

RFP #: 20170811

Date: September 6, 2017

RFP #20170811 UM/QIO Question and Answer Document
Revised (highlighted) 8/07/2017

Question #	RFP Section #	RFP Page #	Question	DOM Response
1.	5.4.1	151	It is not clear what information DOM is seeking from vendors in this requirement since “computer resources” can apply broadly to many things. Please define “computer resources” in the context of this requirement and clarify what information vendors are being asked to provide.	At a minimum computer resources should be sufficient to carry out the functions of the Offeror
2.	General	N/A	Given the amount of detail necessary to adequately address all requirements in the Scope of Work and the fact that DOM will not release answers to questions until 9/6, would DOM consider extending the submission deadline by a minimum of two weeks?	The schedule will not change at this time.
3.	5.4.3	152	The RFP states: “The Corporate Experience should be no more than ten (10) single-spaced typed pages ...” Can DOM confirm this page limit is for the corporate experience defined in RFP Requirement 5.4.3 and does not apply to the entire 5.4 Corporate Background and Experience section?	Confirmed.
4.	1.6.1.2	105	Please provide interface specification, or similar information, for the MS-HIN Health Information Exchange. What clinical data will be exchanged between the UM/QIO system and the MS-HIN and what is required the frequency of this data exchange?	DOM’s requirement at this time is for the UM/QIO contractor to transmit clinical data in C-CDA or HL7 2.5 format to DOM’s Interoperability Platform on a mutually agreed upon frequency.
5.	1.2	8	In July 2018, IDD CSP and MYPAC participants will move to Mississippi CAN. What impact to the annual volume estimates provided in Appendix D does DOM anticipate?	IDD CSP approximately 2,000 participants MYPAC approximately 1,000 participants
6.	1.4.1	12	For written notices, is the contractor required to interface with the DOM web portal?	The Contractor is not required to interface with DOM web portal for written notices.

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7.	1.4.1	12	For verbal notices, is the contractor required to interface with DOM's existing CRM system?	The Contractor is not required to interface.
8.	1.4.2.1.Q	49	For Physician Administered Drugs, is the contractor responsible for ensuring the claim is billed with appropriate NDC?	RFP #20170811 states "Review must include validation and verification that the submitted HCPCS PAD may be billed with the corresponding NDC utilizing valid, updated HCPCS to NDC crosswalk."
9.	1.4.2.1.Q	49	Is the contractor expected to utilize their own NDC-HCPCS crosswalk or DOM's existing crosswalk?	DOM would need further clarification to provide a response. RFP #20170811 states "The crosswalk must be maintained at a minimum no less than once per month to ensure accuracy of prior authorizations submitted and proper claims adjudication."
10.	1.4.2.1.V	58	Can DOM provide an estimate or historical information for the number of these Innovative Programs that may be required and the associated volume of requests that would be received related to these programs?	See Appendix D. Data is an estimate and not a guarantee of service volume or ratio of service type.
11.	1.5	102	Are the Dental Director or Pharmacy Director required to be full-time employees?	RFP #20170811 does not require the Dental Director or Pharmacy Director to be full-time employees.
12.	1.6.5	108	Can DOM provide a breakdown of the annual scanning volume estimates based on paper, fax, phone and web, either by volume or percentage of volume?	DOM will not provide information other than information provided in the RFP attachments.
13.	1.4.2.1.A.1	15	RFP states, Historic information on the volume of authorizations is provided on DOM's website. Can DOH provide exact a link or the path to where this information can be found? Can DOH provide the link or path to all of the other review types that reference historical volumes?	Appendix D can be found at: https://medicaid.ms.gov/wp-content/uploads/2017/05/UM.QIO-RFP-Appendix-D.pdf Data is an estimate and not a guarantee of service volume or ratio of service type. DOM will not provide information other than information provided in the RFP attachments.

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14.	1.4.1.13	12	Please provide the number of denied authorization requests, by review type, for 2017 YTD. Also, please provide the number of denied authorization requests, by review type, for each of the past 3 contract years.	DOM will not provide information other than information provided in the RFP attachments.
15.	1.4.1.20	13	Please provide the number of reconsideration requests, by review type, for 2017 YTD. Also, please provide number of reconsideration requests, by review type, for each of the past 3 contract years.	DOM will not provide information other than information provided in the RFP attachments.
16.	Appendix D	166	Do the volumes found in Appendix D estimate the volumes for authorizations, prior authorizations and prepayment reviews? If not, please provide the estimated volumes that are not included.	Data is an estimate and not a guarantee of service volume or ratio of service type. DOM will not provide information other than information provided in the RFP attachments.
17.	1.4.2.1.J	37	Please provide estimated annual volumes for Expanded Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Benefits Authorization.	DOM is unable to provide any additional information at this time. DOM covers any medically necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) diagnostic and treatment services required to correct or ameliorate physical, mental, psychosocial, and/or behavioral health conditions discovered by a screening, whether or not such services are covered under any Medicaid Administrative Rule or the State Plan for EPSDT-eligible beneficiaries and, if required, prior authorized by the UM/QIO.
18.	1.4.2.	14-94	In this requirement and throughout the RFP, the State requires dedicated toll-free numbers for each UM service. Will DOM consider an alternative where the Contractor provides a single toll-free number where callers select the option for a given service type?	No, DOM will not consider an alternative where the Contractor provides a single toll-free number where callers select the option for a given service type.
19.	Appendix – A	162	All fixed price bid calculations shall be based upon the Annual Volume Estimates attachment. Can the state add a provision that if volumes exceed estimates by more than a	Please refer to Section 4.9.4 of the RFP.

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			defined percentage over a defined period, additional reimbursement will be made?	
20.	1.4.2 C.1	21	Section 1.4.2 C.1 (Maternity Admissions) states that “DOM covers maternity services including, but not limited to, delivery services, the care involved in the actual birth, and continued care for sixty (60) calendar days following the birth of the newborn.” Does the continued care for sixty calendar days following the birth of the newborn include care for both the mother and infant?	DOM does not understand the question being asked.
21.	1.4.2. O.5	48	Section 1.4.2.O. 5 (Disabled Child Living at Home) states that “The Contractor shall provide a first level review conducted by a complement of qualified staff, which must include registered nurses licensed in the state of Mississippi...” We recommend a multi-disciplinary approach to DCLH reviews. Would DOM consider an approach that includes review by social workers and behavioral health professionals instead of or in addition to registered nurses and physicians?	A complement of qualified staff shall include qualified staff operating within their scope of practice necessary to complete the review.
22.	1.4.2.O.5		Section 1.4.2.O.5 (Disabled Child Living at Home) states that “Face to face assessment will be required before denial of a request within thresholds established by DOM.” Is it a correct assumption that face-to-face assessments can be conducted by a registered nurse (clinical reviewer or case manager as an example) and not a physician (second level reviewer)?	The face-to-face assessments shall be conducted by qualified staff operating within their scope of practice.
23.	1.4.6.2.a	101	Section 1.4.6.2.a (Care Management Services) states “The Contractor shall have the capacity and established procedures to provide care management services for the following FFS beneficiaries: a. Beneficiaries enrolled in FFS at date of delivery and for sixty (60) calendar days postpartum.”	The expectation is for the Contractor to provide care management services for <u>all</u> beneficiaries enrolled in FFS at date of delivery and for sixty (60) calendar days postpartum.

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			Is it expected that all maternity cases will be enrolled in care management or only those stratified as high risk?	
24.	1.4.6.2.b	101	Section 1.4.6.2.b (Care Management Services) states: “The Contractor shall have the capacity and established procedures to provide care management services for the following FFS beneficiaries: b. FFS beneficiaries enrolled in the Disabled Child Living at Home (DCLH) category of eligibility.” Is it expected that all beneficiaries enrolled in the DCLH program will be enrolled in case management?	The expectation is for the Contractor to provide care management services for all FFS beneficiaries enrolled in the Disabled Child Living at Home (DCLH) category of eligibility.
25.	1.4.6.3.e	101	Section 1.4.6.3.e (Case Management) states that contractor will “Provide access to beneficiary services via a toll free phone number.” Can this be one of the utilization review phone numbers using a phone tree option for case management, or must this be a unique toll free number dedicated to case management?	The expectation is for the Contractor to provide access to beneficiary services via a dedicated toll-free phone number for Care Management services.
26.	1.4.6.1	101	Section 1.4.3.6.1 (Case Management) States that “The Contractor shall have the capacity and established procedures to provide care management services for FFS beneficiaries with the following diagnoses: Hepatitis, Hemophilia, and HIV/AIDS.” Is it a correct assumption that the contractor will <u>not</u> enroll all beneficiaries with these diagnoses in case management but rather, based on a risk assessment, only those who have actionable needs?	The expectation is for the Contractor to provide care management services for all FFS beneficiaries with the following diagnoses: a. Hepatitis b. Hemophilia c. Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).
27.	1.4.2.2.D	72	For PRTF service authorization, this type of authorization is best made by gathering collateral information from school, parents etc. Is there a provision for doing Conflict Free Case Management?	No, there is no provision for doing Conflict Free Case Management.
28.	1.4.1.3 Noted in all UM Sections	11	Is there an existing operating system for the handling of authorization requests? Is it proprietary commercial or State developed?	There is an existing operating system for handling authorization requests, which is proprietary.

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29.	1.4.1.3 Noted in all UM Sections	11	What training will be available to Contractor staff in the use of the current prior authorization system?	The current operating system for handling authorization requests is proprietary.
30.	1.4.1.6 Noted in all UM Sections	12	Is the State open to a Medical Director certified within their area of practice, i.e., general internist, and a specialty practice physician reviewer being used only on an as needed basis?	No. The Contractor shall employ a full-time physician with a traditional medical license, licensed in the state of Mississippi to serve as the Medical Director, responsible for all clinical oversight of the UM/QIO program.
31.	1.4.1.8 Noted in all UM Sections	12	What is the time standard for technical denials; i.e., at what point does a suspended review that is not acted upon by the provider become a technical denial?	The Contractor shall issue a technical denial for services when the case does not meet Federal and State laws and regulations, DOM policies and/or formal memorandums or is technically insufficient. RFP #20170811 does not specify a time standard for technical denials other than Hospice Services.
32.	1.4.1.13 Noted in all UM Sections	12	What other additional languages are expected for letter production? Does the current authorization system provide for this multi-lingual capability?	The notice shall be available in English and such other language as DOM may require at any time with proper notice to the Contractor; and shall be available in alternative formats as required for the special needs of beneficiaries. DOM is unable to provide any additional information at this time.
33.	1.4.1.16 Noted in all UM Sections	13	Does the State have an established Medical Review Committee for review of reconsiderations or will the Contractor be required to establish this form of review process?	The Contractor shall ensure that a second physician not involved in the initial decision reviews the reconsideration request, the original information, and any additional information submitted with the reconsideration request and make a determination. The second physician or reconsideration physician reviewer shall be licensed in the state of Mississippi and of the same specialty as the attending physician.
34.	1.4.2.1.D.8.b	23	It may be difficult to obtain a conflict-free review of a request within the State given the limited number of specialty physicians for difficult and complex programs. Would DOM permit an independent physician out-of-state	No. Physician reviewers shall be licensed in the state of Mississippi.

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			review for services for complex subspecialties, such as transplant services, as long as they are licensed and in good standing in the State in which they practice?	
35.	1.4.2.1.E.8.b	25	Is the physician review of the “same specialty” that of the individual’s underlying diagnosis or expected to be of a palliative care or hospice specialty?	The physician reviewer of the same specialty would be in relation to the ordering and referring provider for the authorized service being requested.
36.	1.4.2.1.Q.4	49	Will the State require manual pricing to be conducted by a separate unit than prior authorization review to avoid the potential for a real or perceived conflict of interest?	RFP #20170811 does not require manual pricing to be conducted by a separate unit than prior authorization review.
37.	1.4.2.1.W.5	61	In what format will the State make available APR-DRG FFS and CCO encounter claims data for use in medical services criteria development?	Currently the data is provided in a “.txt” format from the DSS tables that contains the assigned APR-DRG at the claim header level.
38.	1.4.2.1.W.5	61	Will the State require review of APR-DRG FFS and CCO encounter claims data to be conducted by a separate unit than prior authorization review to avoid the potential for a real or perceived conflict of interest?	Yes. The expectation is for review of APR-DRG FFS and CCO encounter claims data to be conducted by a separate unit than prior authorization review.
39.	1.4.2.2	62	What level of clinical provider will be required to perform Behavioral Health UM prior authorization, admission request processing, continued stay authorization and other related BH UM activities?	A behavioral health professional licensed in the state of Mississippi is listed in RFP #20170811 as a qualified first level reviewer for behavioral health services.
40.	1.4.2.2.J	87	Is there an expectation of the State that InterQual for BH will be used as the primary approach for BH UM Review?	Yes, if applicable, then the order shall be followed as outlined in RFP #20170811 which states: J. Behavioral Health Services Criteria Development 1. In performing medical necessity determinations, the Contractor shall use nationally recognized standardized clinical criteria in reviewing each prior authorization and prepayment review request. DOM shall have prior approval of the criteria used for automated and manual review. The criteria shall provide a clinically sound basis for professional determinations of the medical necessity for all behavioral health services reviewed under the

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				resulting Contract.
41.	1.4.5.3	100	Is it the intent for the Contractor provide consulting services for hearing review for both FFS and CCO Member appeal requests?	No. The intent is for the Contractor to conduct reviews of adverse benefit determinations (denials, suspensions, terminations) by a Coordinated Care Organization participating in the MississippiCAN.
42.	1.4.6	101	Is it the intent of the state to limit Care Management services only to those three disease states listed or are they open to other opportunities at the recommendation of the Contractor? Is there an expectation to provide Intensive Case Management services to identified high-risk (high cost) Members?	The Offeror may propose other opportunities in their response to the RFP. DOM expectations are outlined in Section 1.4.6. of the RFP.
43.	1.5.2.8	104	Is there an expectation for a Nurse Advice Line to be available during after-hours, weekends and holidays?	The Contractor shall maintain beneficiary information and ensure the information is accessible twenty-four (24) hours per day seven (7) days per week to the Care Management Team staff. The Offeror may propose the method for which the information is made accessible in their response to the RFP.
44.	1.5.2.9	104	Will the State be open to the utilization of “remote” staff to help ensure geographic coverage of clinical CM services?	The Contractor shall have the capacity and established procedures to provide care management services. The Offeror may propose the utilization of remote staff in their response to the RFP.
45.	1.4.4	99	Please provide a list of previously conducted focused study topics.	DOM will not provide information other than information provided in the RFP attachments.
46.	General	N/A	Please provide current staffing levels for the existing UM/QIO program.	DOM is unable to provide any additional information at this time.
47.	General	N/A	Are there any current or anticipated programs that would change the scope of work defined in the RFP (e.g., increased volumes, new programs)?	No. DOM does not anticipate sweeping changes at the state level; however, DOM is closely monitoring federal Medicaid changes from the new

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				Administration.
48.	1.5	102	Can the Medical Director also serve as the Quality Director?	No. The Contractor shall employ a full-time wholly dedicated Quality Director, a Physician licensed in the state of Mississippi, to serve as a clinical liaison for quality management and improvement activities for the FFS and MississippiCAN programs, located at the DOM Central office and shall work during normal business hours of DOM.
49.	General	N/A	Innovations – can we propose value added services and, if so, where do you want these?	The Offeror may propose value added services at no additional cost in their response to the RFP.
50.	1.4.5	100	Please provide the annual number of appeals and hearings, including the percent that is overturned.	DOM will not provide information other than information provided in the RFP attachments.
51.	General	N/A	Need volumes – all services (not just UM) – need annual volume. # approvals, denials, reconsiderations, pending, suspended, technical denials	DOM will not provide information other than information provided in the RFP attachments.
52.	1.1. Purpose	7	<p>The first paragraph of this section states: The Offeror must have certification as a Utilization Review Resource for the State of Mississippi as defined in Section 41-83-1, et seq. of the Mississippi Code of 1972, as amended.</p> <p>Can we be in the process of getting our certification at the time of proposal submission or must we have our certification before submitting our proposal on September 13, 2017?</p>	<p>The Offeror may be in the process of obtaining the certification as a Utilization Review Resource for the State of Mississippi as defined in Section 41-83-1, et seq. of the Mississippi Code of 1972, as amended if the Offeror meets the Transmittal Letter requirements outlined in 5.2 of the RFP including the statement from the Offeror affirming a minimum of five (5) years of designation as a QIO or QIO-like entity.</p>

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53.	1.4.1 General UM Requirements	12	<p>13. Except as otherwise noted, the Contractor shall notify Medicaid beneficiaries of the denied requests in writing via certified U.S. Mail.</p> <p>Are all paper notifications to be sent certified U.S. Mail, or just denials must be certified?</p>	<p>The RFP explicitly states which notifications shall be sent certified.</p>
54.	1.4.1 General UM Requirements	13	<p>19. The Contractor shall have established procedures to notify individuals that the reconsideration request was received by the Contractor and the individuals has the opportunity to provide additional information within 10 business days from the date on the Contractor's notification letter.</p> <p>Is the provider of the denied services allowed two opportunities to submit additional information for reconsideration--initially at the time of the denial notification and then upon notification of the receipt of the reconsideration information?</p>	<p>The Contractor's written notice of denials, modifications, or reductions shall include a statement for reconsideration of the review outcome. The written notice shall also explain the method by which a provider, attending physician, or beneficiary/representative/responsible party can request a reconsideration of the review outcome. <u>The written notice may explain that additional information supporting medical necessity can be submitted with the reconsideration request.</u></p> <p>If the individual submits a reconsideration request, the Contractor shall notify individuals that the reconsideration request was received by the Contractor and <u>the individual has the opportunity to provide additional information within 10 business days from the date on the Contractor's notification letter.</u> The opportunity to provide additional information would be afforded to the individual if (1) additional documentation was not submitted with the reconsideration request and/or if (2) additional information is determined to be needed by the Contractor.</p> <p>Once the Contractor makes a determination regarding the reconsideration, the Contractor shall provide written notification of reconsideration</p>

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				determinations within 10 business days of receipt of the request for a standard reconsideration.
55.	1.4.1 General UM Requirements	13	<p>22. If the reconsideration determination was upheld or any portion was not approved as requested, the Contractor's written notice shall include a statement explaining the beneficiary, representative, or responsible party has the right to request an administrative hearing conducted by the DOM.</p> <p>Will the Contractor be responsible for providing an expert witness for all administrative hearings conducted? If so, can the expert witness participate in person, telephonically, or virtually? What is the average number and length of hearings each year?</p>	<p>The Contractor's Medical Director shall or his designee approved by DOM shall be available at the request of DOM for administrative hearings The Medical Director or designee may participate in person, telephonically, or virtually.</p> <p>DOM will not provide information other than information provided in the RFP attachments.</p>
56.	1.4.1 General UM Requirements	13 - 14	<p>23. The Office shall include at least one (1) statewide toll-free telephone number for receipt of medical and behavioral health authorization requests and a separate one for inpatient hospital/medical/surgical services. The numbers shall be answered by live operators located at the office location within Hinds, Madison or Rankin county.</p> <p>Is it allowable for the live operators to intake the requests via phone and the reviews to be performed by MS licensed staff at an alternate office location in- or out-of-state?</p>	The Contractor shall maintain a sufficient percentage of clinical review staff in the designated office location. <u>The Contractor must receive DOM approval to allow staff to work from a remote location.</u> DOM reserves the right to approve or disapprove the number of clinical review staff allowed to work from a remote location.
57.	1.4.1 General UM Requirements	16	5. C. Weekend and Holiday Admission Reviews: The Contractor shall have the capability and established procedures to receive weekend and holiday admission review requests and conduct authorizations post-admission when the beneficiary has not been discharged. The Contractor shall ensure determinations for weekend and holiday admission reviews are completed 98 percent of the time within one (1) business day of receipt.	The request must be completed within the next 24 hour business day.

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			<p>Is the request be completed within 24 hours of receipt over the weekend or holiday or within the next 24 hour business day? Example: review request received on Sunday morning, completed by close of business (COB) next business day (Monday)?</p>	
58.	1.4.1 General UM Requirements	19	<p>The Contractor shall have the capability and established procedure to perform prepayment reviews to include but not limited to, the review of additional medical information, contacting third parties and analyzing past beneficiary and/or provider claim history to ensure proper adjudication and compliance with Federal and State laws and regulations, DOM policies and/or formal memorandums and procedures.</p> <p>Based on the RFP, the Contractor will have the capability to receive recipient eligibility data and access the beneficiary and/or provider claim history to ensure proper adjudication.</p> <p>Will there be a cost to obtain and maintain a secure network connection?</p>	There will not be a cost to maintain a secure network connection between DOM and the Contractor.
59.	1.4.2.1.D.9 Organ Transplant Services Authorization	23	<p>9. The Contractor shall have the capability and established procedures to verify Medicare approval of the transplant facility and determine the existence of other financial resource available.</p> <p>Does the State mean other financial resources available to the beneficiary? Or to the transplant facility?</p>	Other financial resources available to the beneficiary.
60.	1.4.1 General UM Requirements	35	8.b. The Contractor shall ensure that first and second level reviews have access to physical therapists, occupational therapists, and speech and language pathologists, for	Yes.

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			<p>authorization requests not meeting medical necessity criteria.</p> <p>Are the PT, OT and ST therapists to be licensed in the State of Mississippi?</p>	
61.	1.5 Staffing Requirements	102	<p>2. The Contractor shall maintain key personal to perform the required tasks within performance standards, as listed below.</p> <p>At a minimum, the Contractor must employ the following key personnel by sixty (60) days prior to operation start date...</p> <p>Is the operation start date the same as the operational phase begin date of 08/01/2018 listed in Section 1.3 Procurement Overview – Table 1: RFP and Procurement Timetable?</p>	Yes.
62.	1.5.2.a Staffing Requirements	102	<p>2.a. The Contractor shall employ a full-time wholly dedicated Project Manager who shall have day-to-day authority to manage the UM/QIO Program and is responsible for overseeing the implementation of the Contract requirements. . . The Project Manager shall be available to DOM during regular business hours of DOM operation. The Contractor shall not hire a new Project Manager without prior approval from DOM.</p> <p>Can the Project Manager during the implementation phase be a different person than the full-time, wholly-dedicated person in the operational phase?</p>	No.
63.	1.5.2.h Staffing Requirements	103	<p>2.h. The Contractor shall notify DOM in writing of any key staff resignations, dismissals, or personnel changes within two (2) business days of the occurrence. Should any key position become vacant, the Contractor must notify DOM</p>	<p>This requirement is a separate item and refers to any key staff.</p> <p>The Contractor shall notify DOM in writing <u>of any</u></p>

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			<p>immediately and provide information on the replacement within ten (10) business days. DOM shall have the right to participate in the selection process and approve or disapprove the hiring of any key staff positions.</p> <p>Is this requirement meant to be a separate item and to refer to ALL key positions or only to the Information Systems Manager?</p>	<p><u>key staff</u> resignations, dismissals, or personnel changes within two (2) business days of the occurrence. Should <u>any key position</u> become vacant, the Contractor must notify DOM immediately and provide information on the replacement within ten (10) business days. DOM shall have the right to participate in the selection process and approve or disapprove the hiring of <u>any key staff</u> positions.</p>
64.	1.6.2 Data Exchange	105	<p>1. DOM maintains the Medicaid MMIS that contains recipient and provider information, including benefit plans and claims data. The Contractor shall be able to receive data and other information necessary to maintain all necessary prior authorizations systems, from DOM or its designee, on a daily basis.</p> <p>Will there be a cost to obtain and maintain a secure network connection?</p>	<p>DOM does not pass on any cost to the contractor for establishing and maintaining a secure network connection.</p>
65.	1.9.1 Implementation Phase	113	<p>1. ... It must encompass all activities necessary to assume operational responsibilities including identification of all key personnel listed in Section 1.5, full staffing plan, and back-up and disaster recovery plans.</p> <p>Must all plans, including full staffing plan and identification of all key personnel, be 100% complete, or does the state consider a “ramp-up” period during the Implementation Phase to be acceptable?</p>	<p>Implementation phase entails development of a series of DOM-approved plans and performance of activities preparatory to actually beginning Contract operations. Therefore, DOM expects progress towards completion during this phase. Completion is required by Contract operations.</p> <p>At a minimum, the Contractor must employ the key personnel by sixty (60) days prior to operation start date</p>
66.	1.4.1	11	<p>Item 3.</p> <p>What is the definition and scope of work of a prepayment review?</p> <p>When would prepayment review be performed?</p>	<p>Prepayment Review: Review of claims prior to payment.</p> <p>The current contract requires the Contractor to have</p>

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			Is this a current requirement or a future requirement? What is the anticipated volume?	established procedures and sufficient capacity to perform prepayment review. DOM does not require the current Contractor to perform prepayment reviews. This requirement is a potential future requirement. The Offeror may propose a prepayment review process in their proposal as a quality improvement measure.
67.	1.4.1	11	Item 5.b. Please define a modification of services or items	A change to the requested service or item.
68.	1.4.1.9	12	<p>This requirement states, The Contractor shall suspend a review for services when the review has been pended because additional information is required and the requested information is not submitted by the due date. If the requested information is not submitted by the due date, the Contractor must have a process for technically denying the services for failure to submit additional information required to perform the review.</p> <p>This requirement is only reflected again in section 1.4.2.1.E Hospice Services Authorizations.</p> <p>Please clarify if this is a General Requirement applicable to all services OR if this requirement is applicable to Hospice Service Authorizations only.</p>	General Requirement applicable to all services.
69.	1.4.2.1(A)	18	<p>Item #9 Table 2, Notification of Pended Reviews for Inpatient Medical/Surgical Services provides the time standard for notification. The timeframes listed appear to apply to notifications that would occur when the request is suspended if the additional information is not submitted by the due date.</p> <p>Please clarify if these time standards are for pends or suspends.</p>	These time standards are for pends

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70.	1.4.2.1	18	Item 12: Please define or clarify the expectation for “analyzing past beneficiary and/or provider claim history to ensure proper adjudication”	The Contractor and DOM will determine the applicable expectations following Contract award.
71.	1.4.6	101	Item #2, the RFP states “The contractor shall have the capacity and established procedures to provide care management services for the following FFS beneficiaries: a. Beneficiaries enrolled in FFS at date of delivery and for sixty (60) calendar days postpartum. b. FFS beneficiaries enrolled in the Disabled Child Living at Home (DCLH) category of eligibility. Does this include mother only OR mother and newborn?	a. Beneficiaries (mothers) enrolled in FFS at date of delivery and for sixty (60) calendar days postpartum. b. All FFS beneficiaries enrolled in the Disabled Child Living at Home (DCLH) category of eligibility.
72.	1.1. Purpose	7	Re: The Offeror must have certification as a Utilization Review Resource for the State of Mississippi as defined in Section 41-83-1, et seq. of the Mississippi Code of 1972, as amended. Does this requirement have to be satisfied at the time the proposal is submitted or can it be “filed”/”in process?”	See answer to #52.
73.	1.2. Background	7	Who is the incumbent holding the current contract ending August 31, 2018?	EQ Health Solutions.
74.	1.3. Procurement Overview	8	Given that beginning July 2018, the 1915(i) Intellectual/Developmental Disabilities Community Support Program (IDD CSP) and MYPAC will also be included in MississippiCAN covered services, what volume projections does the state have for any related Contractor review work?	See answer to #5.

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75.	1.4.1. General Utilization Management Requirements (Q7)	11-102	<p>Requirement throughout that: The first and second levels of review are conducted by a qualified health professional (i.e. physician, nurse, psychiatrist, etc.) licensed in the State of Mississippi.</p> <p>If awarded the contract, will the Contractor be allowed to negotiate with the current vendor to hire their personnel (physicians, dentists, pharmacists, nurses, case reviewers, case coordinators, etc.)?</p> <p>Is it permissible for Contractor to use physicians who practice in other states (i.e., Michigan) but have medical licenses in Mississippi? Or do they ALL have to be licensed and actively practicing in Mississippi?</p>	<p>DOM has no opinion on negotiations with the current vendor.</p> <p>It is permissible for Contractor to use physician reviewers who practice in other states (i.e., Michigan) but have medical licenses in Mississippi.</p> <p>Note: The Medical Director must meet all requirements outlined in the RFP</p>
76.	1.5. Staffing Requirements	104	<p>Re: 9, 9. The Contractor shall maintain a sufficient percentage of clinical review staff in the designated office location. The Contractor must receive DOM approval to allow staff to work from a remote location. DOM reserves the right to approve or disapprove the number of clinical review staff allowed to work from a remote location. Does the contract have a requirement that the physician reviewers work full time (and, if so, how does the offeror define “full-time”)? Or can they be part-time or semi-retired? Must they maintain a private practice office?</p>	<p>DOM does not have a requirement that the physician reviewers work full time or that they maintain a private practice office.</p>
77.	1.4.1. General Utilization Management Requirements (Q7)	12	<p>7. The Contractor shall have the capability and established procedures to receive retrospective review requests by web-based submission, facsimile, or mail. Are all 3 methods required or just 1 or more of the 3?</p>	<p>All methods as outlined in the RFP are required.</p>
78.	V. Authorization of Innovative Programs, Services or	58 – 59	<p>If DOM requires utilization management of programs, services or items not specifically outlined in this RFP, and the Contractor is notified of modifications when innovative programs, services or items are implemented, will the state negotiate a contract amendment that provides an</p>	<p>Please refer to Section 4.9.4 of the RFP.</p>

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	Items		adjustment in the pay rate for added services?	
79.	2.1 ORGANIZATIONS ELIGIBLE TO SUBMIT PROPOSALS	117-118	<p>The RFP states that to be eligible to submit a proposal, an Offeror must provide documentation for each requirement as specified. What will suffice as “documentation” re: #1 The Offeror has not been sanctioned by a State or Federal government within the last ten (10) years. And, #5 The Offeror must be able to provide all required components of the RFP no less than thirty (30) days prior to the Operational Date.</p> <p>Will signed statements attesting to or certifying these requirements be considered responsive to this requirement?</p>	Yes.
80.	2.1 ORGANIZATIONS ELIGIBLE TO SUBMIT PROPOSALS	117-118	<p>Re: 2. The Offeror must have a minimum of five (5) years of experience in contractual services providing the type of services described in this RFP.</p> <p>Regarding the scope of services below, an offeror’s experience in providing the services below may vary as capabilities have been expanded over time. If the majority of the services below have been provided for over 5 years but one of the services has not, i.e. care management services, will an offeror be considered eligible?</p> <ul style="list-style-type: none"> • Medical Services Utilization Management • Behavioral Health Services Utilization Management • Dental Services Utilization Management • Peer Review Services • Focused Studies • Clinical/Medical Consultations • Quality Improvement Services • Care Management Services 	DOM agrees that offeror’s experience may vary as capabilities expanded over time. If the majority of the services have been provided for over 5 years an offeror will be considered eligible.

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81.	4.6 SUBCONTR ACTING	134	<p>Re: 4.6 SUBCONTRACTING</p> <p>The RFP states that “The Contractor shall not subcontract any portion of the services to be performed under this contract without the prior written approval of DOM. The Contractor shall notify DOM not less than thirty (30) days in advance of its desire to subcontract and include a copy of the proposed subcontract with the proposed subcontractor.</p> <p>What documentation, if any, regarding intentions to subcontract a portion of the services to be provided under this contract needs to be provided in the RFP response?</p>	<p>Section 5.5 of the RFP states: “Discuss the Offeror’s relationship with any proposed subcontractors, including how it will monitor these subcontractors; and its experience working with any proposed subcontractors. The Offeror shall provide references and qualifications of proposed subcontractors, and biographies of any subcontractor staff proposed to work on this project.”</p>
82.	1.3.2	8	<p>The procurement schedule indicates the state will release answers to bidder questions five working days prior to the proposal due date. Since one of those days will be needed to prepare and ship the proposal, bidders are left with only four working days to incorporate information from the Q&As into their proposal content. This short time frame appears to favor the incumbent organization. To help provide a more equal procurement process among all bidders, will the state extend the proposal due date?</p>	<p>The schedule stated in the RFP stands.</p> <p>This RFP release and schedule is a part of a new process that is separate from the previous RFP. DOM’s needs necessitate the schedule stated in the RFP. Further, DOM is committed to providing a fair and competitive process for all vendors involved.</p>
83.	1.4.1	11	<p>“b. Authorization through the automated rules system, when appropriate”. Please clarify “when appropriate”.</p>	<p>When an automated rules system is capable of providing the authorization.</p>
84.	1.4.1	12	<p>Does the state have existing language that it requires for all denial letters or should the Contractor propose denial letter language for approval by the state?</p>	<p>Contractor should propose denial letter language for approval by the state.</p>
85.	1.4.1	12	<p>The RFP indicates the Contractor shall provide written notices to providers through an online web-based system and via facsimile notifications. Is this either or both?</p>	<p>All methods as outlined in the RFP are required.</p>
86.	1.4.1	13	<p>The Contractor shall have established procedures to notify individuals that the reconsideration request was received and the individual has the opportunity to provide additional</p>	<p>No.</p>

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			information within 10 business days from the date on the Contractor’s notification letter.” Can this be accomplished via secure email?	
87.	1.4.1	13	Are Contractor staff expected to attend administrative hearings?	See answer to questions #55.
88.	1.4.2	18	“Table 2: Contractor Action: Written Notification to Provider”. Does “written” include notifications sent using the web based portal?	Yes.
89.	1.4.2	19	How will the Contractor be notified of cases selected for post payment review and Independent Verification and Validation?	The Contractor is responsible for notifying DOM.
90.	1.4.2	61	Can the Contractor use Interqual criteria for some review types and Milliman criteria for other review types, subject to DOM approval?	Contractor shall use InterQual® criteria (IQ). When InterQual® criteria is not available for medical necessity determination, then the Contractor shall use a nationally recognized standard for the clinical criteria in reviewing each authorization, prior authorization and prepayment review request, as approved by DOM.
91.	1.4.2	61	What version number of the APR-DRG Grouper is used by DOM?	DOM is currently using APR-DRG version 33.
92.	1.4.2	61	The RFP specifies that a representative sample of cases will be reviewed during the Implementation Period to identify coding errors and/or unusual utilization patterns. How many cases will be included in the sample? Should the contractor include its costs for completing these reviews in its Implementation price? Will coding validation occur on cases reviewed during the Operations Period, or only on cases selected for the representative sample during the Implementation Period?	Coding validation occur on cases reviewed during the Operations Period NOT during the implementation period.

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93.	1.4.3	97	Following the initial referral from DOM for Peer Review Services, is the Contractor expected to complete review of medical records onsite at the provider location?	The Offeror may propose the process for completing the records review in their response to the RFP.
94.	1.4.4	99	What is the due date for the first set Contractor recommendations for Focused Studies? How many focused studies are expected per year?	DOM will not provide information other than information provided in the RFP attachments.
95.	1.4.6	101	How long are beneficiaries typically engaged in the Care Management Program?	Beneficiaries would be engaged in Care Management as long as they are Medicaid eligible or choose to opt out of Care Management services.
96.	1.5.4	103	This section of the RFP indicates the Contractor must submit a staffing plan to DOM for approval. Is this in addition to the staffing information included in the proposal? If so, what is the due date for the staffing plan?	Yes. Upon award, the Contractor must submit a staffing plan to DOM for approval prior to the Implementation start date. The due date of the staffing plan will be discussed with the Contractor after contract award.
97.	1.5.9	104	Does the state's definition of "remote location" include Contractor personnel working from their home within the state of Mississippi or only include staff working from a Contractor office located in another state?	The Contractor must receive DOM approval to allow staff to work from a remote location. DOM reserves the right to approve or disapprove the number of clinical review staff allowed to work from a remote location. The Offeror is afforded the opportunity to define remote location in their proposal to the RFP.
98.	1.6.4.2	107	"The Contractor is responsible for maintaining a comprehensive database that provides the current status of all review activity. The database should include historical data from an existing peer review database, which will be provided by DOM." Please clarify peer review data base (content, size, number of years, etc.). Also, please indicate if other historical data needs to be loaded by type, format, size, number of files.	<p>The number of years info should be kept is unlimited.</p> <p>Data requirements, database format and content will be discussed with the Contractor after award and during the implementation phase of the Contract.</p> <p><u>Peer Review Data Base Content Recommendations:</u></p> <ul style="list-style-type: none"> • Subject Practitioner Name and Provider #

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				<ul style="list-style-type: none">• Address information• Date of Request from DOM for CPR with a copy of the Memo• Review sample to include the number of beneficiaries and number of claim line items• Date of Request from DOM for PRP with a copy of the Memo• Date of Notification to provider for Peer Review Panel Conference Meeting with a copy of the document• Date of Final Report of all the findings, Transcript and CAP to DOM with a copy of each document• Time Frame for the CAP• Date of Receipt of the Signed Letter from Provider Agreeing with CAP with a copy of the document• Other recommendations for provider, e.g. Referral to the licensing bureau for quality of care, Exclusion from Medicaid, Sanctioned by the OIG, Referral to MFCU; with a copy of the documents.• Any contacts with DOM staff to include the names, dates and the specific issues, e.g. inconsistencies of info, unable to locate provider, unable to get a peer panel.• Any contacts with Provider to include names, dates and specific issues discussed.• CAP dates and specifics if necessary• Date CAP records sent for review with copy of Memo• CAP Findings with copy of document• Date of closure of CAP with a copy of

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				document. Historical data will be inclusive of the same info as above that DOM has available.
99.	1.6.5.2	108	“The Contractor shall have the capability to provide electronic imaging and storage of all supporting review documentation.” Please clarify electronic imaging expectations versus storing supporting documentation that has been attached to a review. What is the expectation or requirement for storing dental x-rays?	The expectation of the Contractor is to have the capability to maintain and store an electronic image of the dental x-rays.
100.	4.2	126	Can DOM share a history of assessed liquidated damages and penalties previously assessed on this and other DOM contracts?	In 2014, DOM assessed liquidated damages against the UM/QIO contractor for failure to properly notify DOM of a change in personnel. However, the liquidated damages were later withdrawn and a Corrective Action Plan was instituted instead.
101.	6	157	Does DOM expect a Best and Final Offer request during phase three of the proposal evaluation?	This Determination is made by the Executive Director. Please refer to section 3.3.11 of the RFP.
102.	6.3	157	“Additional pricing schedules to adequately explain method of cost determination including all assumptions (i.e. service or enrollment volume assumptions).” The RFP states that we should use the volumes provided as part of the RFP. What additional volume assumptions is DOM expecting?	DOM does not anticipate additional volume assumptions.
103.	6.3	157	“Additional pricing schedules to adequately explain method of cost determination including all assumptions (i.e. service or enrollment volume assumptions).” Does DOM have a preferred template for the additional pricing schedules?	Please submit additional schedules in line item format.
104.	General Question		If the state selects a new vendor resulting from this procurement, will the new Contractor be required to complete any case reviews or other activity initiated by the previous contractor? If so, how many case reviews or	No.

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			<p>other activities will be transferred to the new Contractor? If any work is transferred, should the new Contractor include its costs for completing the transferred work in its Implementation price?</p>	
105.	1.4.6 & Appendix D	101; Appendix D – page 2	<p>For the volume number in each FFS beneficiary category presented in the care management annual volumes in Appendix D, what is the total number of months of enrollment cumulative across beneficiaries that were enrolled in Medicaid FFS and eligible for participation in the care management program during the 12 month period?</p>	<p>DOM will not provide information other than information provided in the RFP attachments.</p>
106.	5.2 Transmittal Letter	151	<p>“A Statement from the Offeror affirming a minimum of five (5) years of designation as a QIO or QIO-like entity.”</p> <p>Can the requisite contractual services experience of five (5) years waive the five (5) year QIO/ QIO-like entity requirement so long as the vendor has current QIO/ QIO-like status?</p>	<p>DOM is unable to waive this requirement as it would impact DOM’s federal funding. The QIO/QIO Like requirement enables DOM to receive the increased Federal match. Only a QIO or QIO like vendor is eligible.</p> <p>Please reference Section 1.1 of the Scope of Work “The Offeror must be a QIO under contract with the Centers for Medicaid and Medicare Services (CMS) or a CMS designated QIO-like entity, thereby enabling the State of Mississippi to qualify for the 75 percent Federal Financial Participation (FFP) as established in 42 C.F.R. § 433.15(b)(6)(i).”</p>
107.	1.1. Purpose	7	<p>Re: The Offeror must have certification as a Utilization Review Resource for the State of Mississippi as defined in Section 41-83-1, et seq. of the Mississippi Code of 1972, as amended.</p> <p>Does this requirement have to be satisfied at the time the proposal is submitted or can it be “filed”/“in process?”</p>	<p>See answer to #52.</p>

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108.	1.2. Background	7	Who is the incumbent holding the current contract ending August 31, 2018?	See answer to #73.
109.	1.3. Procurement Overview	8	Given that beginning July 2018, the 1915(i) Intellectual/Developmental Disabilities Community Support Program (IDD CSP) and MYPAC will also be included in MississippiCAN covered services, what volume projections does the state have for any related Contractor review work?	See answer to #5.
110.	1.4.1. General Utilization Management Requirements (Q7)	12	7. The Contractor shall have the capability and established procedures to receive retrospective review requests by web-based submission, facsimile, or mail. Are all 3 methods required or just 1 or more of the 3?	See answer to #77.
111.	V. Authorization of Innovative Programs, Services or Items	58 – 59	If DOM requires utilization management of programs, services or items not specifically outlined in this RFP, and the Contractor is notified of modifications when innovative programs, services or items are implemented, will the state negotiate a contract amendment that provides an adjustment in the pay rate for added services?	See answer to #78.
112.	2.1 ORGANIZATIONS ELIGIBLE TO SUBMIT PROPOSALS	117-118	<p>The RFP states that to be eligible to submit a proposal, an Offeror must provide documentation for each requirement as specified. What will suffice as “documentation” re:</p> <p>#1 The Offeror has not been sanctioned by a State or Federal government within the last ten (10) years. And,</p> <p>#5 The Offeror must be able to provide all required components of the RFP no less than thirty (30) days prior to the Operational Date.</p> <p>Will signed statements attesting to or certifying these requirements be considered responsive to this requirement?</p>	See answer to #79.

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113.	2.1 ORGANIZATI ONS ELIGIBLE TO SUBMIT PROPOSALS	117-118	<p>Re: 2. The Offeror must have a minimum of five (5) years of experience in contractual services providing the type of services described in this RFP.</p> <p>Regarding the scope of services below, an offeror's experience in providing the services below may vary as capabilities have been expanded over time. If the majority of the services below have been provided for over 5 years but one of the services has not, i.e. care management services, will an offeror be considered eligible?</p> <ul style="list-style-type: none">• Medical Services Utilization Management• Behavioral Health Services Utilization Management• Dental Services Utilization Management• Peer Review Services• Focused Studies• Clinical/Medical Consultations• Quality Improvement Services• Care Management Services	See answer to #80.
114.	4.6 SUBCONTRA CTING	134	<p>Re: 4.6 SUBCONTRACTING</p> <p>The RFP states that "The Contractor shall not subcontract any portion of the services to be performed under this contract without the prior written approval of DOM. The Contractor shall notify DOM not less than thirty (30) days in advance of its desire to subcontract and include a copy of the proposed subcontract with the proposed subcontractor.</p> <p>What documentation, if any, regarding intentions to subcontract a portion of the services to be provided under this contract needs to be provided in the RFP response?</p>	See answer to #81.