

PARATRANSIT RFP-2023-MA-01

QUESTIONS, ANSWERS, AND CLARIFICATIONS Part – 1

Q-1: “What type of service is being sought?”

Proposers must provide payor and program approvals, operational processes, marketing and outreach and rider eligibility services. The selected contractor's role will be to identify which of the trips that are already being provided through the Paratransit service are potentially eligible for Medi-Cal reimbursements.

Q-2: “How many trips would be provided?”

***County Connection (CCCTA) does not have estimates of future needs. The scope of work mandates that the vendor selected will be responsible for identifying the number of trips that qualify for Medi-Cal reimbursement. The necessary trip data from past months can be accessed on our website:
<https://countyconnection.com/meetings/>***

Q-3: “Who is the current ADA Paratransit provider?”

Transdev Services, Inc.

Q-4: “RFP spoke to technology, what type of technology is being sought?”

CCCTA is presently using Trapeze but is open to exploring alternative technology solutions that could interact with Trapeze V21. The vendor can use this technology to identify which trips, passengers, and addresses are qualified for reimbursement by Medi-Cal.

Q-5: “Please confirm that proposers may provide pricing in terms of a fixed annual fee and 0% for a % of booked revenue. Having a % of booked revenue equation incentives a proposer to bill for more passengers, increases ADA Paratransit Demand and increased costs, even with receiving a % back from Medi-Cal.

Certainly, proposers may propose compensation terms, including, but not limited to 0% of booked revenue. CCCTA is not dictating a specific compensation methodology.

Q-6: “Please include all applicable Medi-Cal requirements the contractor is responsible for”.

Proposers are responsible for knowing and applying all Medi-Cal rules and ensuring CCCTA is abiding by them. Such rules include, but are not limited to, Welfare and Institutions Code §§ 14042, 14043 et seq. and California Code of Regulations Title 22, §§ 51000 et seq.

Q-7: "Please provide the total of ADA Paratransit trips completed within the last three fiscal years to include".

Please see CCCTA's website for past data see link above in question #2.

Q-8: "Are Medi-Cal numbers currently being collected at the time of ADA Certification?"

No, CCCTA is not currently collecting this information.

Q-9: "The cost arrangement and scope of work is a replica of a business model of one of the proposers that attended the pre-proposal conference. Please confirm that the scope of work was developed without any guidance or influence."

The scope of work and cost proposal were developed independently by staff based on market research; no vendor was involved.

Q-10: "Medi-Cal has strict requirements regarding procurements related to fraud and abuse. Please confirm the RFP complies with all applicable Medi-Cal Requirements".

To the best of our knowledge, this RFP complies with applicable Medi-Cal requirements, including Welfare and Institutions Code §§ 14047, et seq.

Q-11: "Who is responsible for Medi-Cal Audits when they occur, the contractor or the agency?"

The Contractor is responsible for this.

Q-12: "Who is responsible for overpayments/ incorrect payments when a Medi-Cal audit identifies such and recovers funds?"

The Contractor is responsible for overpayments and incorrect payments. Repayments or receipts of additional funds will depend on agreed upon billing arrangements.

Q-13: "Please confirm if proposals that deviate from the scope of work will be accepted that will be more efficient and accurate for the transit agency."

Proposers must provide payor and program approvals, operational processes, marketing and outreach and rider eligibility services. Proposers are encouraged provide innovative solutions and their own approaches to these services. This is a best value procurement.

Q-14: "An API is not required to extract data from Trapeze or any other software program to bill Medi-Cal. Please confirm that an API is not required for this contract."

CCCTA will consider proposals that do not include the use of an API, but all proposers must provide a detailed explanation of their approach to extracting information from Trapeze.

Q-15: "Is the agency's intent to bill Medi-Cal directly or to bill Health Plans and or Non-Emergency Medical Transportation (NEMT) companies for services provided?"

CCCTA will bill Medi-Cal and Contra Costa Health Plan.

Q-16: "Are references able to be accepted for projects more than five (5) years old?"

No, CCCTA needs to examine recent experience. Proposers must provide a list of no more than five (5) references from organizations currently receiving services from the Proposer or that have received services in the past three (3) years.

Q-17: "The Scope of Work (SOW) design is not Medi-Cal Audit Proof and deviates from State Laws and Regulations. Please confirm if an alternative approach that is audit proof and complies with State Laws will be accepted?"

Refer to response to Q-13.

Q-18: "Is the intent to utilize the current ADA Paratransit fleet and identify trips that are Medi-Cal eligible, or to operate a separate fleet to run eligible NEMT services?"

The objective is to make use of the existing ADA Paratransit fleet, which is already in operation. The Contractor's task is to identify the qualifying trips and charge Medi-Cal for them, resulting in revenue reimbursement to CCCTA. Moreover, eligible passengers will be exempt from paying a fee.

Q-19: "Marketing efforts are described to grow the NEMT Services, even though more eligible riders may be found, it will ultimately increase the agency's budget for ADA Paratransit Services exponentially even with 50% potentially being claimed back from Medi-Cal. Is this what the agency wishes to do?"

CCCTA is confident in its budget and ridership estimates for these services. CCCTA determines passenger eligibility for its services solely based on their ability to use fixed route services, either some or none of the time, due to their disability or disabling condition. The eligibility criteria are not based on the person's Medi-Cal eligibility. If a passenger is found eligible under the Americans

with Disabilities Act and they have trips that qualify for reimbursement under Non-Emergency Medical Transportation, they will be informed about the availability of this provision and their fee waiver associated with it.