

**MEDICAL ASSISTANCE TRANSPORTATION PROGRAM  
REQUEST FOR PROPOSAL - QUESTION & RESPONSES  
ADULT & FAMILY SERVICES**

Is there a scope of work that details the tasks and responsibilities for this project? I do not see any documents that outline the work to be performed, locations, process, etc. Please advise.

Please refer to the Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs Medical Assistance Transportation Program Standards & Guidelines which can be located at <http://matp.pa.gov/StandardsGuidelines.aspx>

To address this section adequately, please elaborate on what you require for I. Work Plan, x. MATP Advisory Committee. Please describe how you will provide the list of items in I. Work Plan. Who would be part of your MATP Advisory Committee? Delaware County cannot respond to this question at this time.

What are the normal business hours of operation? Business hours need to reflect the need of the population to be served.

Is the EVS the sole source of eligibility determination? If not, how is eligibility information provided to the Grantee? How often is eligibility information updated? Please refer to the Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs Medical Assistance Transportation Program Standards & Guidelines which can be located at <http://matp.pa.gov/StandardsGuidelines.aspx>

Can you provide Member no show percentage of gross reservations? Delaware County cannot respond to this question at this time.

Can forms of payment other than checks be used for mileage reimbursement such as reimbursement cards or ACH payments? Please refer to the Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs Medical Assistance Transportation Program Standards & Guidelines which can be located at <http://matp.pa.gov/StandardsGuidelines.aspx>

Please provide the percentage of mileage reimbursement trips by month for 2025 to date. Approximately 6% for the FY 2024/25

What percentage of gross reservations are urgent trips that required less than 24 hrs. notice? Delaware County cannot respond to this question at this time.

What is the forecasted membership for the next 3 years broken out by year? Delaware County is unable to predict

Are there any planned changes that will impact membership and utilization? Recently, Psych Rehab has been added as an approved activity for transportation

Please confirm that the call center can be located out of state. Yes, the call center can be located out of state

Please confirm that remote Customer Service Agents can be utilized. **Yes, remote customer service agents can be utilized**

Please provide trip volume broken out by level of service for 2025 to date. **Delaware County cannot respond to this question at this time.**

Please provide unduplicated riders by month for 2025 to date. **1,687 for FY 24/25**

Please provide average trip distance for ambulatory trips and average trip distance for wheelchair trips. **Delaware County cannot respond to this question at this time.**

How many language groups comprise more than 5% of the population? **Five language groups may comprise more than 5% of the population.**

Please provide the following Reservations call data by month for 2025 to date: Call volume Average handle time Abandonment rate Average hold time. **Delaware County cannot respond to this question at this time.**

Please provide the following Ride Assistance call data by month for 2025 to date: Call volume Average handle time Abandonment rate Average hold time. **Delaware County cannot respond to this question at this time.**

Are there any required phone lines outside of Reservations and Ride Assistance? **A line to be available for Urgent Care Trips that need to be scheduled within a 24 hour period.**

Can the Grantee utilize other communication channels such as chat and online web portals? **Delaware County cannot respond to this question at this time.**

Please provide your current list of providers, their service areas, and the number of vehicles by mode? Can you please also provide contact info? **This is provider level information.**

What are the current transportation provider rates by mode and region? **This is provider level information.**

Please confirm that coverage is limited to ambulatory and wheelchair trips, and that non-emergency ambulance transportation is excluded. **Please refer to the Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs Medical Assistance Transportation Program Standards & Guidelines which can be located at <http://matp.pa.gov/StandardsGuidelines.aspx>**

Please provide the percentage of fixed route trips by month for 2025 to date. **Delaware County cannot respond to this question at this time.**

Please provide the percentage of paratransit trips by month for 2025 to date. **94% were paratransit for 24/25**

Please provide the current cost of paratransit tickets. **Delaware County cannot respond to this question at this time.**

Please provide the percentage of standing order (subscription) trips by month for 2025 to date. **Delaware County cannot respond to this question at this time.**

Please provide the Individual Education Plan trip volume by month for 2025 to date. **Delaware County cannot respond to this question at this time.**

Is the Grantee allowed to close operations for all major holidays? **No**

Is the Grantee allowed to utilize TNCs such as Uber and Lyft? **Please refer to the Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs Medical Assistance Transportation Program Standards & Guidelines which can be located at <http://matp.pa.gov/StandardsGuidelines.aspx>**

Are there any key personnel positions required? **Key personnel positions are program managers, fiscal management specialists and compliance oversight positions that manage subcontracts, vendor relations and service delivery.**

What is the current contract value? **Will be shared with awarded vendor.**

Please provide detailed RFP evaluation criteria/scoring information. **We do not provide this information.**

What key performance indicators (KPIs) are required for call handling (service level, abandonment rate, average speed to answer etc.) **Starting goals would be an abandonment rate of under 5% and the average speed of answering a call within 30 seconds.**

"The County may at any time, by written order, make changes in the statement of work, provided such changes are within the general scope of the statement of work". If the changes in scope of work impacts the cost of performing services, will the county agree to negotiate new pricing? **Delaware County cannot respond to this question at this time.**

Will the contractor be required to get approval for each subcontracted transportation provider prior to onboarding them as a service provider? **Please refer to the Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs Medical Assistance Transportation Program Standards & Guidelines which can be located at <http://matp.pa.gov/StandardsGuidelines.aspx>**

RFP states that the monthly expenditure report is due in months July, August, October, November, January and February. Can you confirm this report is not required to be submitted for months September, December, March, and June are not required. **Quarterly Reporting is required. July – September due October, October – December due January, January – March due April and April – June due July.**

Will the county issue the first payment to contractor prior to the start of services or is the contractor expected to pay for services prior to receiving compensation from the county? **We would need to further discuss.**

Can you confirm that the contractor will not be compensated on a monthly basis but rather on a quarterly basis? **Delaware County cannot respond to this question at this time.**

Can the county confirm the pricing is set up as a cost plus model and the county is not looking for bidders to submit pricing per trip or member? **Delaware County cannot respond to this question at this time.**

Please provide the current rates of compensation paid to the incumbent contractor. **Delaware County cannot respond to this question at this time.**

Are the incumbent employees organized under a labor union? If so, please provide the current or most recent copy of the collective bargaining agreement and any extensions. **This is provider level information.**

Please provide the most recent incumbent employee seniority list for all positions with current wage rates. **This is provider level information.**

Please provide all available information regarding the incumbent employees' health plans, including plan descriptions, premium amounts, employer/employee cost sharing percentages and overall plan participation. **This is provider-level information.**

Please provide an organization chart and listing of current staff. **This is provider-level information.**

Please provide the current contract with the incumbent and all amendments since its inception. **Delaware County cannot respond to this question at this time.**

Is it a requirement for me to live in the state to take this contract? **No**