

Notice of Request for Proposal (RFP) Medi-Cal Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Benefit – Amendment 1

Alameda Alliance for Health
1240 South Loop Road
Alameda, California 94502
Email: VendorManagement@alamedaalliance.org

Timeline

Item	Due Date
RFP Issued	Wednesday, May 6, 2026
RFP Responses Due (<i>no exceptions</i>)	Friday, June 19, 2026
Finalist Selection	Friday, July 31, 2026
Finalist Interviews and Presentations	Monday, August 3 to Friday, September 18, 2026
Vendor Selection	Friday, October 30, 2026

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I. About Alameda Alliance for Health (Alliance)

A. Overview

Alameda Alliance for Health (Alliance, Plan) is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to Alameda County residents. Established in 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, leadership, staff, and provider network reflect the county's cultural and linguistic diversity. The Alliance provides health care coverage to more than 404,000 children and adults with limited resources through a National Committee on Quality Assurance (NCQA) accredited Medicare, Medi-Cal, and Alliance Group Care program (an employer-sponsored plan that provides affordable, comprehensive health care coverage to In-Home Supportive Services (IHSS) workers in Alameda County). On Thursday, January 1, 2026, the Alliance began offering a Health Maintenance Organization (HMO) Dual Eligible Special Needs Plan (D-SNP) to members. The new plan is called Alameda Alliance Wellness. The Alliance provides health care coverage for one (1) in four (4) Alameda County residents in partnership with a network of more than 10,000 physicians and specialists, hospitals, and pharmacies.

The Alliance's primary source of operating income is government funding. Investment income is the Alliance's other non-operating income. The Alliance has fixed assets, including an office building and IT hardware.

As a public and not-for-profit organization, the Alliance must work to adhere to the State of California's healthcare regulations and legislation, as it is a government-controlled entity. In the last five (5) years, the Alliance has grown and changed, including new state programs, new reporting requirements, new products (including a Medicare D-SNP program), and growth of membership and staff.

B. Programs

Alliance Group Care

Alliance Group Care provides low-cost health care coverage to IHSS workers in Alameda County. Benefits include routine care from a primary care physician, specialty care, hospital care, and other services.

IHSS home care workers may qualify for Alliance Group Care through the Alameda County Public Authority for IHSS. Transportation is not a Group Care benefit, but these members are part of our Plan's operations.

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Alliance Medi-Cal

Medi-Cal is a state-sponsored health insurance program administered through the Alliance.

Medi-Cal provides comprehensive health care coverage for those who meet income guidelines, including:

- Adults who meet income requirements
- Families and children
- People with disabilities
- Seniors

Alameda Alliance Wellness

On Thursday, January 1, 2026, the Alliance expanded to offer Medicare D-SNP to Alameda County residents who are dually eligible for Medicare and Medi-Cal. The addition of the Medicare line of business will offer care coordination and wrap-around services.

The transportation benefit is offered to the Plan's Medi-Cal membership, and for D-SNP members, utilizing their Medi-Cal benefits.

II. Project Description

The Alliance is seeking proposals from qualified Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) brokers to support our transportation benefit. Each month, our members utilize around 60,000 member trips across all transportation modalities, including ambulatory and specialized medical transport. To meet the needs of our diverse membership, we require a broker with a robust Transportation Provider (TP) network that fully complies with all applicable DHCS All Plan Letter (APL) requirements, including network adequacy, Department of Health Care Services (DHCS) Provider Application and Validation for Enrollment (PAVE) enrollment, credentialing, on-time performance, and oversight standards.

The selected broker will be responsible for end-to-end transportation operations, including call center services, trip routing and scheduling, transportation provider credentialing, network development and management, and claims processing. We expect a partner capable of delivering safe, timely, and high-quality trips while maintaining strong operational controls and regulatory compliance.

Above all, our goal is to ensure that members experience this benefit as reliable, respectful, and easy to use. We are seeking a broker who shares our commitment to service excellence and member satisfaction.

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A. Medi-Cal Transportation Benefits

Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) are among the most operationally complex benefits within Medi-Cal. The Alliance has partnered with a single transportation broker for more than a decade to administer these benefits, a period marked by significant changes in Medi-Cal policy. While this longstanding relationship has supported our members through significant growth and increased regulatory oversight, the evolving complexity of Medi-Cal transportation and the breadth of services required have led the Alliance to conduct a competitive RFP process to evaluate brokerage solutions and ensure we are positioned to meet current and future program needs.

The transportation market in California remains difficult: rising utilization, increasing operational demands, complex regulatory requirements, and the unique needs of Medi-Cal members all contribute to a challenging service environment. Transportation providers are being asked to support more trips, more complex member needs, and tighter service expectations within a reimbursement structure that has not kept pace with these demands. Despite these realities, the Alliance is committed to delivering a reliable, member-centered transportation experience that supports access to care, reduces avoidable barriers, and improves health outcomes.

To meet this commitment, the Alliance is issuing this Request for Proposal (RFP) to identify a transportation broker capable of delivering a high-performing, compliant, and member-focused NEMT and NMT program. We seek a partner with the operational strength, technological capability, provider network depth, and service culture necessary to navigate a difficult market while consistently delivering a positive experience for our members.

III. RFP Administrative Details

Vendors may submit written questions regarding this RFP by email to VendorManagement@alamedaalliance.org. The Alliance will reply as appropriate.

A. Amendment of RFP

The Alliance reserves the right to amend the RFP requirements and timetables to waive non-conformities and to reject proposals. The final scope of work is subject to negotiation between the Alliance and the chosen vendor. The Alliance retains the right to amend the RFP by a written amendment posted on the Alliance website.

B. The Alliance Option to Reject Proposals

The Alliance may, at its sole discretion, reject any or all proposals submitted in response to this RFP at any time, with or without cause. The Alliance shall not be liable for any costs incurred by the Bidder in connection with the preparation and submission of any proposal. The Alliance reserves the right to waive immaterial deviations in a submitted proposal.

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C. RFP Timeline

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IV. Instructions for Response

A. Submission Instructions

Vendors must submit their proposals via email to the Alliance Vendor Management Department in PDF format to **VendorManagement@alamedaalliance.org**.

The subject line of the email must read: **Transportation Benefit RFP – [Vendor Name]**

Electronic submissions must be received no later than 4 pm Pacific Time on Friday, June 19, 2026. Late submissions will not be accepted.

If you have any questions regarding this Request for Proposal, email your questions to **VendorManagement@alamedaalliance.org**.

B. Proposal Costs and Disclaimers

All costs incurred in the preparation of a proposal responding to this RFP will be the responsibility of the vendor. The Alliance reserves the right to reject any or all proposals, waive irregularities, or accept the proposal deemed most advantageous.

No late submissions of any kind will be accepted.

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V. General Vendor Information

Provide the following information about your organization:

A. Vendor Primary Contact

Vendor Primary Contact	
Address	
City, State Zip	
Contact information	
Alternate phone	
Fax	
E-mail	
Vendor’s internet homepage	

B. Vendor Employee Details

Indicate the number of employees in your organization (by category)

Department/Entity	Number of Employees	Location(s) (City, State)	FTEs Dedicated to the Alliance	Notes
Total Employees				
Executive and Program Leadership				
Network Management/ Provider Relations				
Call Center				
Dispatch and Real-Time Trip Monitoring				
Quality Assurances and Performance Management				
Compliance and Regulatory Affairs				
Data and Reporting				
Technology/IT Support				
Implementation and Project Management				
Member Education and Outreach				

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Department/Entity	Number of Employees	Location(s) (City, State)	FTEs Dedicated to the Alliance	Notes
Member Experience				
Provider Claims Payment				

C. Vendor Background and Customer Base

Criteria	Answer
How long has your company been in business?	
Describe your ownership/legal structure.	
Provide the names and bios of leadership within your organization.	
Has your company received notice of violation of, or been convicted of a violation of, any Federal, state, or local law? If yes, please explain. Provide additional attachments if necessary.	
Exclusions – Has your company been listed as an excluded Vendor by any Federal or State agency, or convicted of a criminal offense related to healthcare? If yes, please explain. Provide additional attachments if necessary.	
Human Rights – Has your company been cited for, or does your company have business activities that contribute to the violation of human rights? If yes, please explain. Provide additional attachments if necessary.	
<p>Offshoring of Services and Functions – The Alliance prohibits any offshoring of services that involve access to, use of, or disclosure of protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA). In addition to confirming compliance with this requirement, please describe in detail any services, functions, or operational activities your organization performs outside of the United States, regardless of whether PHI is involved.</p> <p>Your response should include:</p> <ul style="list-style-type: none"> • A list of all departments, roles, or functions that are offshored. • The countries where these functions are performed. • Whether any subcontractors are used offshore and for what purposes. • How you ensure offshore activities do not have access to PHI. • How you segregate systems, data, and workflows to prevent PHI exposure. • Any plans to expand or reduce offshore operations during the contract term. 	

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VI. RFP Questions

Proposals should be prepared simply and economically, providing straightforward, concise descriptions of the vendor’s capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

	Topic	Explain your responses to each question outlined below:
1.	Executive Summary/Capabilities	Bidders shall provide a high-level description of how their proposal will meet the project requirements outlined above.
2.	Experience	<p>Describe your firm’s experiences in working with Medicaid/Medi-Cal and/or Local Health Plan of California organizations in offering members NEMT and NMT transportation services.</p> <p>Of specific interest is your experience in the following:</p> <ul style="list-style-type: none"> • Working with any Medi-Cal Health Plans. If yes, which plans and what services did you perform? • Working with the Medicaid population outside of California. If yes, what services did you perform? • Working with other Commercial Health Plans. If yes, what services did you perform? • What is your capacity to conduct services in our threshold languages (English, Spanish, Chinese, Vietnamese, and Farsi)? • How many clients are assigned to each account manager? <p>Please provide three (3) to four (4) brief client references from current clients that describe your relationship. Please provide a specific person that the Alliance can contact for each reference. We prefer to hear about clients in the state of California and of similar size and makeup to the Alliance.</p>

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	Topic	Explain your responses to each question outlined below:
3.	Service Offerings	<p>Describe in detail how your organization satisfies all required levels of service for both NMT and NEMT.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • The full range of NMT services you provide (e.g., rideshare, taxi, mileage reimbursement, public transit support). • The full range of NEMT services you provide (e.g., wheelchair van, gurney/litter van, Basic Life Support (BLS)/ Advanced Life Support (ALS) ambulance, bariatric transport). <hr/> <p>Describe the full range of services your organization provides as part of your NMT and NEMT brokerage operations.</p> <p>Your response must clearly identify:</p> <ul style="list-style-type: none"> • All core service functions you provide (e.g., call center operations, trip scheduling, real-time trip monitoring, network management, claims, credentialing, quality oversight, member outreach, data reporting, compliance support). • Member and Provider Scheduling Portals and turnaround times. • Which services are performed directly by your organization and which are subcontracted. • The physical locations where each service function is performed (e.g., call centers, dispatch hubs, monitoring centers, administrative offices). • Any services that are centralized, regionalized, or performed offshore. • How these service locations support Alameda County members specifically. • Any limitations or service functions that are not available in California or are not available for Medi-Cal populations.

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	Topic	Explain your responses to each question outlined below:
4.	Provider Network/Location	<p><u>Contracted Transportation Providers</u> – Provide a comprehensive list of your NEMT and NEMT transportation providers and their locations within Alameda County, California, and adjacent counties.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • Provider type (e.g., wheelchair van, gurney/litter van, BLS/ALS ambulance, rideshare, taxi). • Service areas covered. • Hours of operation. • Volume of vehicles per transportation provider. <p><u>Network Adequacy</u> – Describe how your organization ensures that your NMT and NEMT network meets the Alliance’s network adequacy requirements at all times.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • Minimum provider-to-member ratios you maintain. • Capacity thresholds for peak hours and high volume days. • How you ensure coverage in hard-to-serve or rural areas of Alameda County. • How you monitor and address provider shortages or service gaps. • How you ensure availability for recurring high need trips (e.g., dialysis, wound care, behavioral health). <p><u>Provider Recruitment Strategy</u> – Explain your strategy for recruiting, contracting, and onboarding new transportation providers to maintain or expand network adequacy.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • Recruitment timelines. • Criteria for selecting new providers. • How you ensure all providers meet DHCS PAVE requirements. • How you scale the network in response to increased demand or new benefit requirements.

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	Topic	Explain your responses to each question outlined below:
5.	Provider Credentialing/Continuing Education	<p>Credentialing – What is your process for credentialing transportation providers? How do you ensure they remain in good standing with all applicable governing bodies during the entire length of the contract?</p> <p>Describe your full credentialing and re-credentialing workflow, including:</p> <ul style="list-style-type: none"> • How you verify initial credentials, licenses, certifications, and DHCS PPAVE enrollment. • How often you re-credential providers and what triggers an off-cycle review. • How you monitor ongoing compliance (e.g., background checks, Department of Motor Vehicles (DMV) pull notices, insurance verification, vehicle inspections). • How you track expiration dates and ensure timely renewals for all required documents. <p>Provider Training – What continuing education, training, and recertification requirements do you require of drivers and transportation providers (e.g., Americans with Disabilities Act (ADA) training, safety protocols, cultural competency, Medi-Cal requirements)?</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • How you document completion of training and ensure providers meet annual or periodic requirements. • How you address non-compliance, including corrective action plans, suspension, or removal from the network. • How credentialing and training data is reported to the Alliance.

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	Topic	Explain your responses to each question outlined below:
6.	Data and Reporting	<p><u>Real-Time Trip Data and Visibility</u> – Describe your organization’s ability to capture, aggregate, and deliver real-time trip data for all NMT and NEMT transportation providers in your network.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • How real-time vehicle location data is collected from transportation providers (e.g., GPS, mobile apps, telematics). • How quickly this data is made available to your customers (e.g., real-time, near real-time, defined refresh intervals). • Whether we will have direct access to live trip status information (e.g., “where is the vehicle now”) through dashboards, APIs, or other tools. • Any limitations, delays, or data gaps that may occur and how they are mitigated. • How this data is used to support on-time performance, member safety, and issue resolution. • How is this data shared with health plan customers. <p><u>Data Tracking & Analytics Infrastructure</u> – How is trip data captured, validated, and stored?</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • How real-time and historical data are monitored. • How data accuracy, completeness, and timeliness are ensured. • How you identify trends, anomalies, and operational risks.

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	Topic	Explain your responses to each question outlined below:
6.	Data and Reporting (cont.)	<p><u>Monthly Reporting Requirements</u> – Describe your ability to produce and deliver a comprehensive monthly reporting package without prompting from the Alliance.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • A list of all standard monthly reports you will provide. • File formats, data fields, and delivery methods. • Reporting frequency, timelines, and responsible staff. • How you ensure reports are complete and error-free before submission. • How you handle corrections, resubmissions, and audit-ready documentation. <p><u>Encounter Data & Required Deliverables</u> – Describe the encounter data files you will produce, including structure, validation processes, and submission timelines:</p> <ul style="list-style-type: none"> • Explain how you ensure encounter data meets DHCS and health plan specifications. • Describe your reconciliation process for missing, rejected, or corrected encounters. <p>Explain how your organization proactively monitors its own performance and compliance, including:</p> <ul style="list-style-type: none"> • Internal dashboards or scorecards. • Automated alerts for Key Performance Indicators (KPI) failures. • How you escalate issues to the Alliance. • How you ensure the Alliance does not need to request data to identify problems.

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	Topic	Explain your responses to each question outlined below:
7.	Implementation Process	<p>Describe the process your organization uses to implement comprehensive NMT and NEMT transportation benefits for a new client. Provide a recent implementation work plan, including a detailed timeline, milestones, staffing model, and infrastructure requirements (e.g., technology integrations, data feeds, provider onboarding, call center readiness).</p> <p>In addition, provide an analysis of how this implementation performed in practice.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • Key successes and what contributed to them. • Challenges encountered and how they were resolved. • Any delays, scope changes, or unanticipated issues. • Lessons learned and how they informed improvements to your current implementation methodology. • Measurable outcomes (e.g., go-live readiness, provider network activation, call center performance, data integration accuracy). • Client feedback or satisfaction indicators (de-identified). • How you ensured continuity of service during transition. <p>Network Development – Describe how your organization built or expanded the transportation provider network during this implementation, including recruitment strategies, contracting timelines, credentialing processes, PAVE enrollment support, provider training, and how you ensured adequate capacity and geographic coverage by go-live. Include an assessment of what worked well, what challenges were encountered, and how those challenges were resolved.</p>

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	Topic	Explain your responses to each question outlined below:
8.	Pricing	<p>Pricing Model(s) – Identify all pricing models you offer (e.g., fee for service, per trip, per member per month (PMPM), capitated, hybrid, milestone-based).</p> <ul style="list-style-type: none"> • Explain how each model is calculated and what assumptions are built into the pricing. • If multiple models are available, provide a comparative analysis showing how each model would impact the Alliance’s projected costs. <p>Provider Payment Methodology – Describe how you pay your transportation providers (e.g., FFS, negotiated rates, tiered rates, incentive-based payments).</p> <ul style="list-style-type: none"> • Explain how rates differ by trip type, vehicle type, geography, time of day, or member needs. • Describe how you ensure provider payment timeliness and accuracy. <p>Risk Calculation and Risk Management – Explain how you calculate financial risk under each pricing model.</p> <ul style="list-style-type: none"> • Identify any risk corridors, stop-loss protections, or shared savings arrangements you offer. <p>Variables, Add-ons, and Pass-through Costs – Identify all variables that may affect pricing (e.g., fuel surcharges, wait time, after-hours service, long-distance trips).</p> <ul style="list-style-type: none"> • Describe any pass-through expenses or administrative fees. • Clearly identify what is included vs. excluded in your base pricing.

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	Topic	Explain your responses to each question outlined below:
9.	Member Experience	<p>Member experience monitoring – Our organization employs a comprehensive, multilayered approach to monitor, evaluate, and continuously improve the member experience with the transportation benefit. To better understand how your organization measures service quality, please describe the post-trip survey tools and methodologies you use to capture member feedback.</p> <p>Specifically, we are requesting information on:</p> <ul style="list-style-type: none"> • Call Center Experience Surveys. How you assess members’ interactions with call center staff. • Escalation processes for real-time assistance, including after hours and holidays. • Trip recovery for failed trips. • Please provide the questions or metrics used to evaluate courtesy, clarity, wait times, issue resolution, and overall satisfaction. • Trip Experience Surveys. How you gather feedback on the transportation experience itself. • The measures used to evaluate timeliness, driver professionalism, vehicle condition, communication, and safety. <p>Please provide examples of survey instruments used for similar health plan clients, along with sample results or summary findings that demonstrate how member feedback is collected, analyzed, and used to drive service improvements.</p>

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	Topic	Explain your responses to each question outlined below:
9.	Member Experience (cont.)	<p>Please describe your organization’s full grievance and appeals process for transportation services.</p> <p>Your response should include, at a minimum:</p> <ul style="list-style-type: none"> • A detailed explanation of how grievances and appeals are received, logged, categorized, and tracked. • The systems or platforms used to manage grievance and appeal data. • Your standard operating procedures, including triage, investigation, documentation, and resolution steps. • How you ensure regulatory compliance, including DHCS and Centers for Medicare and Medicaid Services (CMS) requirements. • Your timeliness standards and historical performance against those standards. • How member and provider complaints are analyzed for trends, including root cause analysis. • How findings are used to drive corrective actions or quality improvement initiatives. • Examples of grievance and appeal reports provided to other health plans. • Sample data (de-identified) from similar health plan clients, including volumes, categories, outcomes, and trends.
10.	Privacy and Compliance	<p><u>Privacy, Security, and Compliance Program</u> – Please describe your privacy, security, and compliance programs. Are you HITRUST Certified? Where are these offices located? How many data breaches has your organization experienced? Please describe them and how they were remediated.</p>

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	Topic	Explain your responses to each question outlined below:
10.	Privacy and Compliance (cont.)	<p><u>Audit Support and Regulatory Compliance</u> – Describe your organization’s approach to supporting audits conducted by health plans, state agencies, federal agencies, or external auditors.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • How audit requests are received, triaged, and fulfilled. • Standard turnaround times for providing documentation. • How you ensure accuracy, completeness, and traceability of audit materials. • How you coordinate with subcontracted transportation providers during audits. • How you maintain audit-ready documentation at all times. <p><u>Compliance Findings, Corrective Actions, and Lessons Learned</u> – Provide a detailed summary of any compliance findings, violations, or corrective action plans issued to your organization within the past five (5) years.</p> <p>For each finding, please describe:</p> <ul style="list-style-type: none"> • The nature of the issue. • The regulatory or contractual requirement involved • Root cause analysis. • Corrective actions implemented. • How you ensured the issue did not recur. • Any changes made to policies, systems, or oversight processes.

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10.	Privacy and Compliance (cont.)	<p><u>Adherence to State and Contractual Requirements (e.g., PAVE)</u> – Describe how your organization ensures ongoing compliance with state and contractual requirements, including DHCS APLs.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • How you verify and monitor PAVE enrollment for all transportation providers. • How you prevent the use of non-compliant or non-credentialed providers. • How you respond when a requirement changes or is clarified by DHCS. • How you ensure compliance even when other clients or markets have different requirements.
11.	Service Level Agreements	<p><u>Service Level Agreements and Performance Guarantees</u> – The Alliance will require formal Service Level Agreements (SLAs) and Performance Guarantees for this engagement. Describe the specific SLAs and guarantees your organization is prepared to commit to based on your current operational capabilities.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • Examples of SLAs you currently meet for other Medi-Cal or Medicaid clients (e.g., call center average speed of answer (ASA), on-time pickup rates, cancellation rates, trip recovery rates, average recovery turnaround times, complaint resolution turnaround times, encounter data submission accuracy). • The performance thresholds you are comfortable contractually guaranteeing. • Any financial at-risk amounts or withholds you typically accept. • Any exclusions or limitations you apply to SLAs. • How you monitor and report SLA performance each month.

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11.	Service Level Agreements (cont.)	<p>Performance Incentives and Penalties – Describe the performance-based incentives and penalties your organization is willing to include in the contract.</p> <p>Your response must include:</p> <ul style="list-style-type: none"> • The KPIs you are comfortable tying to incentives or penalties (e.g., on-time performance, call center metrics, member satisfaction, complaint rates, network adequacy). • The incentive structures you currently use with other clients (e.g., bonus payments, shared savings, tiered performance awards). • The penalty structures you currently accept (e.g., liquidated damages, fee at risk, credit back mechanisms). • The percentage of administrative fees or PMPM you are willing to place at risk. • How incentives and penalties are calculated, applied, and reconciled. • Examples of incentive or penalty outcomes from other contracts (de-identified).

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VII. Requested Attachments

Review the table in this section for required and optional supplemental attachments and include the names of all additional documents returned with your response to this RFP. Any additional attachments you would like to include can be added to additional rows in the table. As a reminder, attachments are not to be used in lieu of answering the questions included in this RFP document.

Attachment Requested	Required (Y/N)	Name of File Submitted
Three (3) to four (4) client references	Y	
Implementation plan and timelines	Y	
Executive leadership bios	Y	
Sample Transportation services reporting to Medicaid/Medi-Cal/LHPC organizations	Y	
Alameda County network analysis	Y	
Sample member engagement collateral specific to Medicaid/Medi-Cal/LPHC members.	Y	
Sample marketing collateral, specific to Medicaid/Medi-Cal/LPHC.	Y	