: \_\_\_\_\_

Signatory: \_\_\_\_\_ Date: \_\_\_\_\_

Signatory Title: \_\_\_\_\_