

Questions and Answers for RFP 2014-TPL-01 - Medicaid Third Party Liability Services

1. Billing and Recoupment, Page 14 (Sub H). Will the awarded vendor have first or second pass when performing recovery billings, re-billings, and recoupments for all carriers?

The Alabama Medicaid Agency's MMIS system performs first pass recovery billings to Blue Cross/Blue Shield (BC/BS) of Alabama, including the federal employees' insurance plan. BC/BS of Alabama utilizes Prime Therapeutics as its fiscal agent for processing drug claims and Medicaid's MMIS will submit first pass recovery billings to Prime Therapeutics, as well. The MMIS will submit two rebills: after 60 days and after 90 days from the original bill date for any open account receivables (ARs). The awarded vendor will be able to perform second pass re-billings for any open ARs after 120 days from the MMIS original bill date. Required follow-up billings due to carrier requests for additional information or any additional action needed due to questionable denials will be the responsibility of the vendor.

Recoveries for maternity claims that are paid through a global capitation, primary E-diagnosis claims that require additional medical information, and circumcision claims paid under the mother's Medicaid ID will be performed by the vendor, regardless of the carrier. The vendor will identify these claims to the provider to bill the carrier and adjust any Medicaid claims paid by the other insurance.

Medicaid will perform all recoupments for Medicare coverage, including some drug claim recoupments for Part D coverage. The vendor may perform some second pass billings to Part D plans that are older than six months from the date of service.

The awarded vendor will perform first pass billings for all other carriers.

2. Local Office, Page 16 (#2). Does local office contract requirement for Montgomery location of "all team members and support staff" only except out those staff performing data matching processing/insurance carrier recoveries? Or can other operations staff and/or certain program teams be excluded within reason (eg. customer service, subrogation staff)?

For this contract, Medicaid will require that the Project Director and Project team members that perform project oversight and customer services for the areas of subrogation, estate recovery, special needs trust, and HIPP to work from the local office in Montgomery. The Agency desires direct control over the customer service and case management operations for these areas that will have constant contact with the public. Other staff that will perform "behind the scenes" operational functions and that will be dedicated less than full-time to Alabama Medicaid projects may be based from another site. This can include auditing staff that will perform audits on a less than full-time basis, i.e. credit balance and nursing home audits, and any system support staff.

Other considerations for exclusion to this requirement may be submitted in the vendor's proposal for the Agency to consider.

3. Regional Care Organization (RCO) Implementation, Page 6. Does the AL Medicaid Agency anticipate diminished scope of work and/or recoveries as a result of the October 2016 RCO implementation?

The contract requirements for Regional Care Organizations (RCOs) are currently being developed by the Alabama Medicaid Agency. At this time, we do not anticipate a dramatic shift in this contract's scope of work and/or recoveries, however, contract negotiations with RCOs have not been initiated and some aspects of Third Party recoveries could become negotiable.

4. Subrogation (Casualty & Estates), Pages 22 (#2), 24 (#7). Are separate customer service units required for casualty and estates?

The Federal and State rules and regulations for casualty and estate recovery are quite extensive and completely diverse. Although separate customer service units are not a requirement for Casualty Recovery and Estate Recovery, in order for the same Project Team Members to be utilized for both units, the members would need to demonstrate a high level of knowledge and expertise with regard to the policies and procedures of both areas.

5. Section II, p. 8: Is the Project Director the vendor's project team member who will fulfill the responsibilities of the "project manager" described on RFP pages 16 and 20? Or is the vendor required to assign both a Project Director and a Project Manager to the team?

The project manager stated on pages 16 & 20 could be the same individual designated as the Project Director, but not necessarily. The "project manager" is not a specific job title required for this contract, but may be a higher level manager within the vendor's organization that oversees multiple contracts and supervises the Project Director in the implementation and operation of the contract.

6. Section III.B.1, p. 11: Is the vendor required to provide the names of Alabama carriers and other entities that insure Alabama residents in its data match network as evidence of its ability to perform data matching requirements?

On page 19, section 2.b. the vendor is instructed to provide in its technical proposal a comprehensive description of the process and methodology for identifying and reporting the existence of third party coverage. This comprehensive description should include a listing of carriers with whom the vendor currently performs data matching and carriers with whom they intend to network.

7. Section III.F.2, p.13: Do all SNTs need to be submitted to the Agency for approval after the vendor has reviewed and approved them? Or is the vendor to submit SNTs to the Agency for approval only when the vendor recommends that the SNTs be denied?

The awarded vendor will work as the Agency's authorized agent for identifying and approving SNTs. Once the Agency has approved the vendor's procedures and correspondence, the vendor will review and approve the SNTs. The Agency will require the vendor to submit the SNT to the Agency only when the vendor recommends that the SNT be denied.

8. Section III.F.6, p.14: Does the Agency have a time frame for the vendor to begin reviewing the Accounting for Special Needs Trusts (SNTs)?

If the awarded vendor's proposal for annually monitoring the SNT expenditures is determined to be a cost benefit to the Agency, the Agency intends to have the vendor implement the annual accounting of SNT expenditures as soon as practical once the awarded vendor's procedures and correspondence library have been approved. The Agency anticipates that this scope of work may be implemented within the first year of the contract.

9. Section III.L, p. 15: The RFP requires vendors to describe other services that could enhance Medicaid's third party functions, and that a description of those services, along with a price for each proposed enhancement, be provided. Will the Agency please clarify if pricing for any additional enhancement should be added as an attachment to the cost proposal and submitted in a separate, sealed envelope so that no pricing is included in the technical proposal?

You are correct. No pricing should be included in the technical proposal. The vendor may describe any additional services they may wish to offer in the technical proposal, but the pricing for any additional services should be submitted as a separate cost proposal attachment.

10. Section IV.A.2, p. 16: Since auditors primarily work closely with providers outside of the office, is it acceptable for auditors that perform Credit Balance Audits and Long Term Care Financial Audits to not be required to work full-time in the local office?

See the Agency's response to question 2. This is acceptable if an auditor primarily performs its responsibilities outside of a local office and audits on a less than full-time basis, i.e. credit balance and nursing home audits.

11. Section IV.A.2, p. 16: Will the vendor be required to maintain hard copies of its case files? If a vendor uses its imaging system to produce copies of the file, will this fulfill the document maintenance requirement?

The Agency will not require the vendor to maintain hard copies of its case files, if the vendor has an electronic case file system that is accessible by appropriate state staff. If the vendor does utilize hard copy files, they must be kept at the local office.

12. Section IV.D.2.c.2.h, p. 20: Will the Agency please confirm that the list of all similar projects the vendor has completed within the last three years as evidence of its scope-specific service experience applies to the vendor itself and not to projects completed by the vendor's staff

members? Also, in addition to the descriptions of similar service provided by the vendor, does the Agency also require descriptions of results per project?

As stated in section IV.D.2.c., the vendor's proposal should provide the experience of its company and its staff. The proposal should clearly state when their staff has experience working on similar projects, but while with another company. Information provided in the vendor's proposal in response to the items listed under IV.D.2.c.2 should be descriptive of the vendor's organization, including the similar projects presently and recently performed by the vendor itself.

13. Section VI.N, p. 31: Is the vendor required to submit two electronic copies of the Cost submission on two separate CDs or jump drives since there will not be any confidential/redacted content in the Cost Proposal?

As stated in section P. on page 31, "Information contained in the Cost Proposal Section may not be marked confidential". Therefore, the Agency requires that one electronic copy must be a complete version of the vendor's proposal and the second electronic copy must be a redacted copy with all material marked confidential or proprietary removed.

14. Section VII.II, p. 39: What are the costs associated with interfacing to the MMIS?

The costs associated with interfacing to the MMIS are stated in the VPN Subscriber Agreement for Alabama, which is in the AMMIS Interface Standards Document. This document is on the website procurement page. See section B, "Charges".

Any further questions related to costs associated with interfacing to the MMIS should be addressed to the HP contact listed in the document.

15. Section Appendix B, p. 45: What is the required pricing format for Medical Support Enforcement services?

Payment to the vendor for Medical Support Enforcement services will be inclusive of the pricing submitted for commercial insurance identification and third party insurance recoveries. The awarded vendor will receive a monthly data file from the Alabama Department of Human Resources (DHR) of absent parents of Medicaid recipients who have been court ordered to provide medical coverage. The vendor should include the absent parent data in its carrier data matching processes to identify any new insurance coverage provided by an absent parent. Subsequently, the vendor should include any newly identified coverage from an absent parent in its insurance recovery billing processes.