



SOLICITATION AMENDMENT #1

YH23-0003 Travel Related Services Reimbursement	Solicitation Due Date: September 29, 2022 3:00 pm Arizona Time	Procurement Officer: Cynthia Smolens Email: procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your solicitation response.

The attached Answers to Questions is incorporated into this solicitation amendment.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE: SIGNATURE ON FILE
TYPED NAME:	TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE:	TITLE: Chief Procurement Officer
DATE:	DATE:



ATTACHMENT D - QUESTIONS AND ANSWERS FORM

Travel Related Services Reimbursement RFP

YH23-0003

#	Offeror Name	Section Reference	Page Reference	Question	AHCCCS Response
1.	MTM	Attach. A	N/A	Can you please provide historical annual volume for one way trip legs, average mile per leg, hotel overnight stays, airplane rides (with average pricing), meal volume, bus trips and train trips.	One way trip legs, bus trips, and train trips are currently not applicable. SFY22 had over 3300 PAs issued. SFY21 over 2300 PAs issued for meals and lodging.
2.	MTM	Content	16	What key personnel are required for this contract? Are there any minimum requirements for key personnel roles?	There are no key personnel requirements. The Offeror is to propose their key personnel.
3.	MTM	4.6	5	How will the vendor receive eligibility files?	Eligibility files are not sent to the vendor. Eligibility information is accessible online 24/7 via the Provider Portal.
4.	MTM	4.10	6	Please explain the process to receive prior authorization from AHCCCS.	Submission of an authorization request via the Provider Portal.
5.	MTM	4.10.3	6	Can you provide a sample of the medical necessity form? Must a Member get a new form from their medical provider for each trip, or is the form good for a period of time?	A letter of medical necessity including supporting clinicals would come from the referring or receiving provider to support the request and accompany the Prior Auth Request form. This would be subject to nurse review and dependent upon medical necessity, covered service and benefit limitations.
6.	MTM	4.2	5	Who makes the request for travel assistance? Is it the Member, the case manager, the medical facility, etc.?	Case management staff at the member's medical home, or the treating facility can request travel assistance.

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7.	MTM	4.2	5	Are any of the travel requests submitted to the vendor electronically? If so, what percentage?	No.
8.	MTM	4.12	6	Regarding the requirement to have a 24-hour contact for any Member issues that require immediate attention and/or escalation, is the expectation that we also accept new transportation requests for emergency services 24/7/365, such as an urgent organ transplant request?	There is the possibility that urgent assistance may be required on short notice. Transplant-related assistance is typically known in advance.
9.	MTM	2	4	This section states that services may include air or ground services. Please confirm that the awarded vendor will not only be responsible for airfare, but also transport to and from the airport.	The vendor may be responsible for the coordination and reimbursement of commercial air transportation. The vendor may be responsible to coordinate ground transportation.
10.	MTBA	N/A	N/A	Is this new RFP# YH23-0003 including or excluding the members currently serviced under the current contract?	The current member populations are included in this YH23-0003 RFP.