

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 21, Section 3.2 (b) Sampling:</b> After reviewing the ITB, I was unable to locate the actual, annual volume of retrospective reviews. I realize that this is based off of a 5% sample from each hospital however, I need to know the total number of Medicaid admissions in Alabama per year to calculate our pricing. thanks</p>	<p><b>Alabama Medicaid Agency Response:</b> See page 17 section 2.3. There were 113,246 inpatient admissions in fiscal year 2012.</p>
<p>What is the current annual dollar value of this contract?</p>	<p><b>Alabama Medicaid Agency Response:</b> This information may be obtained from the Finance Department Division of Purchasing of the State of Alabama in person. A three day advance notice must be given.</p>
<p>What are the major differences between the scope of work found in this ITB and the current scope of work/contract?</p>	<p><b>Alabama Medicaid Agency Response:</b> Addition of: review of PPCs (HAC/POA); four full time RN's; requirement to complete 80-90% of selected cases each quarter; addition of the schedule of review table; more specificity to Report of Findings and Claims Adjustment/Recoupment sections; change to UR Plan and MCE Study timeframes and report of findings.</p>
<p>What is the budget for this contract?</p>	<p><b>Alabama Medicaid Agency Response:</b> The FY 14 budget is subject to change based on the new ITB.</p>
<p>To allow for anticipated increase in Medicaid enrollment - will Medicaid allow for a modification of the contract if reviews exceed the estimates provided in the ITB?</p>	<p><b>Alabama Medicaid Agency Response:</b> There is no expectation that the number of hospital admissions or reviews will increase or decrease significantly.</p>
<p><b>Page 17, Section 2.4 Reporting:</b> Will monthly meetings be via teleconference or onsite in Montgomery?</p>	<p><b>Alabama Medicaid Agency Response:</b> Monthly meetings will be held via conference call.</p>
<p><b>Page 18, Section 2.5 Additional Contractor Responsibilities:</b> How many presentations to groups/associations were made by the contractor in the last 12 months?</p>	<p><b>Alabama Medicaid Agency Response:</b> None.</p>
<p><b>Page 18, Section 2.5 Additional Contractor Responsibilities:</b> How many education/outreach presentations were made to providers by the contractor in the last 12 months?</p>	<p><b>Alabama Medicaid Agency Response:</b> None.</p>
<p><b>Page 18, Section 2.6 (a) Informal Review and Fair Hearing:</b> Is an Informal Review the same as reconsideration?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 18, Section 2.6 (a) Informal Review and Fair Hearing:</b>          How many informal reviews/reconsiderations were completed in the last 12 months?</p>	<p><b>Alabama Medicaid Agency Response:</b> There were 30 Informal Reviews (reconsiderations) in the last 12 months.</p>
<p><b>Page 18, Section 2.6 (b) Fair Hearing:</b>          Where are Fair Hearings conducted?</p>	<p><b>Alabama Medicaid Agency Response:</b> Fair Hearings are conducted at the Medicaid Agency Central office located in Montgomery, AL.</p>
<p><b>Page 18, Section 2.6 (b) Fair Hearing:</b>          How many fair hearings were completed in the last 12 months?</p> <p>How many were held in Montgomery?</p> <p>How many were held by teleconference or other means?</p>	<p><b>Alabama Medicaid Agency Response:</b>          There were no Fair Hearings in the last 12 months</p>
<p><b>Page 19, Section 2.8 Operational Requirements:</b>          Are the costs associated with site to site VPS (set-up &amp; quarterly maintenance) connection considered a pass-thru cost for the contractor or will these costs be paid by Medicaid?</p>	<p><b>Alabama Medicaid Agency Response:</b> This is a cost incurred by the Contractor.</p>
<p><b>Page 21, Section 3.1 Key Personnel:</b>          May the Project Manager and Clinical Director position be combined? Assumes the person is qualified for both position.</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>
<p><b>Page 21, Section 3.2 Admission and Continued Stay Criteria:</b>          Are post-Hospital Extended Care Services cases included in the medical necessity and continued stay reviews for this contract?</p>	<p><b>Alabama Medicaid Agency Response:</b> No, these reviews are only for acute care hospital services, PEC is not included.</p>
<p><b>Page 21-22, Section 3.2 Admission and Continued Stay Criteria (a) and (b):</b>          Will the contractor have access to the claims data to do the sampling?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria, Sampling (b) (5):</b>  Under what circumstances will a chart need to be reviewed by a physician advisor? (1) If the chart is identified by the nurse reviewer as not medically necessary per Medicaid approved criteria? (2) Or charts that are deemed questionable by the nurse reviewer? (3) All of the above?</p>	<p><b>Alabama Medicaid Agency Response:</b> All of the above.</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria, Sampling (b) (5):</b>  What is the current % of cases that are sent to the physician reviewer for review? (Referral rate)</p>	<p><b>Alabama Medicaid Agency Response:</b> 4%</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Admission Criteria, Report of Findings, (d) (1):</b>  Explain “any patterns present with corrective action plan.” Is this for quality concerns only or for admission/continued stay denials as well?</p>	<p><b>Alabama Medicaid Agency Response:</b> Both.</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Admission Criteria, Report of Findings, (d) (1):</b>  Will Medicaid share a copy of the latest quarterly “Report of Findings” prepared by the current Contractor</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Admission Criteria, Report of Findings, (d) (2):</b>  Explain “Deficiency Occurrence”.</p>	<p><b>Alabama Medicaid Agency Response:</b> Please refer to 42 CFR Subpart C-Utilization Control Hospitals, 456.60 Certification and recertification of need for inpatient care. Any deficiency in this area should be reported. This would include all cases that are determined on physician review to have medically unnecessary days, but record documentation indicates the days were approved by the hospital UR committee.</p>
<p><b>Page 23, Section 3.3 Provider Preventable Conditions (PPCs)</b>  Will PPCs information be obtained from claims data only or will any medical record review be required</p>	<p><b>Alabama Medicaid Agency Response:</b> The information will be obtained from claims data. Medical record requests for review will be required on a 10% sample for each quarter. If the Contractor identifies questionable POA indicators on the report (e.g., recipient with fracture and POA indicator of N) medical record review may then be indicated as well in those instances. An amendment will be made to the ITB.</p>
<p><b>Page 23, Section 3.3 (2) Provider Preventable Conditions (PPCs):</b>  Provide a sample of the CMS report concerning HAC’s and whether or not they are POA.</p>	<p><b>Alabama Medicaid Agency Response:</b> Please refer to the bidder’s library for this ITB located on the Alabama Medicaid website under Newsroom; Procurement. A copy of the current CMS report is posted.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 23, Section 3.4 (d) Internal Utilization Review Plans:</b>          How will the Contractor be expected to notify hospitals of findings? Via mail, electronic, fax, etc.</p>	<p><b>Alabama Medicaid Agency Response:</b> This will be discussed between the Contractor and Medicaid.</p>
<p><b>Page 25-26, Section 3.8 InterQual® Criteria:</b>          Explain the requirement to provide a copy of InterQual® Criteria to the Agency annually.</p>	<p><b>Alabama Medicaid Agency Response:</b> InterQual® Level of Care Criteria is updated annually. The Contractor will need to provide a current copy of both the Acute Care Adult and Acute Care Pediatric versions to the Agency.</p>
<p><b>Page 25-26, Section 3.8 InterQual® Criteria:</b>          Does the Agency have a timeline of when it plans to begin utilizing InterQual® Criteria?</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>
<p><b>Page 26, Section 3.9 (a) Medicaid's Responsibilities:</b>          Where will the review of the random sample of charts be performed by Medicaid? (Montgomery or the Contractor's office?)</p>	<p><b>Alabama Medicaid Agency Response:</b> The review will be done as a desk review at the Medicaid Agency central office location in Montgomery.</p>
<p><b>Page 40-41, Section 4.36 Contract Sanctions-Liquidated Damages:</b>          How much has been imposed/assessed in contract sanctions/liquidated damages to the current contractor in the last 12 months? The category and dollar amounts.</p>	<p><b>Alabama Medicaid Agency Response:</b> None</p>
<p><b>Page 6, Section 1.3 Schedule of Activities:</b>          Please explain the difference between contract start date (November 1, 2013) and the program start date (February 1, 2014) and clarify when the Contractor will begin providing services as described in the ITB.</p>	<p><b>Alabama Medicaid Agency Response:</b> This time frame allows the vendor a startup time-frame for obtaining VPN access, running queries for data, data connectivity, to request selected records for review, policy and procedure manual development, etc. The Contractor will be performing services as described in the ITB (reviews, etc.) no later than February 1, 2014.</p>
<p><b>Page 6, Section 1.3, Schedule of Activities:</b>          The Schedule of Activities says that the Final Posting of Questions will be on October 4, 2013, which is a Friday, and that Bids due on October 7, 2013, which is the following Monday. Proposals will need to be mailed out on Friday, October 4 to</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes. Section 1.3 of the Schedule of Activities will be amended to change the Final Posting of Questions from "October 4, 2013" to "October 2, 2013."</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p>ensure their delivery on Monday, October 7. It does not seem reasonable for the Final Posting of Questions to be scheduled for the same day that bidders must mail in their proposal responses, as there is no time allowance for bidders to update their Transmittal Letter to acknowledge receipt of the information, nor to make any changes, if desired, to their proposal response based on information in the Final Posting of Questions. We would like to request that the Final Posting of Questions be scheduled for at least a couple of days prior to the date that the proposal will need to be shipped so that any information contained therein can be incorporated into the bids being prepared.</p>	
<p><b>Page 6, Section 1.3, Schedule of Activities:</b>          Will Regional Care Organizations have an impact on the contract implementation and planned time frames?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown at this time.</p>
<p><b>Page 8, Section 1.5, Pre-Bid Questions:</b>          Please list the names of the organizations who submitted questions</p>	<p><b>Alabama Medicaid Agency Response:</b> Medicaid cannot release this information until after the bid process is complete.</p>
<p><b>Page 9, Section 1.8, Bid Submission Requirements, (c)(2):</b> The RFP specifies there are to be three electronic copies of the Bid response submitted in Word, while Attachments may be submitted in PDF. The Invitation to Bid (ITB) section that Vendors must complete, sign, and notarize (i.e., the six ITB pages that include the Price Sheet), will need to be scanned as a PDF for electronic submission. Please confirm that the electronic copies can include PDF materials for other than Attachment materials.</p>	<p><b>Alabama Medicaid Agency Response:</b> Please review page 2, Bid response instructions, of the Invitation to Bid provided to you from State Purchasing. This document has specific instructions on how to submit the proposal.</p> <p>The electronic copies can include PDF materials other than Attachment materials.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 9, Section 1.8 Bid Submission Requirements, (c) (2):</b> One electronic copy MUST be a complete version of the bid and the second electronic copy MUST have any confidential/proprietary information removed. Are there any special instructions for what is to be included on the third electronic copy?</p>	<p><b>Alabama Medicaid Agency Response:</b> Section 1.8 c. (2) specifies that three electronic copies should be provided on CD, jump drive, or disc clearly labeled with the Bidder's name. An amendment will be made to this section to change "three" to "two".</p>
<p><b>Page 9, Section 1.8 Bid Submission Requirements, (h):</b> Each bid must contain a price bid and a technical component. Please confirm that the Invitation to Bid (ITB) section that Vendors must complete, sign, and notarize, which includes a Price Sheet as Page 6, is the only Price Sheet that needs to be completed.</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes.</p>
<p><b>Page 10, Section 1.8 Bid Submission Requirements (i):</b>  Price Sheet – Which of the following should the firm fixed price that is reflected on Line 0001 of the Price Sheet represent:</p> <p style="padding-left: 40px;">Annual firm fixed price?  Two-year firm fixed price for 11/01/13 – 10/31-15?  Firm fixed price for 02/01/14 (program start date) – 10/31/15?  Other – Please Explain?</p>	<p><b>Alabama Medicaid Agency Response:</b> See page 10, Section 1.8 BID Submission Requirements (i): "The bid price is a firm and fixed price for <u>each</u> year of the contract, including any extensions. The bid must appear on the Division of Purchasing Pricing page."</p> <p>The price should be the annual firm fixed price.</p>
<p><b>Page 9, Section 1.8 Bid Submission Requirements, (h):</b> Can the Price Sheet be included in the same binder as the Technical Proposal? If not, please provide instructions for how it is to be submitted.</p>	<p><b>Alabama Medicaid Agency Response:</b> Please review page 2, BID response instructions, of the Invitation to Bid provided to you from State Purchasing. This document has specific instructions on how to submit the proposal.</p>
<p><b>Page 11, Section 1.9 Bid Submission Format (a):</b> The RFP instructions are to submit each bid in three-inch, 3-ring binders. Due to the page limitations, bid responses will fit into smaller than three-inch binders (e.g., 1 or 1½ inch 3-ring binders). Is it permissible to submit bids in smaller than three-inch size three-ring binders?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes. An amendment will be made to this section to remove "three-inch".</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 13, Section 1.13 Transmittal Letter (n) and Pages 51 and 52, Attachment C:</b> Section 1.13.n says the successful bidder will be required to complete the financial disclosure statement (Attachment C) with the executed contract. However on the bottom of Attachment C, Page 52, it says that Act 2001-955 requires the financial disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State in excess of \$5,000. Please clarify whether or not Attachment C is to be completed and submitted with the bid response.</p>	<p><b>Alabama Medicaid Agency Response:</b> The disclosure statement is to be completed and returned with the signed contract with the successful bidder.</p>
<p><b>Page 17, Section 2.2 History of Program:</b> What is the expected timing for transition to InterQual® criteria?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown at this time.</p>
<p><b>Page 17, Section 2.3 Inpatient Services:</b> What has been the volume of hospital admissions by facility for 2012?</p>	<p><b>Alabama Medicaid Agency Response:</b> We do not have data for each hospital. For FY 2012 there were 113,246 hospital inpatient admissions.</p>
<p><b>Page 17, Section 2.3 Inpatient Services:</b> What are the expected total hospital admissions for fiscal years 2013, 2014, and 2015?</p>	<p><b>Alabama Medicaid Agency Response:</b> We would not anticipate much if any variance from previous years.</p>
<p><b>Page 17, Section 2.3 Inpatient Services:</b> How will the migration of Medicaid recipients to the Regional Care Organizations starting in 2016 impact the anticipated hospital admissions volume for this Contract?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown at this time.</p>
<p><b>Page 17, Section 2.3 Inpatient Services:</b> Please clarify whether Children's Health Insurance Program (CHIP) are included in the cases that are subject to review under this contract.</p>	<p><b>Alabama Medicaid Agency Response:</b> CHIP is not included.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 17, Section 2.4 Reporting:</b> After the initial start-up period of the contract, will scheduled meetings be onsite or telephonic?</p>	<p><b>Alabama Medicaid Agency Response:</b> Initial meetings may be held onsite at the Agency as indicated with regular monthly meetings via conference call.</p>
<p><b>Page 18, Section 2.6 Informal Review and Fair Hearing:</b> How many Informal Reviews and Fair Hearings did the incumbent contractor's personnel participate in 2012?</p>	<p><b>Alabama Medicaid Agency Response:</b> No Fair Hearings were held in 2012.</p>
<p><b>Page 18, Section 2.6 Informal Review and Fair Hearing:</b> How many Informal Reviews and Fair Hearings are anticipated in fiscal years 2014, 2015, and 2016?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown.</p>
<p><b>Page 18, Section 2.5 Additional Contractor Responsibilities (a):</b> How will the fair hearing dates and times be coordinated between the State and the Contractor?</p>	<p><b>Alabama Medicaid Agency Response:</b> These dates are set at the availability of the Fair Hearing Officer.</p>
<p><b>Page 18, Section 2.5 Additional Contractor Responsibilities (a):</b> How much notice will be allowed for the Contractor to coordinate physician advisor availability for a Fair Hearing?</p>	<p><b>Alabama Medicaid Agency Response:</b> All parties involved will be notified via e-mail within a reasonable time frame.</p>
<p><b>Page 18, Section 2.6 Informal Review and Fair Hearing (a):</b> How many informal reviews were requested in 2012, and how many are anticipated in 2014?</p>	<p><b>Alabama Medicaid Agency Response:</b> There were 30 Informal Reviews (reconsiderations) in the last 12 months. Unable to predict the number of these for 2014.</p>
<p><b>Page 18, Section 2.6 Informal Review and Fair Hearing (b):</b> Will the Contractor's personnel need to attend a Fair Hearing in person or can participation be telephonic? Please explain the role of the Contractor with Fair Hearings.</p>	<p><b>Alabama Medicaid Agency Response:</b> Fair Hearings require the Contractor's consulting physician advisor and other appropriate personnel who were involved in the denial to attend in person. The Contractor participation role is to act as subject matter expert and provide justification for the denial.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page, 19, Section 2.7 Monitoring, Performance Standards and Corrective Action Plans:</b> How frequently will performance audits be conducted?</p>	<p><b>Alabama Medicaid Agency Response:</b> This will be done via review of monthly and quarterly reports provided the Agency, quarterly audit of sample of Contractor reviews and during the monthly conference call with the Contractor.</p>
<p><b>Page, 19, Section 2.7 Monitoring, Performance Standards and Corrective Action Plans:</b> Please describe where the performance reviews will be conducted.</p>	<p><b>Alabama Medicaid Agency Response:</b> At the Medicaid Agency central office in Montgomery, AL</p>
<p><b>Page 19, Section 2.8 Operational Requirements:</b> Please clarify what data will be required to be entered into the DSS and the interfacing requirement with DSS.</p>	<p><b>Alabama Medicaid Agency Response:</b> Access to DSS/BO will be given to the Contractor in order to access claims history data. The DSS/BO query should only require the Contractor to refresh dates of service in order to generate the necessary report.</p>
<p><b>Page 19, Section 2.8 Operational Requirements:</b> Please confirm that entry of review determinations will occur in the state system.</p>	<p><b>Alabama Medicaid Agency Response:</b> No state system is used for entry of review determinations.</p>
<p><b>Page 19, Section 2.8 Operational Requirements:</b> Please describe any associated costs to the Contractor for accessing any state systems for this contract.</p>	<p><b>Alabama Medicaid Agency Response:</b> None.</p>
<p><b>Page 21, Section 3.0 General:</b> How many inpatient retrospective admission and continued stay reviews were conducted in the past year?</p>	<p><b>Alabama Medicaid Agency Response:</b> The average number of selected cases for review ranges from 900-1,400/quarter.</p>
<p><b>Page 21, Section 3.1 Key Personnel:</b> Since the registered nurse reviewers and physician advisors must be licensed in the State of Alabama, is the Contractor expected to have an office location in the State of Alabama?</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria:</b> What is the average time it takes to complete a single retrospective review inclusive of entry into the state system?</p>	<p><b>Alabama Medicaid Agency Response:</b> That would depend on the complexity of the review, if additional records were requested, if physician review was needed etc. The goal is to complete 80-90% of selected cases per quarter. There is no entry of information into the state system.</p>
<p><b>Page 21, Section Admission and Continued Stay Criteria, Requirement 3.2(a):</b> If the Contractor determines there is a need for additional information to complete the medical review, how much time will be allowed for the hospital to submit additional information? Once additional information is received, how much time will the Contractor have to complete the medical review?</p>	<p><b>Alabama Medicaid Agency Response:</b> This time frame will be discussed between Contractor and Medicaid. The goal is to complete 80-90% of selected cases for each quarter.</p>
<p><b>Page 21, Section 3.2 Admission and Continued Stay Criteria, Requirement (a):</b> If the state approved criteria do not exist for a particular review diagnosis or procedure, what is the process to be followed? For example, does the Contractor use alternative criteria, or is there another process the Contractor should follow?</p>	<p><b>Alabama Medicaid Agency Response:</b> This will be determined and discussed between Medicaid and the Contractor on a case by case basis.</p>
<p><b>Page 21, Section 3.2 Admission and Continued Stay Criteria, Requirement (a):</b> Are patient's medical records received by HP fiscal agent, scanned and stored in the agent FEITH system for access to complete the review? If not, how will the Contractor obtain the copies of medical records for review?</p>	<p><b>Alabama Medicaid Agency Response:</b> The Contractor is responsible for correspondence to hospital providers and the request of records from them. This can be done via mail, fax or electronically. The records can then be sent to the Contractor via mail, electronically, or on a password protected CD.</p>
<p><b>Page 21, Section 3.2 Admission and Continued Stay Criteria, Sampling (b):</b> Please clarify how the 5% sampling is produced and by whom.</p>	<p><b>Alabama Medicaid Agency Response:</b> Via the VPN connection the Contractor will have access to a DSS/BO query from which they will generate a report that contains hospital paid claims for the timeframe selected. The Contractor will then do a random selection of 5% sample from all hospitals that appear on the report. If a hospital provider only has one paid claim, that provider must be included in the review as the goal is to review all hospitals with paid claims per quarter reviewed.</p>
<p><b>Page 21, Section 3.2 Admission and Continued Stay Criteria, Sampling (b):</b> Please confirm that the sampling expected to be 5% of each hospital's Medicaid admissions during the previous quarter.</p>	<p><b>Alabama Medicaid Agency Response:</b> See response above.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 21, Section 3.2 Admission and Continued Stay Criteria, Requirement (a):</b> Will this Contractor be required to reimburse hospitals for copying and/or postage costs? If so, please describe what the reimbursements are expected to be.</p>	<p><b>Alabama Medicaid Agency Response:</b> No</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria, Timeframes(c):</b> Can retrospective reviews be staggered in order to be completed monthly instead of quarterly?</p>	<p><b>Alabama Medicaid Agency Response:</b> No</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria, Timeframes (c):</b> Please confirm that hospitals have one month to provide requested records as shown in the schedule. What is the process if the requested records are not received at all or not received timely from the hospital?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes, hospitals have 30 days to provide requested records as shown in the schedule on page 22. The process to address timeliness of records not received will be determined between Medicaid and the Contractor.</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria, Timeframes (c):</b> How many days does the contractor have overall to complete the review from receipt of all information required to make a determination?</p>	<p><b>Alabama Medicaid Agency Response:</b> The goal is to complete 80-90% of selected cases per quarter to avoid large number of cases to carry over to the next quarterly review. The 1<sup>st</sup> level review shall be done within 15-30 days of receipt of the records. Completion of a review depends on the complexity of the review, if additional records were requested, if physician review was needed etc.</p>
<p><b>Page 22, Section 3.2 Admission and Continued Stay Criteria, Timeframes (c):</b> The RFP says the first chart review will be performed January 2014 based on dates of services April 1, 2013 through September 30, 2013. January 2014 is prior to the program start date provided in Section 1.3. Please clarify which start date bidders should assume for their pricing. Also, please advise if January 1, 2014 is the date the case selection requests are to be sent by the Contractor to the hospitals for the six month review or if it is the date the records are due to the Contractor to start performing reviews.</p>	<p><b>Alabama Medicaid Agency Response:</b> This ITB section will be amended to remove 'performed' and add 'selected'. The contract start date is November 1, 2013.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 22, 3.2 Admission and Continued Stay Criteria, Timeframes (c):</b> Please describe how the Contractor should handle those cases where the hospital does not provide the requested additional information within the specified timeframes.</p>	<p><b>Alabama Medicaid Agency Response:</b> Hospitals have 30 days to provide requested records as shown in the schedule on page 22. The process to address timeliness of records not received will be determined between Medicaid and the Contractor.</p>
<p><b>Page 22, 3.2 Admission and Continued Stay Criteria, Report of Findings (d):</b> Please confirm that the State system can produce the required reports that are described in this Section.</p>	<p><b>Alabama Medicaid Agency Response:</b> Reports are generated by the Contractor. No state system is involved in the production of reports.</p>
<p><b>Page 23, Section 3.2 Admission and Continued Stay Criteria, Claim Recoupment/Adjustment, (e)(3):</b> How does the State categorize billing errors for recoupment purposes?</p>	<p><b>Alabama Medicaid Agency Response:</b> Billing errors are identified by the Contractor. These are determined on a case by case basis. For example: When an outpatient surgery has been billed as an inpatient day.</p>
<p><b>Page 23, Section 3.3 Provider Preventable Conditions (PPCs):</b> Will the review for Provider Preventable Conditions be performed using the 5% sample described in Section 3.2.(a), or are they to be identified for all claims through a DSS query or through some other method?</p> <p>Also, please clarify that the Contractor is only identifying and reporting on hospital acquired conditions (HACs) and not on Other Provider Preventable Conditions (OPPCs).</p>	<p><b>Alabama Medicaid Agency Response:</b> A separate report is generated through DSS and 100% of patients that appear on the report must be reviewed and included in the CMS HAC report. Medical record requests for review will be required on a 10% sample for each quarter. An amendment will be made in this section. If the Contractor identifies questionable POA indicators on the report (e.g., recipient with fracture and POA indicator of N) medical record review may then be indicated as well in those instances.</p> <p>Yes, the Contractor is only identifying and reporting on HAC's and not OPPCs.</p>
<p><b>Page 23, Section 3.4 Internal Utilization Review Plans (a):</b> Is there a tool currently being used for evaluation of the appropriateness of the Internal UR Plans? If so, we would like to request a copy of that tool.</p>	<p><b>Alabama Medicaid Agency Response:</b> The Contractor will develop and use a tool approved by the Agency.</p>
<p><b>Page 23, Section 3.4 (c)(2):</b> What timelines are allowed between request for the UR plan and when the hospital is required to send the plan? Will the Contractor be advised which hospitals are due in the coming year for review?</p>	<p><b>Alabama Medicaid Agency Response:</b> What timelines are allowed between request for the UR plan and when the hospital is required to send the plan? This will be determined between Medicaid and the Contractor.</p> <p>Will the Contractor be advised which hospitals are due in the coming year for review? Yes</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 23, Section 3.4 Internal Utilization Review Plans (d):</b> Please describe the responsibility of the contractor in follow-up of unsatisfactory plans. Does the contractor work directly with the facility? Is there a timeline upon which the facility must respond to a finding of an unsatisfactory plan once the notification is sent to the facility?</p>	<p><b>Alabama Medicaid Agency Response:</b> This will be determined between Medicaid and the Contractor.</p>
<p><b>Page 24, Section 3.5 Medical Care Evaluation (MCE) Studies, Requirement (a):</b> Is there a tool currently being used for evaluation of the appropriateness of the MCE Studies? If so, we would like to request that tool.</p>	<p><b>Alabama Medicaid Agency Response:</b> The Contractor will develop and use a tool approved by the Agency.</p>
<p><b>Page 25, Section 3.8 InterQual® Criteria:</b> When does the State anticipate converting to InterQual criteria?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown at this time.</p>
<p><b>Page 25, Section 3.8 InterQual® Criteria:</b> When the State begins using InterQual criteria, will the contract use InterQual criteria for admission and continued stay reviews instead of the Medicaid-approved Adult and Pediatric Inpatient Care Criteria (Attachment D)?</p>	<p><b>Alabama Medicaid Agency Response:</b> Medicaid and the Contractor will work together to implement InterQual® and Local Medicaid policy.</p>
<p><b>Page 26, Section 3.8 InterQual® Criteria:</b> Who are you referring to as InterQual staff? Will the InterQual pass-through cost be a separate cost in view of the need to contract with McKesson for the ability to share criteria in this manner? Is InterQual training of Agency staff for use of the criteria to be included in the pass-through cost as well?</p>	<p><b>Alabama Medicaid Agency Response:</b> Who are you referring to as InterQual® staff? An amendment will be made to this section to change 'InterQual®' to 'Contractor'. Will the InterQual® pass-through cost be a separate cost in view of the need to contract with McKesson for the ability to share criteria in this manner? Yes. Is InterQual® training of Agency staff for use of the criteria to be included in the pass-through cost as well? No.</p>
<p><b>Page 26, Section 3.8 InterQual® Criteria (1):</b> In stating "to compare existing Medicaid policies to InterQual criteria and make recommendations for changes to avoid conflicts".....is it the intent of the Agency to maintain the rigor of the current policy, when changing to InterQual as the nationally recognized criteria set?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 26, Section 3.9 Medicaid’s Responsibilities (b):</b> Does “referred charts” in this context of audits mean those that have gone to physician advisors? If not, please explain.</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes.</p>
<p><b>Page 28, Section 4.4 Contract Term:</b> The ITB states, “Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended at the <b>same rate</b> paid by Medicaid for the initial contract term.” The Alabama Medicaid Agency is migrating to Regional Care Organizations and there is the potential for expansion of the Medicaid program. This could result in significantly fewer or significantly more Medicaid recipients, and therefore fewer significantly fewer or significantly more hospital admissions in future years. How will the State make adjustments to the Contractor’s future pricing in light of the potential impact on the number of Medicaid recipients and hospital admissions?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown.</p>
<p><b>Page 38, Section 4.35 Guarantees, Warranties, and Certifications:</b> Will the State agree that the Contractor will not be liable to indemnify the State for claims to the extent that those claims arose from the negligence or willful acts or omissions of the State or its employees or agents?</p>	<p><b>Alabama Medicaid Agency Response:</b> The referenced ITB section will remain as written.</p>
<p><b>Page 39, Section 4.35 Guarantees, Warranties, Certifications, Performance Guarantee (e):</b> If the Contractor’s performance has been satisfactory, will the performance guarantee be refunded to the Contractor at the end of the contract/applicable optional renewal period? Please describe.</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Page 40, Section 4.36 Contract Sanctions-Liquidated Damages:</b> Please describe how liquidated damages are determined?</p>	<p><b>Alabama Medicaid Agency Response:</b> Refer to Page 40, 4.36 (a-k).</p>
<p><b>General Questions:</b> Please describe any changes in the SOW compared to the previous RFP?</p>	<p><b>Alabama Medicaid Agency Response:</b> Addition of: review of PPCs (HAC/POA); four full time RN's; requirement to complete 80-90% of selected cases each quarter; addition of the schedule of review table; more specificity to Report of Findings and Claims adjustment/Recoupment sections; change to UR Plan and MCE Study timeframes and report of findings.</p>
<p><b>General Questions:</b> Are there any anticipated changes to the Medicaid population to be served under this RFP? For example, moving to managed care, etc.</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown.</p>
<p><b>Section 1, 1.0 Purpose Page 5, Paragraph 1:</b> When does the agency anticipate the implementation of InterQual® criteria?</p>	<p><b>Alabama Medicaid Agency Response:</b> Unknown at this time.</p>
<p><b>Section 1, 1.6 Amendments to BID Page 8, Paragraph 1:</b> Please clarify that just the copy of the signed signature page is required not if the entire Amendment?</p>	<p><b>Alabama Medicaid Agency Response:</b> Please review page 2 of the Invitation to Bid provided to you from State Purchasing. This document has specific instructions on how to submit the proposal.</p>
<p><b>Section 1, 1.12 Specifications Format Page 12 Paragraph 1:</b> Please clarify where the bid pricing information should be placed within our response? Should technical and bid price be within the same binder or separate? Please clarify format/layout?</p>	<p><b>Alabama Medicaid Agency Response:</b> Please review page 2 of the Invitation to Bid provided to you from State Purchasing. This document has specific instructions on how to submit the proposal.</p>
<p><b>Section 2, 2.5 Additional Contractor Responsibilities Page 18, Paragraph 2.a:</b>          "...physician advisors should be available during normal business hours of 8:00am-5:00pm, Monday through Friday, Central Time." When physicians participate in informal hearings resulting from appeals/denied reviews, is this done telephonically? Please provide the</p>	<p><b>Alabama Medicaid Agency Response:</b> Please refer to page 18 of the ITB section 2.6 (a).           Please provide the number of reconsiderations, informal hearings and appeals per year: In the last 12 months there were 30 reconsiderations/informal hearings. If by appeal you mean Fair Hearing, there were none in the last 12 months.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p>number of reconsiderations, informal hearings and appeals per year.</p>	
<p><b>Section 2, 2.6. Informal Review and Fair Hearing Page 18, Paragraph 3.b:</b> Is it the vendors responsibility to notify all parties via a letter of final decision (appeal, informal hearing, fair hearing, etc.?)</p>	<p><b>Alabama Medicaid Agency Response:</b> The Contractor is responsible to notify related to reconsideration (informal review). Fair Hearing decision notification would come from the Agency.</p>
<p><b>Section 2, 2.8 - Operational Requirements Page 19, Paragraph 2:</b> Is a leased line required for the site-to-site VPN connection between the Contractor and the Fiscal Agent? As an alternative, may the Contractor utilize a <u>secure</u> site-to-site VPN, utilizing the public internet, without incurring the cost of a leased line?</p>	<p><b>Alabama Medicaid Agency Response:</b> No, a leased line is not required for the site-to site VPN connection between the Contractor and the Fiscal Agent.</p> <p>Yes, the Contractor may utilize a secure site-to-site VPN utilizing the public internet. However, the Fiscal Agent charges a one-time setup fee (currently \$1,600) and a quarterly charge currently \$1,350 for this connection.</p> <p>The Fiscal Agent does not support client based VPN connection from external agencies or contractors.</p>
<p><b>Section 2, 2.8 - Operational Requirements Page 19, Paragraph 2:</b> As an alternative to the desktop configuration identified, may the Contractor employ Windows 7 embedded thin-client virtual desktops to access the State's Medicaid system?</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>
<p><b>Section 3, 3.1 Key Personnel Page 21, Paragraph 2:</b> Can the project manager and the clinical director be serviced by the same individual? Must these individuals serve as a FTE?</p>	<p><b>Alabama Medicaid Agency Response:</b> Can the project manager and the clinical director be serviced by the same individual? No. Must these individuals serve as a FTE? Yes.</p>
<p><b>Section 3, 3.1 Key Personnel Page 21, Paragraph 2:</b> The previous RFP did not require a specific number of Nurse Reviewer FTE's. How has the agency determined that 4 FTE's are needed?</p>	<p><b>Alabama Medicaid Agency Response:</b> Based on the volume of reviews and the goal to complete 80-90% of selected cases per quarter.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Section 3, 3.2.b – Sampling Page 21, Paragraph 3:</b> Does each day of the hospitalization need to be validated with criteria? If so, what is the average length of stay for?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes admission through discharge must meet the current Adult or Pediatric Severity of Illness and Intensity of Illness Criteria. Average length of stay varies.</p>
<p><b>Section 3, 3.2.b – Sampling Page 21, Paragraph 4:</b> Which party is responsible for the sample selection?</p> <p>If not the Contractor, how will the information be communicated to the Contractor?</p>	<p><b>Alabama Medicaid Agency Response:</b> The Contractor.</p>
<p><b>Section 3, 3.2.b – Sampling Page 21, Paragraph 4:</b> If a provider fails to submit a medical record are we to deny the services?</p>	<p><b>Alabama Medicaid Agency Response:</b> If the hospital fails to provide the documents the Contractor should notify the hospital of this and the possibility that the Agency may recoup payment for the admission. The Contractor should keep a running spreadsheet that details providers who have failed to provide requested documentation and include in the quarterly report and have available at Agency request.</p>
<p><b>Section 3, 3.2.b – Sampling Page 21, Paragraph 4:</b> Is an oversample necessary to ensure the proper amount of records are reviewed each month in the event a provider fails to produce a record?</p>	<p><b>Alabama Medicaid Agency Response:</b> No.</p>
<p><b>Section 3, 3.3 Provider Preventable Conditions (PPC)s Page 23, Paragraph 1.1:</b> What does DSS query stand for?</p>	<p><b>Alabama Medicaid Agency Response:</b> DSS stands for Decision Support System also known as BO, Business Objects. This is a program that is capable of generating custom reports which contain claims information among other things.</p>
<p><b>Section 3, 3.7 Reconsiderations Page 25, Paragraph 1 Page 25, Paragraph 1:</b> How does a reconsideration differ from an informal hearing?</p> <p><b>Page 25, Paragraph 1.d:</b> Is it the vendors responsibility to send the final decision notification letter to the provider?</p>	<p><b>Alabama Medicaid Agency Response:</b></p> <p>They are one in the same.</p> <p>Yes.</p>
<p><b>Section 4, 4.36 Contract Sanctions Page 40, Paragraph 1:</b> What is the history of this contract regarding sanctions and liquidated damages?</p>	<p><b>Alabama Medicaid Agency Response:</b> There have been none during the current contract period.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Attachment B, 3 (f) Page 45, Paragraph 6:</b> Can the State further clarify the method/means by which business associate must provide access to PHI and to whom this access should be given?</p>	<p><b>Alabama Medicaid Agency Response:</b> Alabama Medicaid has an obligation as a Covered Entity under HIPAA to provide Medicaid recipients access to their information that is part of our designated record set (DRS) upon request. If the Business Associate maintains any Medicaid Recipient records that are part of the DRS, Alabama Medicaid will send a request to the Business Associate in writing to request copies of the those records needed to comply with any HIPAA obligations. The method and means of access could vary from paper copies of information, electronic copies, or physical inspection on-site. The method and means of access will be specified in the request for access.</p>
<p><b>Attachment B, 3 (g) Page 46, Paragraph 1:</b> Can the State clarify by what means a "written request" from Covered Entity will be delivered to business associate?</p>	<p><b>Alabama Medicaid Agency Response:</b> The Alabama Medicaid Privacy Officer will send written request to amend a recipient's record containing PHI on official Agency letterhead and send to the original request via US Mail to the Business Associate.</p>
<p><b>Attachment B, 3 (l) Page 46, Paragraph 6:</b> Can the State clarify the means by which business associate is expected to notify Covered Entity of a breach and to whom the notification should made?</p>	<p><b>Alabama Medicaid Agency Response:</b> The Business Associate can provide notice of a breach via phone, email (by secure method if PHI is included), or regular mail. Notice can be provided to the Alabama Medicaid office responsible for this contract or the Agency's Privacy or Legal Offices.</p>
<p><b>Attachment B, 3 (n) and (o) Page 46, Paragraph 8-9:</b> Did the State intend to require notification to Covered Entity prior to providing necessary notices, as opposed to approval?</p>	<p><b>Alabama Medicaid Agency Response:</b> Yes. Any breach must be reported to Alabama Medicaid before notifications are provided.</p>
<p><b>Section 1.3; ITB page 6 Schedule of Activities:</b> Requesting clarification of Program start date. Schedule on page 6 indicates February 1, 2014; 3.2 Admission and Continued Stay Criteria-Timeframes, ITB page 22 indicates that "first chart review will be performed January 2014."</p>	<p><b>Alabama Medicaid Agency Response:</b> This time frame allows the vendor a startup time-frame for obtaining VPN access, running queries for data, data connectivity, to request selected records for review, policy and procedure manual development, etc. The Contractor will be performing services as described in the ITB (reviews, etc.) no later than February 1, 2014. Section 3.2 (c) will be amended to remove 'performed' and add 'selected'. The contract start date is November 1, 2013.</p>
<p><b>Section 3.4; ITB page 24 Internal Utilization Review Plans-Report of Findings-d. (2):</b> ITB indicates that "Contractor will be expected to send Medicaid a spreadsheet by January 15<sup>th</sup> of the following year. Requesting clarification: January 15<sup>th</sup> of 2014 or January 15<sup>th</sup> of 2015</p>	<p><b>Alabama Medicaid Agency Response:</b> Upon start of work the Contractor will request UR Plans for CY 2013 and provide a completed report by January 15, 2015.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Section 3.5; ITB page 24 Medical Care Evaluation (MCE) Studies-d. (2):</b> ITB indicates that “Contractor will be expected to send Medicaid a spreadsheet by January 15<sup>th</sup> of the following year.” Requesting clarification: January 15<sup>th</sup> of 2014 or January 15<sup>th</sup> of 2015</p>	<p><b>Alabama Medicaid Agency Response:</b> Upon start of work the Contractor will request Medical Care Evaluations (MCD) for CY 2013 and provide a completed report by January 15, 2015.</p>
<p><b>Section 3.6; ITB page 25 Procedure Manual-b. Timeframes:</b> ITB indicates that “Upon Medicaid approval, the manual will be made available to all hospitals and posted to the Contractor’s and Medicaid’s website. Question: Can the contractor produce two procedure manuals, one for the AL Agency (AMA) and one for posting in order to safeguard proprietary internal processes.</p>	<p><b>Alabama Medicaid Agency Response:</b> Any material and manuals produced for Medicaid should be suitable for posting without the need for an additional manual.</p>
<p><b>Section 3.6; ITB page 25 Procedure Manual-b. Timeframes:</b> ITB indicates, “Contractor’s and Medicaid’s website”. Question: Is contractor required to develop and maintain a separate Alabama Inpatient Hospital Quality Assurance website or use their existing website and provide a link to the Alabama Inpatient Hospital Quality information?</p>	<p><b>Alabama Medicaid Agency Response:</b> This can be discussed between Medicaid and the Contractor.</p>
<p><b>Section 1.8.h, Page 9:</b> Should the offeror include the business and technical components in the same three-ring notebook or should the business proposal be separate and sealed from the technical component?</p>	<p><b>Alabama Medicaid Agency Response:</b> Please review page 2 of the Invitation to Bid provided to you from State Purchasing. This document has specific instructions on how to submit the proposal.</p>
<p><b>Section 1.8.i., Page 10:</b> Will the Alabama Medicaid Agency provide the template for the bid pricing?</p>	<p><b>Alabama Medicaid Agency Response:</b> No</p>
<p><b>Section 1.8.i., Page 10:</b> In addition to the Division of Purchasing Pricing page, what additional information should accompany the bid price?</p>	<p><b>Alabama Medicaid Agency Response:</b> Please review page 2 of the Invitation to Bid provided to you from State Purchasing. This document has specific instructions on how to submit the proposal.</p>

**Questions and Answers for Alabama Medicaid Agency Inpatient Hospital Quality Assurance Program ITB**  
**ITB# (14-X-2250221)**  
**September 24, 2013**

<p><b>Section 1.8. c (2), Page 9:</b> Please clarify the number and content for the electronic copies of the Bid response. The first sentence calls for three but the second sentence only describes two copies.</p>	<p><b>Alabama Medicaid Agency Response:</b> Section 1.8 c. (2) specifies that three electronic copies should be provided on CD, jump drive, or disc clearly labeled with the Bidder's name. An amendment will be made to this section to change "three" to "two".</p>
<p><b>Section 2.6, Page 18:</b> In this section, the ITB refers to an aggrieved party as the requesting provider or recipient. Are recipients to be notified of adverse determinations by the contractor or is it the hospital's responsibility to notify the recipient?</p>	<p><b>Alabama Medicaid Agency Response:</b> The Contractor only has to notify the hospital.</p>
<p><b>Section 3.2, Page 21:</b> Does the contractor conduct the sampling for the admission and continued stay retrospective reviews or does the State or HP select the sample</p>	<p><b>Alabama Medicaid Agency Response:</b> Via the VPN connection the Contractor will have access to a DSS/BO query from which they will generate a report that contains hospital paid claims for the timeframe selected. The Contractor will then do a random selection of 5% sample from all hospitals that appear on the report. If a hospital provider only has one paid claim, that provider must be included in the review as the goal is to review all hospitals with paid claims per quarter reviewed.</p>
<p><b>Section 3.3, Page 23:</b> What is the current annual volume of Provider Preventable Conditions cases subject to review?</p>	<p><b>Alabama Medicaid Agency Response:</b> Approximately 110</p>