

Department of Health and Social Services Finance and Management Services Grants and Contracts Support Team 3601 C Street, Suite 578 Anchorage, Alaska 99503

RFP #0614-075 Alaska Medicaid Coordinated Initiative

Amendment #4

Amendment Issue Date: March 5, 2014

Please alter the following language to match the amendment.

IMPORTANT NOTE TO OFFERORS: Only the following items referenced in this amendment are to be changed. All other sections of the RFP remain the same. A copy of the amendment is available on the State's Online Public Notice website.

Item 1. RFP 0614-075 Alaska Medicaid Coordinated Initiative, replace in its entirety.

Item 2. Section 5.09 Reporting, Attachment TBD will be attached in amendment #5

Note: If the questions below have not been answered in the revised RFP 0614-075, vendor should resubmit their questions.

Question: What specific formats are required for collection and transport of data? Please describe if there is a standard format required, or if they can be in a mutually agreeable proprietary format.

Answer: See attached Revised RFP Amendment #4

Question: What specific data elements are required?

Answer: See attached Revised RFP Amendment #4

Question: What are the specific criteria elements that are included in the objective review criteria developed by the Department?

Answer: See attached Revised RFP Amendment #4

Question: What is the estimated number of anticipated emergency department reviews that the successful Contractor(s) will be expected to conduct in a year?

Answer: See attached Revised RFP Amendment #4

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Question: What are the estimated numbers of review requests for complex, high cost, investigational, experimental, or atypical healthcare services?

Answer: See attached Revised RFP Amendment #4

Question: What are the consequences to the recipient if he/she accesses healthcare services from providers that are the designated primary care provider, pharmacy, hospital, or behavioral health provider?

Answer: See attached Revised RFP Amendment #4

Question: Section 1.03, page 6: In this section, it indicates that, "each contract will be required to manage up to 200 super utilizer recipients." Does this represent the number of recipients in active case management at any given time? Does this represent the number of recipients in active case management in a year? Or, does this mean something else?

Answer: See attached Revised RFP Amendment #4

Question: How many retrospective reviews of outpatient emergency department visits are expected to be reviewed in a year?

Answer: See attached Revised RFP Amendment #4

Question: How many in-depth reviews for complex and/or high cost are expected to be reviewed in a year?

Answer: See attached Revised RFP Amendment #4

Question: Please describe any requirement regarding sending either retrospective review determinations or case management information via electronic transfer to DHCS or to the MMIS vendor.

Answer: See attached Revised RFP Amendment #4

Question: Is there any requirement regarding sending either retrospective review determinations or case management information via electronic transfer to DHCS or to the MMIS vendor.

Answer: See attached Revised RFP Amendment #4

Question: Explain whether the retrospective reviews of outpatient emergency department visits will be done by the Contractor on a pre-payment basis or a post-payment basis.

Answer: See attached Revised RFP Amendment #4

Question: Explain whether the in-depth reviews of complex and/or high cost cases will be done by the Contractor on a pre-payment basis or a post-payment basis.

Answer: See attached Revised RFP Amendment #4

Question: Explain if the successful Contractor will be allowed to use or access Alaska's Automated Information Management System (AK AIMS).

Answer: See attached Revised RFP Amendment #4

Question: What is the state planning to do upon receiving suggestions from contracted organizations? For example, if one were to suggest PCA hours needed to be increased, would those suggestions be cumulated and would/could action be taken to respond?

Answer: See attached Revised RFP Amendment #4

Question: What is the state's definition of "inappropriate utilization?"

Answer: See attached Revised RFP Amendment #4

Question: What are the averages per person costs of ER visits to the state?

Answer: See attached Revised RFP Amendment #4

Question: Under the data requirement section: Is DHSS going to develop the date report or will the vendor create the report?

Answer: See attached Revised RFP Amendment #4

Question: What is the length of the contract?

Answer: See attached Revised RFP Amendment #4

Question: Willing to share the total Medicaid activity per patient?

Answer: See attached Revised RFP Amendment #4

Question: Almost all metrics were 95%-100%. We agree requirements left little room for 'ramp-up' learnings.

Answer: See attached Revised RFP Amendment #4

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