



Official Response To Submitted Questions
RFP # 20130215
Utilization Management/Quality Improvement Organization

Question #	RFP Section #	RFP Page #	Question	DOM Response
1	1.2	6	What impact will the MS CANS mandatory participation have on PA volumes by context? Can you please provide year over year impact?	This information is not available.
2	1.2	6	What is the volume of lives served by this scope of work? National criteria licensing is based upon covered lives. If possible, please provide a breakdown of the volume of lives touched in EACH program.	At this time, approximately 80% of the total 650,000 Medicaid beneficiaries will be included in this project.
3	1.2	6	How many Medicaid beneficiaries are currently enrolled with the two Coordinated Care Organizations? How many additional Medicaid beneficiaries does DOM anticipate shifting from fee-for-service to the CCOs during the next contracting period? Please explain.	Of the approximately 650,000 Medicaid beneficiaries, almost 140,000 were enrolled in MississippiCAN as of March 1, 2013. DOM recently expanded the managed care population on December 1, 2012, and state law allows us to increase managed care enrollment up to 45%. There is no targeted date for this expansion.
4	1.3.1	8	What are the names of the companies that submitted a mandatory letter of intent to bid? Which lot(s) did each potential offeror specify they would be bidding on?	This information will not be released during the Procurement Process. Please note that this procurement does not involve Lots.
5	1.3.3	9	Does DOM wish for the Business Proposal that includes original signatures to be marked as "Original"? If so, does DOM wish for us to submit one original and three copies (i.e., total of four), or an original and two copies (i.e., total of three)? Please clarify.	Submit one (1) original and three (3) copies of the Business Proposal. The original should be marked as such.



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6	1.4.1	10	Can first level review staff be licensed in MS but not located in MS?	Please refer to RFP sections 1.5 Staffing Requirements items 8-10.
7	1.4.1.4.e	10	This section states that DOM will define the administrative policy rules for technical denial. Please provide a reference to the administrative policy rule for technical denials or describe under what circumstances a technical denial would be appropriate.	Refer to the DOM Administrative Code Title 23 and the current UM/QIO Vendor Provider Manual for technical denial policy and workflows.
8	1.4.1	11	What contexts of prior authorization are currently available to providers via a web based authorization request system?	All contexts of prior authorization are currently available via a web based authorization request system.
9	1.4.1.7 1.4.1.8	11	Item #7 says the Contractor must pend the review request if the provider submits a request for certification with incomplete, inadequate, or ambiguous information, and then seek clarification or request additional information. Item #8 says the Contractor must have procedures for suspending a review when it has been pended because additional information is required and the additional information is not submitted by the due date. Is there an expectation that a “suspended” review will remain in this status indefinitely when additional information is not provided, or, can a “suspended” review be officially moved to a “deny” status at some point for failure to provide additional information?	The suspension period is currently dependent upon the prior authorization request type and in accordance with DOM Administrative Code policy. Suspensions which result in a denial are also currently dependent upon the prior authorization request type and issued in accordance with DOM Administrative Code policy.



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10	1.4.1.9	11	Item #9 says the Contractor shall establish procedures for issuing a technical denial when the case does not meet DOM policy or is technically insufficient. Please provide DOM's guidelines for technical insufficiency.	Technical insufficiency is defined by DOM Administrative Code and UM/QIO policy for each prior authorization type.
11	1.4.1.10	11	The RFP says the Contractor shall have the capability for generating a Treatment Authorization Number (TAN). Please advise if there are any required formats or size specifications for the TANs.	The current field is 11 alphanumeric characters.
12	1.4.1.10	11	Is the treatment authorization number generated through your MMIS system?	No, the TAN is generated by the UM/QIO vendor.
13	1.4.1.12	11	Please clarify if the requirement to provide written notices to providers " online " means to provide them via the Web or by e-mail, or if either method is acceptable.	Online refers to the Web-based system, HIPPA compliant secure email, or an in-box through the Web-based system.
14	1.4.1.12	11	Should this requirement read that the contractor shall provide written notices to providers online or via facsimile notification?	This should read and/or.
15	1.4.1	12	Will the contractor be required to provide witnesses, physician consultants, or technical experts at Fair Hearings	Yes.
16	1.4.2.1	12	Can the certification as a Utilization Review Resource be "in process?" The time frame for obtaining certification may extend beyond the proposal submission date.	The Offeror must be certified at the time of submission.



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17	1.4.2.1	12-13	<p>For each of the acute and ancillary health services listed in 1.4.2.1, please provide the volumes and percentages of prior authorizations and prepayment review requests that are received by:</p> <ul style="list-style-type: none"> • Phone • Facsimile • Mail • Web-based 	DOM has no volume estimates by types of communications used.
18	1.4.2.1	12-13	Which review types listed are subject to the use of State criteria, if any?	All prior authorizations must follow applicable State and Federal guidelines.
19	1.4.2.1	13	What is the volume or percent of reviews received by web, phone, and fax for inpatient admissions?	DOM has no volume estimates by types of communications used.
20	1.4.2.1	13, 18, 19, 23, 26, 29 and 45	For service types that specify a “dedicated” toll free fax (or phone) line, is Contractor expected to maintain separate lines for these services or is a single dedicated line sufficient? (for example, Inpatient Medical/Surgical Services, Organ Transplant, and Inpatient Psychiatric Services each specify a “dedicated” line, while Maternity Reporting, DME, Vision, and Hearing do not).	Each service type that specifies the requirement of a dedicated toll free fax line must have a dedicated toll free fax line.
21	1.4.2.1	14	Do review turnaround times from receipt to determination include second level review?	Yes.



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22	1.4.2.1	14	Are Saturdays and Sundays considered “workdays”?	No. However urgent/emergent admission reviews should be completed within 24 hours of receipt.
23	1.4.2.1	14	Does the workday consist of 24 hours or 8 hrs?	This question is too broad. Please refer to RFP Section 1.4.2.1 for timeliness requirements for each specific type of review; and Section 1.5.8 concerning staffing requirements.
24	1.4.2.1	14	<p>What is the denial rate for the following reviews?</p> <ul style="list-style-type: none"> • Inpatient medical /surgical services • Organ transplants • Hospice services • DME/POS and medical supplies • Vision services • Hearing services • Outpatient /school health related therapies • Expanded physician visits • Expanded Home Health Services • Private Duty Nursing • Level of Care reviews 	No additional volume estimates will be provided other than those found in the UM Volume data document posted directly below the RFP link at www.Medicaid.ms.gov/bids.aspx .
25	1.4.2.1	14	Non-emergency admissions are to be done within 24 hours or one workday of receipt. Please clarify if one business day of receipt is accurate.	Please refer to RFP sections 1.5 Staffing Requirements item 8. Ninety-eight (98) percent of Non-Emergency Admission Reviews should be completed within 24 hours from the time of receipt.
26	1.4.2.1.A.5	14	Does the State take into consideration the need for complete information to be provided first to begin the timeline for starting and completion of a review?	This was taken into consideration when determining a ninety-eight (98) percent compliance rate for the 24 hour timeline.



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27	1.4.2.1.A.5	14	DOM implemented a Prospective Payment System (PPS) for hospital services effective October 1, 2012. Under PPS, payment for each hospital inpatient stay is based on an All Patient Refined Diagnostic Related Group (APR-DRG). Please describe the circumstances that would require a continued stay review for medical necessity under PPS.	Refer to DOM Administrative Code Title 23 Part 202 for hospital reimbursement information.
28	6.3.1	14	Can we submit our standard cost proposal detail form to be in compliance? Can this cost proposal detail be in the format of Microsoft Excel?	The Business Proposal must contain the Budget Summary included in the RFP as Appendix A. In addition to Appendix A, the Offeror should include any pricing schedules necessary. Excel is acceptable.
29	1.4.2.1	13, 18, 19, 23, 26, 29 and 45	For service types that specify a “dedicated” toll free fax (or phone) line, is Contractor expected to maintain separate lines for these services or is a single dedicated line sufficient? (for example, Inpatient Medical/Surgical Services, Organ Transplant, and Inpatient Psychiatric Services each specify a “dedicated” line, while Maternity Reporting, DME, Vision, and Hearing do not).	Each service type that specifies the requirement of a dedicated toll free fax line must have a dedicated toll free fax line.
30	1.4.2.1A.5.c.	15	Weekend and Holiday Admission Reviews require that the Contractor has the capability and established procedures to receive weekend and holiday admission review requests and conduct prior authorizations post –admission when the beneficiary has not been discharged. Is the Contractor required to have phone coverage during weekend and holiday hours to accept verbal prior authorization requests?	Please refer to RFP sections 1.5 Staffing Requirements item 8. Ninety-eight (98) percent of weekend and holiday admission reviews should be completed within 24 hours from the time of receipt.



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31	1.4.2.2 A. Inpatient Psychiatric Services Prior Authorization	48	Table 10, Retrospective Reviews: Written denials to providers are required within one business day from receipt of completed request and written notice to the beneficiary is required within 3 business days of review determination. For retrospective reviews, how is a “completed request” defined, as compared to a “review determination”?	They are the same.
32	1.4.2.2 B. Hospital Outpatient Mental Health Services Prior Authorization	48 - 49	Number 1 states “Specific procedures requiring prior authorization are identified in the Outpatient Mental Health CPT Codes Listing on DOM’s procurement Website. This list was not found. Please provide the Outpatient Mental Health list of CPT Codes requiring prior authorization.	This information will be provided to the Contractor.
33	1.4.2.2 E. Mississippi Youth Programs Around the Clock Services Prior Authorization	57	Number 1 states for additional information on coverage see Admin Code Title 23 Medicaid Part 206 (chapter 2 & 3). Chapter 3 was not found; please specify where Chapter 3 can be found?	There is no Chapter 3.
34	1.9.1 1.9.2. Appendix A – Budget Summary	Page 83 Page 83 Page 128	Section 1.9.1 Implementation Phase states “The Implementation Phase will begin September 1, 2013.” Section 1.9.2, Operations Phase states “The operations phase is scheduled to begin December 1, 2013.” Appendix A – Budget Summary indicates that the Implementation Phase is from 7/1/2013 – 9/30/2013. What are the correct dates for the Implementation Phase?	The dates in Section 1.9.1 and 1.9.2 are correct. Appendix A – Budget Summary has been corrected in Amendment 1 to the RFP which can be found at www.Medicaid.ms.gov/bids.aspx .



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			<p>Also, is the Implementation phase outside of Year 1, meaning that Year 1 is 12 months?</p> <p>Are the following dates correct?</p> <p>Implementation Phase September 1, 2013 – December 1, 2013. Year 1 January 1, 2014 – December 31, 2014 Year 2 January 1, 2015 – December 31, 2015 Year 3 January 1, 2016 – December 31, 2016</p>	
35	5.4.2 Financial Statements	Page 119	Can we provide a web link to our audited Financial Statements instead of printing them in our proposal due to the volume of pages included in each report?	Yes.
36	Appendix A – Budget Summary	Page 128	It appears that Behavioral Health Services and Dental Services need to be added to the Appendix A – Budget Summary as line items.	Appendix A – Budget Summary has been corrected in Amendment 1 to the RFP which can be found at www.Medicaid.ms.gov/bids.aspx .
37	1.4.2.1	17	Notifications to hospital and attending physician. If the attending physician is a hospitalist, is one notification to the hospital address sufficient to satisfy this requirement? Providers often do not provide attending physician demographics. How is this currently handled?	No, the hospital and attending physician should each receive a notification. DOM's MMIS contains facility and provider contact information.



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38	1.4.2.1	20	The contractor shall have the capability to determine “other financial resources available.” Please clarify this requirement. Are there additional eligibility systems other than MMIS that require an interface? PA’s determine medical necessity; they do not determine payment for coordination of benefits.	This is in 1.4.2.1.C.7.a. The UM/QIO should be capable of determining whether the requesting transplant facility is accredited by Medicare and whether the beneficiary has a third party payer source.
39	1.4.2.1	42	Is it the State’s preference to utilize national criteria used by the current vendor for acute and ancillary services, or is the DOM willing to explore other national criteria sets?	DOM is willing to explore evidence based best practices for utilization criteria.
40	1.4.2.1	43	What is the volume of retrospective reviews validating APR-DRG assignments?	No additional volume estimates will be provided other than those found in the UM Volume data document posted directly below the RFP link at www.Medicaid.ms.gov/bids.aspx .
41	1.4.2.1	43	What is the volume of retrospective post payment coding validation reviews to be performed as directed by the DOM? Are these expected to be done on-site or as desk top reviews? If on-site please provide the provider sites and potential locations for travel allocation.	Refer to RFP section 1.8 Quality Improvement and Quality Control. It is the responsibility of the bidder to define and propose an appropriate retrospective coding validation review system, which complies with industry standards and best practices.
42	1.4.2.2.1	46	Weekend and Holiday Admissions “The Contractor shall have the capability and established procedures to receive weekend and holiday admission review requests...” The Contractor is required to accept requests via telephone, fax, web and mail. Does this mean that the Contractor	Please refer to RFP sections 1.5 Staffing Requirements item 8. Ninety-eight (98) percent of weekend and holiday admission reviews should be completed within 24 hours from the time of receipt.



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			must have staff available weekends and holidays to receive telephone requests?	
43	1.4.2.3	65	What amount of time is anticipated for the Dental Director to be available to discuss denied or modified dental cases?	The Offeror must determine how best to meet the requirements of the RFP.
44	1.4.2.3	70	What criteria does the State currently use to authorize requests for dental services?	This information will not be released. The Offeror must determine how to best meet the requirements of the RFP.
45	1.4.5	72	Clinical/Medical Consulting Is this to be considered provider training to be delivered to a group of providers or is this to individual providers. What is the anticipated volume of such requests?	The Offeror must determine how best to meet this requirement.
46	1.5	73	What is the current level of Medical Director and Dental Director coverage in terms of FTE allocations?	This information will not be released.
47	1.5	73	What is the anticipated volume of provider trainings (after implementation) that are needed on an annual basis?	The Offeror must determine how best to meet this requirement, however, DOM anticipates an average of 6-10 per month.
48	1.5	73	Please provide details about the responsibilities and requirements of the Information Systems Manager.	The Offeror must determine how best to respond to this requirement.
49	1.5	73	Is the Project Director role temporary or will it continue through the length of the contract? If temporary, will it extend just through implementation, and then pass off to the Deputy Project Director?	The Project Director must be available throughout the contract period.



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50	1.5	74	What percentage of staff currently telecommutes to service the current scope of work? Does the DOM have an acceptable threshold for telecommuters?	The Offeror must determine how best to respond to this requirement. Final numbers of staff who telecommute will be agreed upon by DOM and the Contractor.
51	1.6.1	75	Will the State provide a daily provider eligibility feed? If so, what format/data fields will be included?	Yes, layout and formats will be provided upon award.
52	1.6.1	75	Section 1.6.1 item 2 references that the contractor should integrate with the MMIS system. Will the State provide a daily membership feed? If so, what format/data fields? Will it include information on EPSDT, legal guardian, CANS?	Yes. Yes, layout and formats will be provided upon award. EPSDT, Legal Guardian and MS CAN encounter information are provided.
53	1.6.3	76	What percentage of providers currently submits reviews via the web-based system?	This information will not be released.
54	1.6.4	77	The solutions and databases used to meet the requirements are part of the vendor's standard suite of products and are considered proprietary. We recognize that all data loaded into those systems is the property of the state and will be returned via data extracts in agreed upon formats. If, as the result of this RFP, new databases are designed and created solely for use by the state, those would be turned over at the end of the contract. Please verify this is the intent of the requirement and that a vendor's suite of products would be considered property of the state.	Your statement is correct except that the vendor's suite of products which they owned prior to the Contract will remain the property of the vendor.
55	1.4.2.1.A.5.c	15	For the purposes of timeliness, is a workday defined as Monday – Friday, excluding state holidays?	Determinations for weekend and holiday admission reviews should be completed within 24 hours of receipt.



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56	1.4.2.1.A.1.c	15	How many Weekend and Holiday Admission reviews are expected for Years 1, 2, and 3 of the next contracting period?	DOM is unable to project the volume of future admissions.
57	1.4.2.1.A.1.e	15	How many Retrospective Short Stay reviews are expected per year?	DOM is unable to project the volume of future admissions.
58	1.4.2.1	23	What criteria does the current UCA agent utilize for DME reviews?	This information will not be released.
59	1.4.2.1	30	What criteria does the current UCA agent utilize for hearing services reviews?	This information will not be released.
60	1.4.3 (# 1)	71	Please define “a proper peer review investigation.” Does this include site visits? Approximately how many were requested last year?	Refer to DOM Administrative Code Title 23 Part 305 for definition and policy. Refer to the UM Volume data provided in the link directly below this RFP link on the DOM website.
61	1.4.2.1.A.1.f	15	How many Retrospective reviews are expected per year	DOM is unable to project the volume of future admissions.
62	1.4.2.1.A.6	15	What percentage of acute and ancillary services received via Web-based submission currently require manual review because the authorization and prepayment review request received is not certified by the Contractor’s rules-based system? Please explain.	This information will not be released.



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63	1.4.2.1.A.10	16	When a review is suspended and notification has been given to a provider, is it a new review request if the provider then wishes to respond with the additional information?	No, the review is not new.
64	1.4.2.1.C.6	19	<p>The RFP states that, “The Contractor <u>may</u> (emphasis added) develop and maintain a Web-based, electronic review request system for prior authorization of transplant services that allows for data input by submitting providers. The Contractor’s system <u>may</u> (emphasis added) have the capability for automated criteria/rules based certification system...”</p> <ul style="list-style-type: none"> • The use of “may” implies it is optional and not a requirement to have a Web-based system for receiving transplant services requests. Please confirm whether or not this is correct. • Please advise whether or not the incumbent’s Web-based system is currently being used for submitting requests for transplant services reviews? If it is, what is the percentage of organ transplant reviews that are Web-based? 	<p>The web based system is optional for transplant services.</p> <p>Information concerning current business practices will not be released.</p>



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65	1.4.2.1.C.11.a	20	<p>The RFP says written notifications for transplant cases are issued to DOM and DOM issues the notifications to the attending physician, transplant facility, and beneficiary.</p> <ul style="list-style-type: none"> • How does DOM wish to receive these notifications (e.g., via fax or e-mail?) • Will the Contractor need to provide the transplant notification to the CCOs, or will DOM? 	<p>DOM currently receives transplant notifications via HIPAA compliant secure email.</p> <p>DOM notifies the CCOs.</p>
66	1.4.2.1.E.6	24	<p>The RFP says “The Contractor <u>may</u> (emphasis added) develop and maintain and (sic) Web-based, electronic review request system for prior authorization of DME, Orthotics, Prosthetics, and Supplies...The Contractor’s system <u>may</u> (emphasis added) have the capability for automated criteria/rules based certification system...”</p> <ul style="list-style-type: none"> • Again, the use of “may” implies it is optional and not a requirement to have a Web-based system for receiving these review requests. Please confirm whether or not this is correct. • Please advise whether or not the incumbent’s Web-based system is currently being used by providers to submit requests for DME, orthotics, prosthetics, and supplies reviews? If it is, what is the percentage of these reviews that are Web-based? 	<p>The web based system is optional for DME services. Information concerning current business practices will not be released.</p>



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67	1.4.2.1	31	Outpatient and School Health Related Physical, Occupational, and Speech Therapy Prior Authorization— Are services requested individually or are several services requested in one review? If services are requested separately, how many reviews are for physical therapy services, how many for occupational therapy services, and how many for speech therapy services?	Services are requested individually. Refer to the UM Volume data provided in the link directly below this RFP link on the DOM website. Therapy services are reported by DOM in aggregate.
68	1.4.2.1.M.1	42–44	What nationally recognized standardized clinical criteria is currently being used in reviewing each acute and ancillary services prior authorization and prepayment review request?	This information will not be released.
69	1.4.2.2.M.7	43	What the anticipated review volumes of retrospective reviews (to validate the APR-DRG codes assigned) described in this section? Are these the 5,242 Coding Validation Audits?	No additional volume estimates will be provided other than those found in the UM Volume data document posted directly below the RFP link at www.Medicaid.ms.gov/bids.aspx .
70	1.4.2.2	44	For each of the types of behavioral health services listed in 1.4.2.2, please provide the percentages of prior authorizations and prepayment review requests that are received by: <ul style="list-style-type: none"> • Phone • Facsimile • Mail • Web-based 	DOM has no volume estimates by types of communications used.



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71	1.4.2.2.A.5.c	46	How many Weekend and Holiday Admission reviews are expected per year?	No additional volume estimates will be provided other than those found in the UM Volume data document posted directly below the RFP link at www.Medicaid.ms.gov/bids.aspx .
72	1.4.2.2.A.5.f	46	How many Retrospective reviews are expected per year.	No additional volume estimates will be provided other than those found in the UM Volume data document posted directly below the RFP link at www.Medicaid.ms.gov/bids.aspx .
73	1.4.2.2.G.1	62–63	What nationally recognized standardized clinical review criteria is currently being used for each prior authorization and prepayment review of behavioral health services?	This information will not be released.
74	1.4.2.3	63	What percentage of each type of dental services listed are currently submitted by: <ul style="list-style-type: none"> • Phone • Facsimile • Mail • Web-based 	DOM has no volume estimates by types of communications used.
75	1.4.2.3.D.1	70–71	What nationally recognized standardized clinical review criteria is DOM currently using in reviewing dental services?	This information will not be released.



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76	1.4.3	71	What are the volumes of the peer-to-peer services annually?	Refer to the UM Volume data link posted directly below this RFP link at www.Medicaid.ms.gov/bids.aspx .
77	1.4.4	71-72	What are the volumes of the focused studies annually?	Refer to the UM Volume data link posted directly below this RFP link at www.Medicaid.ms.gov/bids.aspx .
78	1.4.5	72	The annual volumes provided indicated 15 Clinical/Medical Consultations per year. Does this represent 15 consultation requests or 15 hours of consultation services?	The number represents the number of consultations.
79	1.5.8	74	What is the definition of workday? Are workdays defined as "Monday through Friday, excluding State observed holidays?"	Please refer to RFP Section 1.5 item 8.
80	1.6.2.9	76	The RFP says the Contractor shall have the capability to transmit all data from their systems or database to DOM or to a third party designated by DOM to receive the data. Will the third party be a designated fiscal intermediary or some other entity? Please clarify who the third party might be.	The third party is any entity that DOM designates as requiring access to data.



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81	1.6.3.10	77	Please provide an estimate of the number of DOM staff that will require training in the use of the Web-based system. Also, please provide an estimate of the number of DOM staff expected to access the Contractor's electronic system on a concurrent basis for the purpose of monitoring the PA program.	Approximately fifty (50) DOM employees will access the Contractor's electronic system and will require training.
82	1.6.4.2	77	Please provide a listing of the data elements the Contractor is responsible for including in its database, so as to capture the historical data from the existing peer review database that DOM will provide.	Information concerning current business practices will not be released.
82	4.9.1	105	For clarity would the state consider adding the underlined word to this clause? "The Contractor shall be required to conform to all <u>applicable</u> federal and state laws, regulations, and policies as they exist or as amended."	Yes. DOM will consider adding this word to the clause.
83	4.10	107-108	In order to provide clarity of responsibility in this section Would the state consider adding the following, or similar language to the end of each for the first four paragraphs? <u>"This provision shall not apply to liability of any nature arising solely from DOM's failure to meet its duties under this Contract or solely from any actions or omissions undertaken in compliance with DOM's directions or requests."</u>	No.



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84	5.2.16	117	Does the Drug Free Workplace Certificate (Exhibit 1) need to be signed and returned with the proposal submission?	Yes.
85	5.3	118	The RFP states Offerors shall provide a redacted proposal removing those provisions of the proposal containing trade secrets or other proprietary data. Should the redacted proposal be submitted as a hard copy in a three-ring binder and labeled as “Redacted,” in CD format, or both? Does the redacted technical proposal need to be submitted under separate sealed cover?	The redacted proposal should be submitted in an electronic single file format.
86	5.5.2	120–121	If staff will be hired for the Jackson, MS location after contract award, then resumes and qualification information will not be available at the time of the RFP response submission. Will Offerors be penalized points during the technical proposal evaluation process because that information was not provided in the response?	Yes, for those key personnel defined in the RFP.
87	7.2.3	127	How will implementation costs be factored into the assignment of points? Implementation costs will be lower for the incumbent vs. a bidder that does not currently hold the contract.	The Evaluation of Business Proposals will be conducted in a manner that is equitable to all bidders.



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88	Appendix A and Annual Volume Data Assumptions	128	The review types and volumes listed in Appendix A (Budget Summary) do not include all of the review types included in the document entitled “annual volume data assumptions of unique prior authorizations.” Please clarify in the Appendix A (Budget Summary) the estimated review volumes for all of the review types listed in the annual volume data assumption s document.	Appendix A – Budget Summary has been corrected in Amendment 1 to the RFP which can be found at www.Medicaid.ms.gov/bids.aspx .
89	1.4.2 Appendix A	12–71 128	There are descriptions of retrospective reviews for the various review types included in this scope of work. However, the retrospective review volumes are not listed in Appendix A (Budget Summary). Please clarify how the retrospective reviews were accounted for in Appendix A.	Retrospective reviews should be included in the various review types included in the Scope of Work and listed on the Appendix A – Budget Summary.
90	Appendix A	128	The implementation period listed in this Exhibit (7/1/2013 – 9/30/13) differs from that which is reflected on page 8. Which should we assume for purposes of our cost proposal?	Appendix A – Budget Summary has been corrected in Amendment 1 to the RFP which can be found at www.Medicaid.ms.gov/bids.aspx .
91	Appendix A	128	The cost proposal template provided does not include lines for Behavioral Health & Dental Services.	Appendix A – Budget Summary has been corrected in Amendment 1 to the RFP which can be found at www.Medicaid.ms.gov/bids.aspx .
92	Appendix A	128	Should the Prior Authorization Services Durable Medical Equipment also include “Supplies, and Orthotics and Prosthetics and indicated in Section 1.4.2.1?	Yes.



Official Response To Submitted Questions
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Utilization Management/Quality Improvement Organization

Question #	RFP Section #	RFP Page #	Question	DOM Response
93	Appendix B Business Associate Agreement (BAA)	129-137	In order to reflect certain requirements under HIPAA, HITECH and the Privacy rule there are terms that should be modified in the BAA. Will the state allow for negotiation of BAA terms?	No. The BAA was revised this year to reflect all current changes to all applicable laws and regulations.