



**TO:** All Bidders  
**RFP: UH-P26-005**  
**NON-EMERGENCY PATIENT TRANSPORTATION SERVICES**

**DATE:** May 1, 2026

**FROM:** Jennifer Eliopoulos  
Purchasing Manager

**Subject:** Addendum # 1

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**ADDENDUM # 1**

The following constitutes Addendum #1 to the above referenced solicitation. This addendum includes the following parts:

Part 1: Addendum #1 Introduction.

Part 2: Answers to questions asked by prospective bidders. Duplicate questions are responded to only one time in the addendum.

Part 3: Additions, deletions, clarifications, and modifications to the RFP, if applicable.

**NOTE: Major revisions are included, please review carefully.**

It is the bidder's responsibility to ensure that all changes are incorporated into the original RFP.

All other instructions, terms and conditions of the RFP shall remain the same

**ADDENDUM # 1 INTRODUCTION**

This addendum is intended to answer questions that were asked during the question period.

**PART 2**

**Answers to Questions**

Note: Some questions have been paraphrased in the interest of readability and clarity. Each question is referenced by the appropriate RFP page number(s) and section, where applicable. Answers provided are to the best of our knowledge.

| <b>Number</b> | <b>Page #</b> | <b>RFP Section Reference</b> | <b>Question</b>   | <b>Answer</b>   |
|---------------|---------------|------------------------------|---|---|
| 1.            | N/A           | N/A                          | Please furnish a bid package to my client.  | The RFP documents are available on the University Hospital website as referenced in the notification email.   |
| 2.            | N/A           | N/A                          | Just confirming that RFP #UH-P26-005 is limited to non-emergency patient transportation and does not include organ transport services.  | The scope of services is limited to non-emergency patient transportation as defined in the RFP.   |
| 3.            | 4             | 1.1.2                        | The RFP indicates that UH intends to award contracts to multiple responsive bidders. - Can UH provide a more detailed breakdown of transport volume by service type (BLS, wheelchair/medical livery, SCTU), scheduled versus same-day versus Modivcare, and time of day?                              | Available data reflecting service volume is included in the RFP. UH is not able to track or provide further breakdown by scheduled vs. same-day, Modivcare, or time of day.                                   |
| 4.            | 5             | 1.2.1.1                      | The RFP states that UH-EMS shall have the right of first refusal to provide all medical transport services. - Can UH clarify under what circumstances third-party vendors will be utilized, and whether there is an anticipated percentage or category of volume expected to be allocated externally? | UH-EMS primarily supports 9-1-1 services but may perform transports when necessary. Historically, this accounts for approximately 3% of total transport volume.   |
| 5.            | 12            | 3.3.2.2.                     | Can UH clarify the expected hours of coverage and staffing levels for the onsite personnel required to coordinate discharge and insurance verification, including whether multiple onsite staff may be expected during peak periods?  | Onsite dispatcher should be 7 days a week from 7am-11pm. Staffing levels and coverage hours for onsite personnel should be proposed based on the bidder's assessment of current volume and operational needs. |
| 6.            | 12-13         | 3.4                          | Can UH clarify how response-time performance will be measured and enforced, including whether there are specific reporting standards, cure periods, penalties, or   | Contractors will be required to submit monthly reports detailing transport activity. UH will monitor compliance with response-time requirements and, where  |

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|     |       |                         | corrective action thresholds associated with non-compliance?   | necessary, implement corrective action plans to address performance deficiencies.  |
| 7.  | 13    | 3.5.5 to 3.5.7          | Can UH confirm whether the stated fleet minimums and hourly coverage requirements apply to all bidders regardless of scope, or only to bidders proposing full-service coverage across all transport categories?  | The stated fleet minimums and hourly service coverage requirements apply to all bidders, regardless of the scope of services proposed.   |
| 8.  | 14    | 3.7.2                   | Can UH confirm whether the stated fleet minimums and hourly coverage requirements apply to all bidders regardless of scope, or only to bidders proposing full-service coverage across all transport categories?  | The fleet minimums and coverage requirements are mandatory and apply to all bidders irrespective of service scope.   |
| 9.  | 16    | 3.10                    | Section 3.10 states that the Contractor must not subcontract or delegate any portion of these services, while Sections 5.7.8 and 5.8 reference subcontractors and diversity subcontractor utilization. - Can UH clarify whether subcontracting is permitted for any portion of the services and, if so, under what conditions? | This specific section is a mandatory requirement of not allowing for subcontracting services (e.g. uber or non-qualified entities). While sections 5.7.8 and 5.8 is our standard administrative provisions and are intended to apply only where subcontracting is expressly permitted. For this specific procurement, those sections could be interpreted as limited subcontracting to administrative support, technology, billing support or other non-clinical functions, subject to prior written approval by UH. |
| 10. | 17-18 | 3.12.1.1, 3.12.2 & 3.13 | In situations where Modivcare authorization is delayed, denied, or otherwise unavailable, how should contractors proceed, and how will reimbursement be handled for completed transports when timely transport is still clinically necessary?  | In instances where Modivcare authorization is delayed, denied, or unavailable, UH Care Coordination will issue a voucher to authorize the transport.   |
| 11. | 17-19 | 3.12, 3.13 & 3.14       | Can UH clarify the expected timeline and documentation requirements for reimbursement when UH acts as payor of last resort, including any required form of voucher, denial documentation, and proof of collection efforts?   | Contractors must first bill the applicable insurance carrier. If payment is denied, the contractor must bill the patient at least three (3) times within a 90-day period. If collection efforts are unsuccessful, UH may provide reimbursement upon submission of required documentation. UH will not reimburse claims denied due to contractor non-compliance, including failure to obtain required authorizations.   |

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| 12. | 19    | 3.15        | Can UH confirm whether the Medicaid rate limitations described in Section 3.15 apply to all transports, including commercial and self-pay transports, or only to Medicaid-covered services and UH-authorized transports?   | Medicaid rate limitations apply as specified in the RFP, including to UH-authorized transports, charity care, self-pay, and private-pay transports, unless otherwise stated. |
| 13. | 33    | 5.7.8 & 5.8 | Section 3.10 states that the Contractor must not subcontract or delegate any portion of these services, while Sections 5.7.8 and 5.8 reference subcontractors and diversity subcontractor utilization. - Can UH clarify whether subcontracting is permitted for any portion of the services and, if so, under what conditions? | Refer to Question # 9  |
| 14. | 35-36 | 6.3         | Can UH clarify how response-time performance will be measured and enforced, including whether there are specific reporting standards, cure periods, penalties, or corrective action thresholds associated with non-compliance?   | These are evaluation criteria and your question to this is not applicable to this section.   |

**PART 3**

**Additions, Deletions, Clarifications and Modifications to the RFP**

| <b>Number</b> | <b>Page #</b> | <b>RFP Section</b> | <b>Additions, Deletions, Clarifications and Modifications</b>  |
|---------------|---------------|--------------------|--|
| 1             | 19            | 3.16               | <p>Addition:<br/>3.16 Method of Operations</p> <p>University Hospital will utilize a multi-award structure. While multiple vendors may be awarded, transport assignments will be managed operationally by the UH Transfer Center based on real-time needs. To support service continuity and patient care requirements, UH may implement a tiered utilization approach, which may include:</p> <ul style="list-style-type: none"> <li>• <b>Primary Vendor(s):</b><br/>Vendors demonstrating the highest levels of performance, responsiveness, and capacity may be utilized as first-call providers for transport requests.</li> <li>• <b>Secondary Vendor(s):</b><br/>Vendors may be utilized when primary vendor(s) are unavailable, unable to meet required response times, or when additional capacity is needed.</li> <li>• <b>Tertiary Vendor(s):</b><br/>Vendors may be engaged as contingency resources to ensure uninterrupted service coverage during peak demand periods, overflow situations, or service disruptions.</li> </ul> |

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|   |    |      | <p>Important Clarifications:</p> <ul style="list-style-type: none"> <li>• Assignment of vendors to any tier is not guaranteed and may change based on performance, availability, compliance, and operational needs.</li> <li>• UH does not guarantee volume or exclusivity to any vendor.</li> <li>• Transport assignments will be based on patient care needs, timeliness, capacity, and operational efficiency, as determined by UH.</li> <li>• UH reserves the right to reassign, bypass, or rotate vendors at its sole discretion to ensure service levels are met.</li> <li>• UH will conduct an initial performance evaluation up to 120 days before finalizing tier assignments.</li> </ul>   |
| 2 | 19 | 3.17 | <p>3.17 Performance Thresholds &amp; Tier Assignment Governance</p> <p>3.17.1 Performance Framework and Metrics<br/>University Hospital ("UH") will evaluate Contractor performance using standardized metrics aligned to the Scope of Work, which may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• On-time pickup performance (scheduled and same-day)</li> <li>• Response time compliance</li> <li>• Trip completion/cancellation rates</li> <li>• Documentation and reporting accuracy</li> <li>• Billing compliance and denial rates</li> <li>• Patient safety and incident reporting</li> <li>• Responsiveness to UH coordination and communication</li> <li>• Number of fleet availability</li> <li>• Staffing reliability</li> </ul> <p>3.17.2 Tier Assignment and Adjustment</p> <ul style="list-style-type: none"> <li>• Vendor tier designation (Primary, Secondary, Tertiary) will be based on documented performance against the established metrics, as well as capacity, availability, and operational needs.</li> <li>• Tier assignments are dynamic and subject to change based on ongoing performance and service requirements.</li> <li>• UH reserves the right to adjust, bypass, or reassign vendors at its sole discretion to ensure continuity of care and operational efficiency.</li> <li>• Periodic tier review at a minimum quarterly but subject to change as required by UH.</li> </ul> |
| 3 | 7  | 39   | <p>Addition:<br/>Section 3.16<br/>Section 3.17</p>   |

**ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL SPECIFICATIONS REMAIN UNCHANGED.**

**END OF ADDENDUM # 1**