

## ADDENDUM THREE

DATE: July 25, 2013

TO: All Vendors

FROM: Michelle Musick/Mary Lanning, Buyers  
 State Purchasing Bureau

RE: Questions and Answers for RFP Number 4432Z1  
 to be opened August 8, 2013 2:00 P.M. Central Time

Following are the questions submitted and answers provided for the above mentioned Request For Proposal. The questions and answers are to be considered as part of the Request For Proposal.

QUESTIONS	ANSWERS
<p>1. When I visited the Web site listed in the letter (at the URL <a href="http://das.nebraska.gov/materiel/purchasing/4423.pdf">http://das.nebraska.gov/materiel/purchasing/4423.pdf</a> ), I saw the opening date for the proposals is listed as July 8, two days ago.                      Is the solicitation process still open, or has this solicitation been closed?</p>	<p>The State Purchasing Bureau is unclear as to where you are seeing the opening date listed as July 8, 2013 in this solicitation. The opening date on the State Purchasing Bureau website for 4432 Z1 and in the RFP is August 8, 2013. I am providing the link as well where you can find the last day to submit questions and any addenda that may be posted to this solicitation. Thank you for your interest in doing business with the State of Nebraska.</p> <p><a href="http://das.nebraska.gov/materiel/purchasing/rfp.htm">http://das.nebraska.gov/materiel/purchasing/rfp.htm</a></p>
<p>2. Is this contract a total dollar fixed price for the time period of start date through Oct 31, 2016, or is this contract a fixed unit price by QIO Attachment A line item for initial term, first renewal, and second renewal.</p>	<p>It is a fixed unit price by line item for initial term, first renewal, and second renewal.</p> <p>Refer to the revised Attachment A for corrections.</p>

QUESTIONS	ANSWERS
<p><b>3.</b> This section makes reference to “the extended total” but Attachment A only shows unit prices. Are we to show extended price totals for each of the line items in Attachment A?</p>	<p>No, see revised Attachment A.</p>
<p><b>4.</b> This section states that the bidder must include details in the Cost Proposal supporting any and all costs. Is Attachment A the cost detail expected to be submitted or is other documentation also required?</p>	<p>If further documentation is needed to explain, it should be included with the proposal response.</p>
<p><b>5.</b> Should our prices cover only the period through Oct, 31, 2016, or include all option years too?</p>	<p>Pricing should be provided for renewal years, as indicated on revised Attachment A.</p>
<p><b>6.</b> Is the 100 page limit for the combined Technical and Cost Proposals?</p>	<p>Please keep the total to 100 pages for the Technical Proposal. Attachments would be supplemental to the 100 pages.</p>
<p><b>7.</b> The RFP states that any changes in proposed personnel shall only be implemented after written approval from the State. Does this requirement cover only named key personnel or all named personnel in our proposal?</p>	<p>Any changes in proposed personnel shall only be implemented after written approval from the State. This is applicable to key positions, titles, and/or qualifications.</p>
<p><b>8.</b> According to the Schedule of Events, Section I.A, page 1, the contract award date is September 17 and contract start date is September 24. Please clarify the Department’s expectation for readiness testing “one month prior to full operation” including end-to-end testing with the MMIS and report generation. When will the readiness testing begin and end?</p>	<p>“Contract start” is when the contractor is expected to begin working. Please see time frames, IV. H. Perform Implementation 1.  The anticipated “go live” date is May 1, 2014.</p>
<p><b>9.</b> The estimated units for prior authorizations and concurrent reviews is 8,100 per month. Please verify if these prior authorizations include home health, private duty nursing and DME (except wheelchairs or seating and hearing augmentation reviews). Please provide a breakdown of the volume by the types of services and/or healthcare settings.</p>	<p>See revised Attachment A.</p>

QUESTIONS	ANSWERS
<p><b>10.</b> The estimated units for prior authorizations and concurrent reviews is 8,100 per month. We assume these units represent individual line counts to be authorized per review requested. If this assumption is correct, please provide historical information on the average number of units or prior authorization line counts by service type.</p>	<p>See revised Attachment A.</p>
<p><b>11.</b> Comparing the volume of estimated units for these review categories with the incumbent contractor's State of Nebraska Service Contract Amendment, there are significant increases in projected volumes. For example there is over an 8 fold increase in the projected number of units for prior authorization and concurrent reviews for the new scope of work based on 8,100 units per month. Please provide additional information regarding the significant increases in these review categories.</p>	<p>See revised Attachment A.</p>
<p><b>12.</b> The monthly estimated units are 2,400 for administrative review and post payment review categories. Please provide a breakdown of the volume by the types of services and/or healthcare settings. If this volume includes individual line items to be authorized per review requested, please provide an average number of units (or line items) by service type.</p>	<p>The monthly usage figures provided, are an estimate, and are not to be construed as either a minimum or maximum quantity.</p> <p>See revised Attachment A.</p> <p>The data is not available.</p>

QUESTIONS	ANSWERS
<p><b>13.</b> Definition of prepayment review found in the Glossary of Terms includes prior authorization review. Prior authorization review is defined to include inpatient rehabilitation services, select surgical procedures and out-of-state services. Attachment A includes separate lines identified as 7a) Inpatient Acute Rehabilitation Preadmission/Admission Review, 7b) Inpatient Acute Rehabilitation Continued Stay Review, 10a) Out-of-State Services and 10b) Select Surgical Procedures. Lines 10a and 10b appear to be a subset of Line 10 Prior Authorization and Concurrent Review. Please clarify what additional services and/or care settings are included in the definitions of prepayment reviews and prior authorizations.</p>	<p>All services or care settings are subject to prepayment review after services are provided and prior to payment for those services.</p>
<p><b>14.</b> The monthly estimated units are listed as 120. Please clarify if this represents the number of special projects per month or some other unit of measure (e.g., hours). Please provide examples of the scope of special projects completed by the current contractor.</p>	<p>See revised Attachment A. Examples may include medical innovations.</p>
<p><b>15.</b> The section refers to provider submission by secure email or by fax. Is it acceptable to provide a secure web portal for electronic submission?</p>	<p>Yes.</p>
<p><b>16.</b> The RFP indicates written notice of an adverse decision shall be issued to the Department, the client, and the providers. Is it acceptable to use a secure web portal for distribution of the notices to the Department and the providers as well as clients who have the capability?</p>	<p>A secure web portal is sufficient for the Department and Providers. Clients may be given the option to receive notification electronically.</p>
<p><b>17.</b> Written notification to the provider when services denied. Is it acceptable to use a secure web portal for distribution of the notices to the providers?</p>	<p>See the answer to question #16.</p>
<p><b>18.</b> Reports must be submitted in electronic form to Nebraska Medicaid. Is it acceptable to use a secure web portal for distribution of the reports with e-mail alerts that the reports are available?</p>	<p>Yes.</p>

QUESTIONS	ANSWERS
<p><b>19.</b> Contractor will be responsible for sending notices with information on approved services, including the DHHS prior authorization numbers to the providers. Is it acceptable to use a secure web portal for distribution of the notices to the providers?</p>	<p>Yes.</p>
<p><b>20.</b> Contractor will also be responsible for sending service denial notices both to the Nebraska Medicaid clients and providers. Is it acceptable to use a secure web portal for distribution of the notices to the providers and clients who have the capability?</p>	<p>See the answer to question #16.</p>
<p><b>21.</b> Contractor must maintain a toll-free line for processing all prior authorization and concurrent review requests. Requests may also be submitted electronically in writing by secure email or by fax. What is the current breakdown of authorization requests received by telephone, secure e-mail and fax?</p>	<p>That information is not readily available.</p>
<p><b>22.</b> Please clarify if bidders are expected to use the tables listing the contractor requirement followed by the bidder response for our proposal format in those sections.</p>	<p>Yes.</p>
<p><b>23.</b> Who is the current MMIS vendor and how long have they been in place for the PA program?</p>	<p>The MMIS is managed by the Department of Health and Human Services.</p>
<p><b>24.</b> Realizing that there is a change in the SOW, what is the <b>current</b>, annual value of the contract with Qualis?</p>	<p>Click on the link provided below to view the current contract:  <a href="http://das.nebraska.gov/materiel/purchasing/contracts/pdfs/27625(o4)ren(1)awd.pdf">http://das.nebraska.gov/materiel/purchasing/contracts/pdfs/27625(o4)ren(1)awd.pdf</a></p>
<p><b>25.</b> Why did the state not exercise the final option years with the current vendor?</p>	<p>The state executed all optional renewal periods for the current contract.</p>
<p><b>26.</b> Will the agency provide to the contractor an electronic file containing all eligible Medicaid providers, including their address and contact information, enrollment status, provider type, and specialty?</p>	<p>Yes.</p>
<p><b>27.</b> What is the current denial rate by review type</p>	<p>This information is not available.</p>

QUESTIONS	ANSWERS
<p><b>28.</b> What percentage of cases come in through fax, web, etc</p>	<p>See the answer to question #21.</p>
<p><b>29.</b> What is the annual call volume</p>	<p>This information is not available.</p>
<p><b>30.</b> Is there a requirement or “extra points” for having an office in Nebraska</p>	<p>No.</p>
<p><b>31.</b> Please clarify the <b>go live</b> date for the contract. Is September 24, 2013 the beginning of implementation?</p>	<p>See the answer to question #8.</p>
<p><b>32.</b> “the scores from the oral interviews....will be added to the scores from the Technical and Cost Proposal. How many points can be awarded in the oral interviews? What percentage of the overall total score accounts for the oral interview? Please share the scoring associated with each section of the proposal. For example, Executive Summary-15% of total points, etc.</p>	<p>In order to protect the integrity of the RFP process, the state will not comment on the evaluation criteria during the question and answer period.</p> <p>The State does not release scoring prior to the bid opening.</p>
<p><b>33.</b> “The proposal should be no more than 100 pages in its entirety”. Are resumes, terms and conditions, financial statements, project plan etc included in this page count? If all staff are named in the proposal, and (as required) all resumes, that alone would exceed the 100 page limit.</p>	<p>See the answer to question #6.</p>
<p><b>34.</b> “Evaluation criteria will not be released prior to the proposal opening.” Please explain the rationale since this is not standard practice with Medicaid RFP’s. Please provide the % points weight per required sections.</p>	<p>See the answer to question #32.</p>
<p><b>35.</b> How and where are the terms and conditions incorporated into the actual proposal layout (which section)?</p>	<p>Include the terms and conditions with the Technical Proposal.</p> <p>Refer to II. F. Submission of Proposals.</p>
<p><b>36.</b> The amount of the certified check or bond must be 20%.....of Contract Amount. Is this to be for the total contract amount for the 3 years? Or is to be based on the annual contract amount and submitted annually?</p>	<p>Per III. DD. Performance Bond, “The selected contractor will be required to supply a certified check or a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the certified check or bond must be twenty percent (20%) of the contract amount.”</p>

QUESTIONS	ANSWERS
<p><b>37.</b> Where does the business requirements document/response go in the proposal response?</p>	<p>See the answer to question #35.</p>
<p><b>38.</b> Can you please list an example of “other programs, services, or procedures as determined by the Department” and clarify if these services are included in the flat fee?</p>	<p>See the answer to question #14.</p>
<p><b>39.</b> References to verifying eligibility for services requested. It is understood the agency will provide access to the MMIS system. Will member eligibility data including benefit plans and date spans be available through secure file transfer such that the contractor may automate the verification process?</p>	<p>Yes, see the answer to question #8.</p>
<p><b>40.</b> Where does the technical approach document/response go in the proposal response?</p>	<p>See the answer to question #35.</p>
<p><b>41.</b> How long have the admitting physician been responsible for securing PA’s for elective surgeries?</p>	<p>The “admitting physician” does not refer to a specific physician.</p>
<p><b>42.</b> “The contractor shall communicate, within the allotted time frame, any provider data entry error information to the provider and , if the provide fails to submit the necessary correction within 3 business days, deny the authorization request. Can this function be completed by a non-physician?</p>	<p>Yes.</p>
<p><b>43.</b> Does every PA require submission of every single document in the “complete medical record” or is this based on the review type. For example, Home Health and PDN often require extensive documentation submission where as a straight forward admission may not. “The contractor shall communicate an approval or denial to the appropriate providers by phone, fax or secure web-based review system. If a piece of this information is missing, should the case be denied? And, can a non-physician deny the case?</p>	<p>Required submission would be based on the review type.</p> <p>The contractor must obtain the appropriate materials to make a determination.</p> <p>Medical decisions must be made by the appropriate licensed medical staff.</p> <p>Technical denial decisions may be made by a non-physician.</p>

QUESTIONS	ANSWERS
<p><b>44.</b> How is the required 4 hour turnaround time for inpatient admission requests calculated relative to business hours, holidays, and weekends?</p>	<p>Please refer to D. Technical Approach 2.a.</p>
<p><b>45.</b> How are complete medical records currently provided to the incumbent contractor (i.e. paper, scanned image, etc.)? “The contractor shall establish a procedure for performing prepayment reviews that would require the hospital to forward a complete medical record to the contractor prior to submitting a claim for payment. The contractor must review the case and provide a written determination within 30 days of receipt of the medical record.” What information would be included in the determination? If it just medical necessity or is other information such as coding and quality included? Should the notification to the members be mailed or can they be provided via the providers?</p>	<p>Any HIPAA compliant and secure mode of transmission is acceptable.</p> <p>Any medical information necessary to make an appropriate determination.</p> <p>Clients must be provided with notification by the Contractor.</p>
<p><b>46.</b> How is the 90% accuracy requirement for authorization data calculated?</p>	<p>The accuracy is calculated on the number of file records transmitted to MMIS successfully.</p>
<p><b>47.</b> “data shall meet the minimum standard of 90% accuracy” Please describe how this is measured.</p>	<p>See the answer to question #46.</p>
<p><b>48.</b> What is the average amount of time spent by the Physician or Nurse Reviewer in a fair hearing?</p>	<p>The average amount of time is one (1) hour.</p>
<p><b>49.</b> If DRG validation is required, what grouping software and version would be required to match the agencies system?</p>	<p>Nebraska uses the AP DRG, version 27. Beginning 7/1/14, Nebraska will use the APR DRG, version 30 or 31.</p>
<p><b>50.</b> Date of eligibility determination is important to the retrospective review process. Will the eligibility data available to the contractor include determination dates for all eligibility records?</p>	<p>Yes.</p>
<p><b>51.</b> Reports are available in Excel, PDF, Word formats. Does one of these formats meet the State’s output requirements?</p>	<p>During implementation, the State will specify the requirements.</p>
<p><b>52.</b> For report deliverables where applicable, secure online reporting is available in electronic format, is this acceptable in place of secondary submission?</p>	<p>See the answer to question #51.</p>

QUESTIONS	ANSWERS
53. For complete analysis and recommendations, will claims data be made available to contractor?	Yes, upon contract start date.
54. What is the current volume of Quality of Care Reviews per month?	Please see revised Attachment A.
55. May the vendor use other means of communication to deliver the annual seminars such as web meetings, etc?	Yes. Please see D. Technical Approach 8.b.
56. Who actually creates the PA number, the fiscal agent of the PA vendor?	The State assigns the prior authorization numbers.
57. In what format are recipient and provider data feeds sent to the incumbent contractor?	File Transfer Protocol.
58. At what interval are recipient and provider feeds sent to the incumbent contractor (daily, weekly)?	Daily, Monday through Friday.
59. Are file layouts available for the recipient and provider feeds?	This will be provided to the selected contractor.
60. Could DHHS provide a file format for both the inbound and outbound files involved in the daily authorization process?	See the answer to question #59.
61. "Bidders must present their understanding of the problems being addressed by implementing a new system...." Please explain what the state means by "new system". Is that referring to a new vendor, with new process and tools or something else about to take place in the state?	It is referring to a new vendor.
62. The bidder shall provide a summary matrix listing the bidders previous projects similar to this RFP in size, scope and complexity, and <b><u>target population of persons with disabilities of all ages</u></b> . Please clarify the target population of this RFP SOW.	The first paragraph under V.A.3.h is hereby amended to read, "The bidder shall provide a summary matrix listing the bidder's previous projects similar to this Request for Proposal in size, scope and complexity, and target population. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal."

QUESTIONS	ANSWERS
<p><b>63.</b> Upon review of the current contract for UM services, there appears to be a great discrepancy between the review volumes. Please clarify the following: Is <b>every, single Line</b> item listed a <b>MONTHLY</b> or annual number. For example, 2,400 Post payment reviews are conducted monthly, with an annual volume of 28,800. Hearing Augmentation reviews volumes are 12,000 annually yet the annual # of Fair Hearings is <b>180</b>? Please define Hearing Augmentation Review, the average amount of time to complete and what all entails this review.</p>	<p>Please see revised Attachment A.</p> <p>A review of any medical information necessary to make an appropriate determination.</p> <p>This information is not available on how long it takes to complete a review.</p>
<p><b>64.</b> RFP Section I.A, Page 1—If the Contractor start date is September 24, 2013, when does the State expect the Contractor to start performing reviews?</p>	<p>See the answer to question #8.</p>
<p><b>65.</b> RFP Section I.D., Page 3—What are the names of the organizations that submitted questions?</p>	<p>In order to protect the integrity of the RFP process, the State will not comment on who provided questions during the question and answer period.</p>
<p><b>66.</b> RFP Section II.B., Page 2, and RFP Attachment A, Page 50—Please confirm that the Contractor is expected to bill for actual reviews completed based upon the applicable unit prices for the contract period.</p>	<p>Yes.</p>
<p><b>67.</b> RFP Section II.F., Page 4—This section indicates that the proposal should be no more than 100 pages in its entirety. Does this total include attachments required by the State? For example, audited financial statements, staff resumes, and the signed terms and conditions form will take up a significant number of pages. Is the intent to include these in the total page count? Please explain.</p>	<p>See the answer to question #33.</p>
<p><b>68.</b> RFP Section III.D., Page 17—Is the amount of the performance bond to be calculated as 20% of the annual contract amount, or of the total base contract amount? Please explain.</p>	<p>See the answer to question #36.</p>

QUESTIONS	ANSWERS
<p><b>69.</b> RFP Section III.QQ., Page 21—In the event the contract award process is delayed by the State, is there a maximum amount of time for which the prices must be guaranteed? Please explain.</p>	<p>Per QQ. Prices, “All prices, costs, terms and conditions outlined in the proposal shall remain fixed and valid commencing on the opening date of the proposal until an award is made (and for bidder receiving award prices shall remain as bid for the duration of the contract unless otherwise so stated in the contract) or the Request for Proposal is cancelled”</p>
<p><b>70.</b> RFP Section IV.A., Page 25 and RFP Attachment A, Page 50—In light of the fact that the Medicaid Program anticipates physical health services being provided by managed care organizations statewide, please describe how this will impact the estimated units in the initial term and for the renewal periods.</p>	<p>Managed care was implemented statewide, July 1, 2012. The number of authorizations was reduced for this proposal.</p> <p>Please see revised Attachment A.</p>
<p><b>71.</b> RFP Section IV.D.2.a., Pages 28 and 29—Please confirm that operational business hours are now intended to be to be from 9 a.m. to 6 p.m. (CST) instead of 8 a.m. to 5 p.m. (CST).</p>	<p>Please see D.2.a.</p>
<p><b>72.</b> RFP Section IV.D.3.a, Page 29 and Attachment A, Page 50—On page 29 of the RFP, it indicates that all scheduled elective surgeries will now be required to be prior authorization. However, on page 50 (Attachment A, Cost Proposal), line 10.b, it indicates that there are “select surgical procedures. Please clarify that all scheduled elective surgeries will now be required to be prior authorized.</p>	<p>Please see 471 NAC 10-004 for non-covered services; 471 NAC 10-005 for prior authorizations.</p> <p>The cost proposal “select surgical procedures” are referenced in C.1.c.ii.e. on page 26.</p> <p>IV.D. Technical Approach 3.a is hereby amended to read as follows, “The Contractor shall establish a procedure for performing prior authorization of designated services described above, including a description of procedures for requesting medical records. The Contractor’s procedure shall include a requirement that the provider must submit the request electronically, in writing by secure email, or, for those providers without Internet capability, by fax. For all scheduled selective surgeries, the admitting physician will be responsible for obtaining the prior authorization from the Contractor. The Contractor shall be responsible to verify the recipient’s eligibility for Medicaid. When requesting authorization, the provider must provide the Contractor with the name, address, and fax number of the ordering physician.”</p>

QUESTIONS	ANSWERS
<p><b>73.</b> RFP Section IV.D.3.f., Page 31—Is a four-hour turnaround time being required for a reconsideration review? Please explain.</p>	<p>Yes, within four hours of receipt of the information.</p>
<p><b>74.</b> RFP Section IV.D.3.g., Page 31— Please confirm that this Contractor only conducts reconsideration reviews of cases that the Contractor has reduced or denied.</p>	<p>No.</p>
<p><b>75.</b> RFP Section IV.D.3.g., Page 31— Please clarify what is meant by, “A reconsideration review will also include a retrospective review of services rendered before the client was determined to be eligible.”</p>	<p>The client receives services prior to being eligible; but when the eligibility is issued, it is made retroactive to before the services were rendered.  Please see 471 NAC 3-002.01</p>
<p><b>76.</b> RFP Section IV.D.3.h., Page 31—Does this review type (prepayment review) include the same review components as are listed on page 34 in 5.a. (retrospective review)? Please explain.</p>	<p>Yes, it is a pre-review activity.</p>
<p><b>77.</b> RFP Section IV.D.4b., Page 33: Please describe the materials and medical information that the Contractor is expected to prepare to support administrative hearings, fair hearings, and other legal proceedings.</p>	<p>Information sufficient to support the action by the contractor in accordance with federal and state regulations.</p>
<p><b>78.</b> RFP Section IV.D.4b., Page 33: Are plaintiffs represented by legal counsel at the hearings and other legal proceedings? Please describe.</p>	<p>The client has the right to be represented by legal counsel.</p>
<p><b>79.</b> RFP Section IV.D.4b., Page 33: Will the Contractor be required to respond to plaintiffs’ attorney’s Interrogatories, Requests for Production of Documents, Requests for Admissions, and/or any other documentation? Please describe.</p>	<p>The Contractor will be required to complete draft responses to Interrogatories, Requests for Production of Documents, and Requests for Admissions among other discovery related requests. Draft responses will be forwarded to the State’s legal counsel for final approval and signature.</p>
<p><b>80.</b> RFP Section IV.D.4b., Page 33: Please describe the role that the State will take in responding to plaintiff attorney’s requests directed to the Contractor for Interrogatories, Requests for Production of Documents, Requests for Admissions, and/or any other documentation? Please describe.</p>	<p>See the answer to question #79.</p>

QUESTIONS	ANSWERS
<p><b>81.</b> RFP Section IV.D.4b., Page 33: Will the State’s legal counsel be responsible for preparing and representing the Contractor’s interests at such hearings, or will the Contractor be expected to retain its own legal counsel? Please describe.</p>	<p>The State’s legal counsel is responsible for preparing and representing the State’s interest throughout the hearing process. The Contractor is not a party during the hearing process, and any decision to retain legal counsel must be made by the Contractor.</p>
<p><b>82.</b> RFP Section IV.D.4b., Page 33: Does the State anticipate that the Contractor’s staff will be required to respond to the plaintiff’s legal counsel during the hearings? If so, please describe.</p>	<p>The Contractor’s staff will be required to respond to plaintiff’s legal counsel during the hearing if testifying on behalf of the State.</p>
<p><b>83.</b> RFP Section IV.D.5.a., Page 34—Is the length-of-stay review activity required only for facilities that are not reimbursed by DRG? Please explain.</p>	<p>The length of stay review activity is required only for claims that are not reimbursed by DRG. The length of stay is built into the Grouper system; therefore claims paid on prospective methodology (DRG methodology) do not need length of stay review.</p>
<p><b>84.</b> RFP Section IV.D.7., Page 35— Although the quality of care reviews are described in this section, there is no separate line item on the Cost Proposal (Attachment A) for these review types. If the State desires this service to be quoted separately, what is the anticipated quantity?</p>	<p>Please see revised Attachment A.</p>
<p><b>85.</b> RFP Section IV.D.7., Page 35— Although the quality of care reviews are described in this section, there is no separate line item on the Cost Proposal (Attachment A) for these review types. If the State desires this service to be quoted separately, how should the quality of care reviews be reflected on the Cost Proposal? Please explain.</p>	<p>See the answer to question #84.</p>
<p><b>86.</b> RFP Section IV.D.7., Page 35— Although the quality of care reviews are described in this section, there is no separate line item on the Cost Proposal (Attachment A) for these review types. If the quality of care reviews is not supposed to be billed separately, then how should those costs be reflected in the review types listed in the Cost Proposal? Please explain.</p>	<p>See the answer to question #84.</p>

QUESTIONS	ANSWERS
<p><b>87.</b> RFP Section IV.D.8.c., Page 37—The “focused review” type is referenced; however this review type is not described. Also, focused review does not appear on the cost proposal (i.e., Attachment A, RFP page 50). Please explain focused reviews and how the associated costs should be listed on the cost proposal.</p>	<p>Please see additional definition:</p> <p>Focused Review: A limited record review to determine appropriateness of billing for records/claims identified by the Department. Focused review shall mean cases identified for review by the Department or the Contractor not previously selected as a result of the prior authorization or retrospective review process. A more focused review of cases may be determined necessary as a result of but not limited to the following:</p> <ol style="list-style-type: none"> <li>1. a pattern of quality concerns identified for a specific provider or practitioner;</li> <li>2. a pattern of billing errors (incorrect coding, incorrect DRG assignment; duplicative charges);</li> <li>3. potential concerns identified by the Department as a result of edits in the claims payment system; or</li> <li>4. potential concerns identified by the Contractor through the prior authorization or retrospective review programs.</li> </ol>
<p><b>88.</b> RFP Attachment A, Page 50 (Cost Proposal): For each line item listed in Attachment A, please reference the RFP section number where the specific review type is described.</p>	<p>Please see revised Attachment A.</p>
<p><b>89.</b> RFP Attachment A, Page 50 (Cost Proposal): The column, “Estimated Monthly Units,” indicates that the estimates of review volumes are for a single month. Please confirm that volumes stated are in fact monthly as opposed to an annual review estimate.</p>	<p>See the answer to question #9.</p>
<p><b>90.</b> RFP Attachment A, Page 50 (Cost Proposal): Please confirm the dates for the initial term, first renewal, and second renewal.</p>	<p>First Term – Contract Start Date – October 31, 2016</p> <p>First Renewal – November 1, 2016 – October 31, 2019</p> <p>Second Renewal – November 1, 2019 – October 31, 2022</p>
<p><b>91.</b> RFP Attachment A, Page 50 (Cost Proposal): Please describe the types of services that are reviewed under item 10 – Prior Authorization &amp; Concurrent Review.</p>	<p>See the answer to question #2.</p>

QUESTIONS	ANSWERS
<p><b>92.</b> RFP Attachment A, Page 50 (Cost Proposal): Please describe what types of reviews are included by item 12 – Administrative Review.</p>	<p>See the answer to question #9.</p>
<p><b>93.</b> RFP Attachment A, Page 50 (Cost Proposal): It appears, based on RFP Section IV.D.3.h. on Page 31, that prepayment reviews are the same as prior authorization reviews. Please explain if prepayment reviews are the same as prior authorization reviews, and how prepayment review prices should be listed.</p>	<p>See the answer to question #9.</p>
<p><b>94.</b> RFP Attachment A, Page 50 (Cost Proposal): There is a reference to post payment reviews in RFP Section IV.D.8.c. on Page 37. How do post payment reviews differ from the retrospective review types listed on the cost proposal sheet? Please explain.</p>	<p>Post payment reviews are after services and payment is complete.</p> <p>For Retrospective reviews, please see D.5.b.</p>
<p><b>95.</b> RFP Attachment A, Page 50 (Cost Proposal): The cost proposal sheet includes line item 11 for “special project.” Please describe what is expected for a special project.</p>	<p>See the answer to question #14.</p>

QUESTIONS	ANSWERS
<p><b>96.</b> RFP Attachment A, Page 50 (Cost Proposal): Please describe what types of durable medical equipment, other than wheelchairs and seating reviews, are included on line 14 of the cost proposal.</p>	<p>Durable Medical Equipment, Prosthetics, Orthotics and Supplies includes but is not limited to the following key item areas:</p> <ul style="list-style-type: none"> <li>• Medical and Surgical Supplies (Injection Supplies; Vascular Catheters and Drug Delivery Systems; Ostomy Supplies; Supplies for Oxygen and Related Respiratory Equipment; Dialysis Supplies; Incontinence Supplies; Diabetic Shoes, Fitting and Modifications; Dressings; Compression Garments; Respiratory Supplies; Tracheostomy Supplies)</li> <li>• Enteral and Parenteral Therapy (Enteral Formulae and enteral Medical Supplies; Parenteral Nutrition Solutions and Supplies; Enteral and Parenteral Pumps)</li> <li>• Durable Medical Equipment (Canes; Crutches; Walkers; Commodes; Decubitus Care Equipment; Heat/Cold Application; Bath and Toilet Aids; Hospital Beds and Accessories; Oxygen and Related Respiratory Equipment; IPPB Machines; Humidifiers/Compressors/Nebulizers; Pumps and Vaporizers; Monitoring Devices; Patient Lifts; Compression Devices; Ultraviolet Light; Safety equipment; Nerve Stimulators and Devices; Infusion Supplies; Traction Equipment; Orthopedic Devices; Wheelchair Accessories; Wheelchairs; Whirlpool Equipment; Additional Oxygen Related Equipment; Jaw Motion Rehabilitation System and Accessories; Flexion/Extension Devices; Wound Therapy; Speech Generating Devices; Wheelchair Cushions; Wheelchair Arm Supports; Gait Trainer)</li> <li>• Temporary Codes (Wheelchair and Wheelchair Accessories; Equipment Replacement, Repair, Rental; Power Operated Vehicle and Accessories; Power Wheelchairs)</li> <li>• Orthotic Procedures and Devices (Cervical; Multiple Post Collar; Thoracic; Cervical, Thoracic, Lumbar, Sacral Orthotics; Orthotic Devices-Scoliosis Procedures; Thoracic, Lumbar-Sacral Orthotic (TSLO) (Low Profile); Hip Orthotic; Legg Perthes; Knee Orthotic; Ankle-Foot Orthotic</li> </ul>

QUESTIONS	ANSWERS
<p><b>97.</b> RFP Attachment A, Page 50 (Cost Proposal): There is no line item 15, and there are two line items with 18. Please clarify these items.</p>	<p>Please see revised Attachment A.</p>
<p><b>98.</b> Will Eligibility Loads from the State already exclude the following: Medicare dual eligibles with the exception of Home Health and PDN services?</p>	<p>No.</p>
<p><b>99.</b> Given the short time between the scheduled release of the RFP questions and answers and the proposal due date, please consider a one week extension of the proposal due date.</p>	<p>Please see Addendum Two Revised Schedule of Events.</p>