

RFP #: 20150625

Date: 07/24/15

**Medicaid Utilization Management Program for Imaging Services RFP #20150625
Question and Answer Document**

Question #	RFP Section #	RFP Page #	Question	DOM Response
1.	1.2	10	<p>Based on the 2015 Medicaid Enrollment Reports, what percentage of the June 2015 790,336 covered lives will be enrolled in the advanced imaging utilization management program?</p> <p>In addition, per Amendment 1, and based on the MississippiCAN 2014, 2015 Enrollment Report, what percentage of the June 2015 505,038 covered lives will be enrolled in the advanced imaging utilization management program?</p>	<p>Based on the June 2015 Report, 18.53% of the covered lives may be enrolled in the advanced imaging utilization management (UM) program.</p> <p>The Contractor will not be responsible for MississippiCAN enrolled member advanced imaging prior authorization services.</p>
2.	1.2	10	<p>Historic volumes could not be found on the DOM procurement website at the following IP address: http://www.medicaid.ms.gov/resources/procurement/.</p> <p>Will the State provide Historic levels of authorizations per year for the past 3 years? Additionally, will the State inform the contractor of any significant changes in the advanced imaging utilization management program services during this time period? If significant changes have occurred, will the State provide a yearly list of managed CPTs/HCPCs?</p>	<p>Please reference Appendix A - Budget Summary.</p> <p>Information regarding historical levels and significant changes is confidential and proprietary.</p>
3.	1.2	10	<p>In the most recently available and complete 12 month period, what percentage of authorizations were peer-reviewed at a physician level and nurse level? How many were denied? If available, please report separately.</p>	<p>Information is confidential and proprietary.</p>
4.	1.2	10	<p>In the most recently available and complete 12 month period, how many authorizations are initiated via the web in the current advance imaging utilization management program?</p>	<p>Information is confidential and proprietary.</p>

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5.	1.2	11	What are the responsibilities of the Offeror in terms of modifying and reporting on authorizations and disciplinary actions prior to winning the award?	<p>The Offeror has no responsibility in terms of modifying and reporting current authorization utilization.</p> <p>The Offeror must provide evidence of prior experience regarding modifying and reporting on authorizations and disciplinary actions in the Offeror's response to the RFP. The Offeror must provide information regarding the capability and established procedure in accordance with the RFP.</p>
6.	1.3.2	18	<p>'DOM shall have the opportunity to review and approve all written communication regarding inappropriate advanced imaging' -- As a part of our education efforts, the Contractor routinely sends education material to specific physicians using non-evidence based practices.</p> <p>Does the State intend to review every communication to specific physicians? Or is the State speaking, in general terms, only seeking a review and approval of the content in our educational material?</p>	<p>DOM intends to review every communication to specific physicians.</p>
7.	1.6.3	20	<p>Contract states, 'contractor must propose and implement focused studies related to acute, ancillary services. Will the State provide IP, Emergency room Rx and other types of claims data to assist in fulfilling this request?</p> <p>How many focused studies per year are being requested?</p>	<p>If needed, DOM will provide IP, Emergency room Rx and other types of claims data to assist in fulfilling this request.</p> <p>The RFP does not specify the number of focused studies per year allowing the Offeror the opportunity to demonstrate current knowledge and/or experience improving healthcare delivery. DOM is not focused on the quantity of studies; instead DOM is focused on the quality of studies provided.</p>
8.	1.9.1 a	23	Need clarification of the definition of what a successful electronic interface with MMIS and MMEDS means to the State of Mississippi Medicaid program. Integration can be	<p>Provider and recipient files will be sent from DOM's MMIS system to the contractor. The contractor will send back an approved PA file for</p>

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			<p>as simple as exchanging data feeds between our systems (such as member, provider, claims and authorization data) or it can mean much more complex system integrations.</p> <p>Please clarify what the specific expectations of the exact electronic integration with the two systems (MMIS and MMEDS) is being required under this RFP.</p>	<p>processing into the MMIS system.</p>
9.	1.9.2.3	24	<p>Will we be supplied with a data feed that contains the service limits applicable to the given member's Medicare coverage along with the associated paid claim history to expose whether the service limit has been exhausted?</p> <p>If no data feed, will our team have access to MMIS system to research these limits in a real time online inquiry system hosted by the State?</p>	<p>The contractor will be provided inquiry access to the MMIS system. The MMIS system does not maintain Medicare service limits. Prior authorization is not applicable to beneficiaries with a primary payor.</p>
10.	1.9.2.7	24	<p>Do we need to assign our own custom generated TAN value for each initiated 278 request or will the state return its assigned TAN value within the 278 response back from the state's MMIS system?</p> <p>Do you have a B2B EDI 278 Companion Guide or Trading Partner set up agreement document for establishing a 278 authorization transaction that we can take a look at in advance of awarding the contract?</p> <p>Do you require a real time EDI 278 transaction for each UM case or is a daily batch file preferred?</p>	<p>The TAN value has a defined format that the contractor must return for uploading into the PA subsystem of the MMIS.</p> <p>The 278 transaction will not be utilized in this business process.</p> <p>No real time transactions are established; a daily batch process will be used to upload completed prior authorizations.</p>
11.	1.9.3.6	25	<p>In creating a trading partner agreement between individual providers and our organization, would these types of EDI 278 requests from Provider offices come through the States EDI trading partner clearing house interface or would we actually have to set up and act as a clearing house for individual ordering provider practices?</p>	<p>278 transactions will not come through the State's EDI trading partner. The contractor is expected to pass through data exchange a complete file of approved/denied/modified PA requests.</p>

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12.	1.9.3.7	25	Are you referring to HL7 attachments? Would these come through the State based MMIS system interface and be passed along to us for use in our UM clinical review process?	DOM will not utilize HL7 attachments in this business process.
13.	1.9.4.2	25	Will the State provide a data feed layout and size of the existing historical database to determine ETL and sizing requirements for supporting the historical UM data loading and system availability requirements?	DOM will provide the data feed layout. Sizing of the contractor's system would be based on historical data requirements.
14.	1.9.6.1	26	Given that our system solution currently is not isolated to only being utilized by a unique client, the scope of any DOM initiated application changes must be mutually agreed upon and deemed feasible for inclusion and may or may not have associated development costs. Is this a negotiable item?	Contractor must agree to modify the system to meet the needs of DOM without requiring agreement of or coordination with the Contractor's other clients, and at no additional cost, with the exception of occurrences outlined in 1.9.6.3. The language stated in the RFP stands.
15.	1.9.6.2	26/27	Is it acceptable to negotiate the times of software releases?	The Contractor is expected to adhere to the times specified for software releases. DOM may on a case by case basis agree to a different time for a specific software release, but DOM is under no obligation to deviate from the specified times.
16.	1.1	28	Does the State have existing methodologies, definitions, and layouts for all for the monthly reports (a - h) required under section 1.10?	DOM will collaborate with the awarded contractor to define reporting layouts during the implementation period of the contract.
17.	1.10.3 4c	30	Will the State clarify whether records involving matters in litigation must be maintained for 5 or 6 six years?	Six (6) years.
18.	4.4.3.2	50	How does the State determine 'Price commensurate with actual cost of performance'?	DOM will evaluate information available and deemed most appropriate to the payment to make the determination is recommended.
19.	4.6	52	Will the State clarify requirements for subcontracting? Does the language apply to subcontracted staff?	If the contractor desires to subcontract any portion of the services to be performed under the contract, it must adhere to this section and any other applicable sections of the RFP. If this language is determined

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				by DOM to be inapplicable to a particular type of subcontractor, it would notify the contractor at the time of the contractor's request for approval.
20.	Amendment 1 Appendix A	2	In order to estimate the cost of the contract based on the annual estimated sample number of prior authorizations, will you provide the number of denials for the same period?	No, the denial rate cannot be predicted.
21.	BID3120000451 Form	Not applicable	The form entitled "BID312000045", which is separate from the original RFP document, is not listed in the Technical Proposal requirements. Should this form be included as the first page of our Technical Proposal?	No, this is referring to the MAGIC proposal submission. MAGIC is the State's electronic pay system. All submitted proposals must be submitted in MAGIC. The technical proposal should be the only document submitted in MAGIC.
22.	General	Not applicable	Is there a possibility or situation where DOM would consider a risk pricing structure for the Advanced Imaging contract?	No. The pricing in Appendix A Stands.
23.	General	Not applicable	With the most recent migration of membership to managed care, it is our understanding that the remaining aid categories have the highest utilization. As such, can DOM provide the summary utilization (scans per 1,000 members) data for the aid categories that will remain in the fee for service program?	DOM will not provide this information. This information is considered confidential and proprietary.
24.	1.11.3.2.1	31 of 85	The RFP states, "The Contractor must preserve and make available its records (all documentation regardless of review determination) for a period of five (six (6) years from the date of final payment under this Contract, and for such period, if any, as it is required by applicable statute or by any other paragraph of this Contract. Please clarify is the requirement 5 or 6 years	Six (6) years.

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25.	1.11.3.2.2	31 of 85	<p>The RFP states, “If the Contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of five (six (6) years from the date of any resulting final settlement.”</p> <p>Please clarify is the requirement 5 or 6 years?</p>	Six (6) years.
26.	1.11.3.2.4.b	31 of 85	<p>The RFP states, “b. Unless DOM specifies in writing a shorter period of time, the Contractor must preserve and make available all pertinent books, documents, papers, and records of the Contractor involving transactions related to the Contract for a period of five (six (6) years from the date of expiration of the Contract.</p> <p>Please clarify is the requirement 5 or 6 years?</p>	Six (6) years.
27.	1.11.3.2.4.c	31 of 85	<p>The RFP states, “The Contractor shall keep and make available records involving matters in litigation for five (six (6) years following the termination of litigation, including all appeals.</p> <p>Please clarify is the requirement 5 or 6 years?</p>	Six (6) years.
28.	1.5.1 as Amended	19 of 85 as Amended	<p>The RFP states “The Contractor must be able to demonstrate the capability to conduct quality reviews based on all DOM claims data, including Mississippi Coordinated Access Network (MississippiCAN) claims data”, please clarify is the intent of the requirement limited to claims for the services detailed in Section 1.1.1 or does it encompass all DOM claims data for all DOM services.</p>	<p>The intent of the requirement is limited to claims for the services detailed in Section 1.1.1 (advanced imaging, ultrasound, and sleep study)</p>
29.	1.5.2 as Amended	19 of 85 as Amended	<p>The RFP states “The Contractor shall propose, design and implement a method for conducting quality reviews based on all DOM claims data, including MississippiCAN claims data”, please clarify is the intent of the requirement limited to claims for the services detailed in Section 1.1.1 or does it encompass all DOM claims data for all DOM services.</p>	<p>The intent of the requirement is limited to claims for the services detailed in Section 1.1.1 (advanced imaging, ultrasound, and sleep study)</p>

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30.	1.7.1 as Amended	21 of 85 as Amended	The RFP states, "The Contractor shall have the capacity and established procedures to conduct clinical/medical consultation through the Contractor's Medical Director and consultant advisors of the same provider type and/or specialty in order to assist DOM in addressing medical necessity issues, researching new technology, developing medical policies, addressing quality issues, etc. The Contractor shall also have the capacity to conduct clinical/medical consultation regarding all Medicaid eligible recipients and services covered by DOM.", please clarify is the intent of the requirement limited to the services detailed in Section 1.1.1 or does the intent expand the scope of work to all services covered by DOM as stated?	The intent of the requirement is limited to claims for the services detailed in Section 1.1.1 (advanced imaging, ultrasound, and sleep study)

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31.	1.10.2.h	28 of 85	The RFP list detail a report of Quarterly Report of All Activity Related to Provider Noncompliance; however the scope of work does not detail this requirement and it seems to be data that is not related to outpatient imaging services, can DOM please clarify	All activity related to advanced imaging, ultrasound, and sleep study provider noncompliance is within the setting as outlined in the RFP.
32.	1.6.3	20 of 85	The RFP states “The Contractor shall propose and implement focused studies related to acute and ancillary services, providers, and programs in the annual report to identify opportunities for improving efficiencies in various programs and provide DOM with recommendations and strategies for improving the delivery of health care” Can DOM clarify, is it the intent of this requirement that the contractor of this RFP for imaging services conducted focus studies “related to acute and ancillary services, providers, and programs” as stated?	It is the intent of this requirement that the contractor of this RFP conduct focus studies for advanced imaging services which may be related to acute and ancillary services, providers, and programs as stated.
33.	1.5.2 as Amended	19 of 85 as Amended	The RFP states “The Contractor shall propose, design and implement a method for conducting quality reviews based on all DOM claims data, including MississippiCAN claims data”. In order to provide a cost estimate for this requirement can DOM provide an annual sample number in Appendix A.	DOM cannot anticipate the volume of quality reviews, as future provider behavior and potential need for reviews cannot be predicted.
34.	1.5.2 as Amended	19 of 85 as Amended	The RFP states “The Contractor shall propose, design and implement a method for conducting quality reviews based on all DOM claims data, including MississippiCAN claims data”. Can DOM clarify what would qualify as a “quality review” in order to meet the requirements and expectations of the RFP.	A quality review may encompass evaluating the clinical appropriateness, documentation or billing of a provider, coverage decisions, policy recommendations or other activities related to fraud, waste, and abuse.
35.	1.3.2.1	18 of 85	The RFP states, “The Contractor shall develop utilization profiles for referring Medicaid providers”, can DOM provide an estimate of the number of referring Medicaid providers?	This information is confidential and proprietary.

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36.	RFP cover	1 of 85	RFP states “Sealed Proposals MAIL or HAND DELIVERY ONLY 5:00 PM Central Standard Time, Thursday, July 31, 2015, This date is a Friday. Please confirm that proposals are due on Friday, July 31, 2015.	The Proposal due date is 5:00 pm, Friday July 31, 2015.
37.	1.7.2	21 of 85 as Amended	The RFP states, “At the request of DOM and at no additional cost to DOM, the Contractor shall also provide clinical/medical consultation for various types of healthcare practitioners participating in the Mississippi Medicaid program. Healthcare practitioner types may include, but are not limited to, medical doctors, doctors of osteopathy, podiatrists, chiropractors, nurse practitioners, certified registered nurse anesthetists, nurse midwives, dentists, therapists, optometrists, and mental health practitioners.”, please clarify is the intent of the requirement limited to the services detailed in Section 1.1.1 or does the intent expand the scope of work to other services covered by DOM and performed by providers listed above? Can a nurse midwife, podiatrist, or therapist order advanced imaging services detailed in Section 1.1.1?	The Contractor is required to provide clinical/medical consultation for various types of healthcare practitioners. The Offeror would be limited to the practitioners associated in the Offeror’s network and the Offeror’s response should include their ability and/or lack of ability to provide consultation services based on provider type. Intent expands the scope of work to other services covered by DOM and performed by providers listed in section 1.7.2 for the RFP.
38.	Appendix A Budget Summary	80 of 85	If the operations phase begins on 3/1/16 as specified in Section 1.12.3, then it is our interpretation for comparable bids and correct costing that the Implementation Cost line should contain the implementation costs for the 3 months (12/1/15-2/29/16). And Column 1 Contract Term 12/1/15 – 11/30/18 should contain 33 months of operations cost. The Column 1 ‘Total Contract Cost’ amount would be divided by 33 to determine the firm fixed monthly vendor payment. Please confirm or clarify.	The anticipated Implementation date is 12/1/2015. The anticipated Implementation period is 90 days. The anticipated Operations start date is 3/1/2016. The anticipated Implementation Cost section should include pricing for 90 days. The anticipated Operations Cost should include pricing for 2 years and 9 months. Please note the anticipated term could change.

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Budget Summary Medicaid Utilization Management Program for Imaging Services RFP #20150625
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Name of Offeror:

Services	Contract Term 12/1/2015 – 11/30/2018	Renewal Year 1 12/1/2018 – 11/30/2019	Renewal Year 2 12/1/2019 – 11/30/2020	Total
Implementation Cost				
Prior Authorization				
Peer Review				
Focused Studies				
Clinical/Medical Consultation				
Quality Reviews				
Total Contract Cost				

1. Offerors must provide, as an attachment to the Budget Summary, a detailed worksheet by line item of all cost as it pertains to the Contractor responsibilities outlined in Section 1.0 of the RFP.
2. Please estimate cost of the contract based on the sample number of Prior Authorizations 11,601*. This number reflects an annual estimated total.

I certify that I am legally obligating the above named Offeror to the conditions of this contract.

Signature:	Date:
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Printed Name:	Title:
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