



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 #5

Amendment Issue Date: March 20, 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 Attached Health Screening Tool.

Item 2 Section 1.01 should now read, "Proposals must be received no later 4:00 P.M., Alaska Time on **April 30, 2014.**"

Item 3 Section 1.07 should now read, No further questions will be allowed after 1:30 pm Alaska time on date **April 16, 2014.**

Item 4 Section 6.06, page 57 of the RFP: The fourth paragraph, should now read, "Vendors must provide at least three (3) letters of reference from previous customers demonstrating evidence of successful case management, including names and phone numbers."

Item 5 Section 7.04 "questions regarding the Vendor, page 60 and 76 of the RFP: item [d] should now read, "Has the Vendors provided at least three (3) letters of reference from previous customers, including contact names and phone numbers?"

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

1. Question: Section 1.02, page 5 of the RFP: The last paragraph on this page of the RFP indicates, "that any holding over of the contract excluding any exercised renewal options, will be considered as a month-to-month extension..." Does this term apply after Phase I and Phase II are completed? Please explain.

Answer: Yes it applies to Phase I and II

2. Question: Please describe how the State will determine how contract awards will be made.

Answer: Proposals will be grouped and evaluated by proposed methodology (i.e. Anchorage Area, Non Native, with two or more Chronic Conditions).

3. Question: Please describe how and when the Vendor's costs will be modified in the Phases of this project.

Answer: See section 5.01, 5.02 and 5.03.

4. Question: Please confirm that the scope of work under this contract is for case management and utilization review services, rather than healthcare services.

Answer: The contract is only for case management and utilization review services

5. Question: We would like to request a copy of the Initial Health Screening Tool that DHCS has developed, and we have the following questions about this tool:

- a. Describe how this tool is supposed to be administered, including the format of the tool (e.g., hard copy, on-line, telephonic).
- b. Describe who may administer the tool (e.g., non-clinical staff member, clinical case manager, etc.).

Answer: Health Screening Tool is attached document to Amendment #5

- a. The tool contains an instruction sheet that explains how it is to be used. The successful contractors will be provided with an electronic copy of the tool. The Vendor may use the tool as a hard copy, electronically, etc.
- b. It is DHCS expectation that the Initial Health Screening tool will be completed by a case manager, who will interview the member.

6. Question: Section 5.06, sub-section 6, page 46 and Section 5.06, sub-section 10, page 47 of the RFP: In Section 5.06, sub-section 6, the RFP indicates that the Vendor is required to "create a person-centered written care plan..." Then, in Section 5.06, sub-section 10, the RFP indicates that, "Managing the member's plan of care or service authorization is not within the scope of this contract." Does this mean that once the Vendor develops the care plan, the case management services are completed? Please explain how the Vendor is responsible for creating the written care plan but is not responsible for managing the member's plan of care.

Answer: In section 5.06, subsection 10, the reference to "plan of care" is regarding a recipient who may have a "plan of care" for waiver services with the Division of Seniors and Disabilities. To clarify this wording, the Vendor would be responsible for creating and on-going management of a person-centered written care plan. The Vendor would not be responsible for managing a members "waiver" plan of care for any waiver services. Additionally the Vendor is not responsible for obtaining any service authorizations.

7. Question: Section 5.06, sub-section 7.k, page 47 of the RFP: Please confirm if the State means that a health literacy assessment if a part of the case management service interventions required by the Vendor.

Answer: A "health literacy assessment" is a required component of the case management services required by the Vendor. Vendors may use any standardized health literacy assessment tool they choose to accomplish this assessment.

8. Question: Section 5.07, pages 49 (Utilization Review) and Section 5.11, sub-sections 1 and 2; pages 53 and 54 (Performance Requirements) of the RFP: There are several questions related to the utilization review requirements of emergency room visits:

- a. Describe how the Vendor will be informed of the emergency room visits that need to be reviewed by the Vendor (e.g., electronic claims file).

Answer: On a monthly basis, DHCS will provide a claims extraction to the Vendor for ER visits paid in the previous month.

- b. Will the State require the providers to submit the emergency room visit documentation directly to the Vendor?

Answer: The Vendor will be responsible for obtaining ER visit documentation from hospital providers where the member was seen and treated. DHCS will ensure Vendors are given a copy of appropriately signed release of information forms. The Vendor must make copies of these records available to the State, as requested, for the purpose of contract monitoring and program management.

- c. Please confirm that documentation of three unsuccessful attempts by the Vendor to obtain the documentation of the emergency room visits is considered satisfactory evidence of meeting this requirement to review 100% of all emergency room visits.

Answer: DHCS would expect that Vendors would have little to no difficulties in obtaining ER records to review. Under the authority of the State, enrolled Alaska Medicaid providers are required to provide and make available medical records for review upon request (7 AAC 105.230 and 7AAC 105.240). Failure of a hospital to provide records should be reported to the State immediately.

- d. What are the processes and the consequences when a provider is unwilling or unable to submit the required documentation of the emergency room visits to the Vendor?

Answer: DHCS would expect that Vendors would have little to no difficulties in obtaining ER records to review. Under the authority of the State, enrolled Alaska Medicaid providers are required to provide and make available medical records for review upon request (7 AAC 105.230 and 7AAC 105.240). Failure of a hospital to provide records should be reported to the State immediately.

- e. Are these retrospective reviews of emergency room visits conducted pre-payment or post-payment?

Answer: The Vendor's retrospective reviews of ER visits will be conducted post-payment.

- f. Will the Vendor be required to conduct reviews of emergency room visits when the patient is admitted to the hospital immediately after being seen in the emergency room?

Answer: No. Direct admission into the hospital through the ER would be sufficient evidence of a member's need for emergency service.

- g. Describe what role, if any, the Vendor has in appeals, reconsiderations, fair hearings, or other due processes when an emergency room visit has been denied.

Answer: During Phase I, the Vendor will have no role involved in appeals, reconsiderations, fair hearings, or other due process when an emergency room visit has been denied.

- h. When will the successful Vendor receive its first monthly claims history identifying outpatient emergency room visits?

Answer: Once the start date of the Vendor's contract is determined after negotiation, DHCS will provide paid claims for the 12 months period prior to the contract start date. Thereafter, DHCS will provide a claims extraction no later than the 15th of each month for the preceding month.

9. Question: Section 5.08, sub-section 2, page 50 of the RFP: Please describe the State specifications regarding information, data, and reports for this contract.

Answer: A draft of the specification document will be published by anticipated date of 4/9/2014. Minor changes may be allowed at the sole discretion of the State. Finalization of the specifications will occur with each vendor during negotiations.

10. Question: Section 5.08, sub-section 4, page 50 of the RFP: Please describe the type of Medicaid claims data will be included in the information sent to the Vendor. Will it only include emergency room visits, or will the data include information on all healthcare services for the members?

Answer: Emergency Room Visit claim data will be made available to each vendor for those members they are to serve. At a minimum Summary data will be made available to vendors for all other member visits, providers, diagnosis, etc. At the sole discretion of the State, Detailed Claims data may be provided; this is under review by the State.

A draft of the specification document will be published by 4/9/2014. Minor changes may be allowed at the sole discretion of the State. Finalization of the specifications will occur with each vendor during negotiations.

11. Question: Section 5.09, sub-section 5, page 52 of the RFP: We would like to request the Attachment referenced in this section regarding the Vendor's requirement to compile and provide the State the data collected during the Initial Health Screening.

Answer: A draft of the specification document will be published by 4/9/2014 Minor changes may be allowed at the sole discretion of the State. Finalization of the specifications will occur with each vendor during negotiations.

12. Question: Section 5.09, sub-section 6, page 52 of the RFP: We would like to request the Attachment referenced in this section regarding the Vendor's requirement to compile and provide the State the data collected during the Comprehensive Needs Health Assessment.

Answer: A draft of the specification document will be published by 4/9/2014. Minor changes may be allowed at the sole discretion of the State. Finalization of the specifications will occur with each vendor during negotiations.

13. Question: Section 5.09, sub-section 7, page 53 of the RFP: We would like to request the Attachment regarding the Vendor's requirement to compile and provide the State the Performance Metrics data collected.

Answer: A draft of the specification document will be published by 4/9/2014. Minor changes may be allowed at the sole discretion of the State. Finalization of the specifications will occur with each vendor during negotiations.

14. Question: Section 5.09, sub-section 9, page 53 of the RFP: We would like to request the Attachment regarding the Vendor's requirement to supply final reporting and data specifications.

Answer: A draft of the specification document will be published by 4/9/2014. Minor changes may be allowed at the sole discretion of the State. Finalization of the specifications will occur with each vendor during negotiations.

15. Question: Section 5.10, page 53 of the RFP: Please confirm that the only individuals who will be completing the customer service satisfaction survey are members who were enrolled in the Alaska Medicaid Coordinated Care Initiative case management program.

Answer: Customer satisfaction surveys will only be required from those members enrolled in the AMCCI who the Vendor is providing case management services for.

16. Question: Section 5.10, sub-sections 4 and 5, page 53 of the RFP: The RFP indicates that the survey results are returned directly to DHCS, per the instructions in sub-section 4. The Vendor is required to document at least two unsuccessful attempts to make the survey available to members. Will DHCS inform the Vendor of which surveys have been completed, so that the repeated attempts will focus on those members who have not returned the completed survey?

Answer: Surveys will be anonymous. The vendor must document the date of mailing for each survey sent out to each member. Any return mail or attempts to obtain an updated address should also be documented. If the vendor does not receive return mail and documents this attempt, DHCS will assume the member has been provided the opportunity to participate in the survey.

17. Question: Section 5.11, sub-section 6, page 54 of the RFP: In this sub-section, there is a reference to a comprehensive health needs assessment, and the RFP references Section 5.03. Section 5.03 describes the Phase II of this project. It appears that the reference should probably be Section 5.06, Case Management Requirements. Please confirm that this is referencing the comprehensive health needs assessment described in Section 5.06 of the RFP.

Answer: The correct section should be 5.06.

18. Question: Section 6.06, page 57 of the RFP: Please clarify that the State wants the Vendor to provide at least three letters of reference from customers, not members, to demonstrate evidence of successful case management.

Answer: To demonstrate evidence of past or current successful case management, the vendor should submit at least three reference letters from the Vendor's business clients/customers, not from Medicaid recipients/members.

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