

**PUBLICLY OPENED** 01/04/2022

03:00 PM CST

**RESPONSES WILL BE** 

### **LDH Medical Vendor Administration** REQUEST FOR PROPOSAL

### SUBMIT NON-ELECTRONIC RESPONSE TO:

**RFx Number:** 3000018038

Version: 1

**Buyer: DOROTHY BAGBEY** Buyer Phone: 225-219-0206 E-Mail: ali.bagbey@la.gov **Scheduled Begin Date:** Scheduled End Date:

T-Number:

Vendor No.:

Solicitation: 3000018038 Opening Date: 01/04/2022

Vendor Name and Address: (to be completed by Vendor)

Southeastrans, Inc. 4751 Best Road, Suite 300 Atlanta, GA 30337

### Ship To Address:

Invalid Delivery Address Invalid, LA 99999-9999

Name of Solicitation: LA Medicaid Transportation Broker RFP

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	<b>Product Category:78141500</b> FY23 4454	N/A	N/A	N/A	
2	<b>Product Category:78141500</b> FY25 4454	N/A	N/A	N/A	
3	<b>Product Category:78141500 FY24 4454</b>	N/A	N/A	N/A	

The data contained in pages 8, 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, 32, 33, 39, 42, 46, 47, 48, 51, 56, 59, and 60 of the proposal have been submitted in confidence and contain trade secrets and/or privileged or confidential information and such data shall only be disclosed for evaluation purposes, provided that if a contract is awarded to this Proposer as a result of or in connection with the submission of this proposal, the State of Louisiana shall have the right to use or disclose the data therein to the extent provided in the contract. This restriction does not limit the State of Louisiana's right to use or disclose data obtained from any source, including the Proposer, without restrictions.

VENDOR TELEPHONE NUMBER: 404-290-8581 EMAIL ADDRESS: deadams@southeastrans.com

Mada-McNeigh

TITLE Chief Development Officer

1-3-22

Signature of Authorized Bidder

Name of Bidder (Typed or printed)

Southeastrans, Inc.



RESPONSES WILL BE PUBLICLY OPENED 01/04/2022 03:00 PM CST

LDH Medical Vendor Administration REQUEST FOR PROPOSAL

SUBMIT NON-ELECTRONIC RESPONSE TO:

**RFx Number:** 3000018038

Version: 2

Buyer: DOROTHY BAGBEY Buyer Phone: 225-219-0206 E-Mail: ali.bagbey@la.gov Scheduled Begin Date: Scheduled End Date:

T-Number:

Vendor No.:\_

Solicitation: 3000018038 Opening Date: 01/04/2022

Vendor Name and Address: (to be completed by Vendor)

Southeastrans, Inc. 4751 Best Road, Suite 300 Atlanta, Georgia 30337

#### Ship To Address:

Invalid Delivery Address Invalid, LA 99999-9999

Name of Solicitation: LA Medicaid Transportation Broker RFP

#### Notice to bidder:

RFP Section 1.6, Schedule of Events, has been revised.

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	<b>Product Category:78141500</b> FY23 4454	N/A	N/A	N/A	
2	<b>Product Category:78141500</b> FY25 4454	N/A	N/A	N/A	
3	<b>Product Category:78141500</b> FY24 4454	N/A	N/A	N/A	

VENDOR TELEPHONE NUMBER: 404-290-8521 EMAIL ADDRESS: deadams@southeastrans.com	TITLE Chief Development Officer	DATE 1-3-22
Signature of Authorized Bidder	Name of Bidder	



01/04/2022

03:00 PM CST

**RESPONSES WILL BE PUBLICLY OPENED** 

**LDH Medical Vendor Administration** REQUEST FOR PROPOSAL

Vendor No.:		
Solicitation	3000019039	

Solicitation: 3000018038 Opening Date: 01/04/2022

Vendor Name and Address: (to be completed by Vendor)

Southeastrans, Inc. 4751 Best Road, Suite 300 Atlanta, Georgia 30337

Attn: Dena Adams McNeish - Chief Development Officer

Ship To Address:

Invalid Delivery Address Invalid, LA 99999-9999

SUBMIT NON-ELECTRONIC RESPONSE TO:

**RFx Number:** 3000018038

Version: 2

**Buyer:** DOROTHY BAGBEY Buyer Phone: 225-219-0206 E-Mail: ali.bagbey@la.gov Scheduled Begin Date: Scheduled End Date:

T-Number:

Name of Solicitation: LA Medicaid Transportation Broker RFP

Notice to bidder:

Addendum #2: RFP Section 1.6, Schedule of Events, has been revised.

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
ı	<b>Product Category:78141500</b> FY23 4454	N/A	N/A	N/A	
	<b>Product Category:78141500</b> FY25 4454	N/A	N/A	N/A	
3	Product Category:78141500 FY24 4454	N/A	N/A	N/A	

 VENDOR TELEPHONE NUMBER: 404-290-8581 EMAIL ADDRESS: deadams@southeastrans.com	TITLE Chief Development Officer	DATE 1-3-21
Signature of Authorized Bidder	Name of Bidder (Typed or printed)	
> Mada McAlin	Southeastrans, Inc.	



LDH Medical Vendor Administration REQUEST FOR PROPOSAL

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	01/04/2	2022	
	03:00 P	M C	ST

SUBMIT NON-ELECTRONIC RESPONSE TO:

**RESPONSES WILL BE** 

Vendor No.:Solicitation: 3000018038 Opening Date: 01/04/2022	RFx Number: 3000018038  Version: 2  Buyer: DOROTHY BAGBEY  Buyer Phone: 225-219-0206  E-Mail: ali.bagbey@la.gov  Scheduled Begin Date:  Scheduled End Date:  T-Number:
Vendor Name and Address: (to be completed by Vendor)	

Name of Solicitation: LA Medicaid Transportation Broker RFP

Notice to bidder:

Addendum #3: Responses to Proposer Inquiries

Invalid Delivery Address Invalid, LA 99999-9999

LINE	Description	Quantity	Unit	Unit Price	Extended Amount
1	Product Category:78141500 FY23 4454	N/A	N/A	N/A	
1	<b>Product Category:78141500</b> FY25 4454	N/A	N/A	N/A	
3	Product Category:78141500 FY24 4454	N/A	N/A	N/A	

VENDOR TELEPHONE NUMBER: EMAIL ADDRESS:	TITLE	DATE 1-3-22
Signature of Authorized Bidder  3 M Ada M.M.	Name of Bidder (Typed or printed)	