**Alabama Medicaid Agency's Cardiology Management Services ITB 14-X-2260705**

Questions and Answers as of March 24, 2014

Date Posted: March 28, 2014

| VENDOR QUESTIONS AS SUBMITTED | ALABAMA MEDICAID AGENCY RESPONSE AND ANSWERS TO SUBMITTED VENDOR QUESTIONS. |
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| **Question #1.**<br>**Page 15, Section 1.17:** The ITB states that the pre-bid conference is mandatory and will be held at 10:00 am CST on Tuesday, April 1st. We responded to an ITB for Radiology Management Services as recently as July-August 2013 and there was not a pre-bid conference. Can you please provide an agenda for the conference or describe what will be discussed at the pre-bid conference so we can be fully prepared? Also, can you also please let us know what, if anything, the bidder is required to provide to the Agency at this pre-bid conference? Please provide any recommendations regarding the specific individuals that should attend. | ***The pre-bidders meeting requirement is at the discretion of Medicaid, and for prospective vendors who want to submit a bid for this ITB, attendance is mandatory. The meeting serves as an opportunity for a face-to-face discussion with the respective Medicaid program personnel regarding any questions or clarifications that the prospective bidders may need. The meeting is used to gauge the overall interest and expectation in the ITB.***<br>***The agenda and forum is simplistic, compromising of introductions, roll call of attendees, and the open forum for oral questions and discussions. Both the number of attendees and who attends as the representatives of the prospective bidder are at the discretion of the vendor.*** |
| **Question #2.**<br>**RFP Question 1.10.d.3**. indicates, "Bids must be organized following the outline specified in Section 1.12. Medicaid will use the outline as a checklist to perform its first overall evaluation of the bid submitted, prior to a more in-depth evaluation. It is permissible to copy Medicaid forms if required." However, 1.12 is WITHDRAWAL OF BID, A bid may be withdrawn at any time prior to the bid opening by submitting a withdrawal in writing signed by a person with appropriate authority. The withdrawal should be sent to the person at the address listed in 1.8 d."<br><br>Please advise the correct location that vendor can use as the outline and checklist for the bid submission. | ***The ITB Technical Specifications Format is described in Section 1.12, page 12 of the ITB. The WITHDRAWAL OF BID process is in Section 1.11, page 12 of the ITB. The ITB Vendor Checklist is Attachment D of the ITB. The Bid Submission Format is described in Section 1.9, page 11 of the ITB.*** |
| **Question #3.**<br>**Regarding 1.17:** Can Alabama Medicaid Agency provide the weighting scale for how proposals | ***This ITB is a lowest price procurement process and Medicaid will not be using a weighting scale. Please refer to Section 1.16, page 15 of the ITB*** |

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| will be evaluated? | ***that describes the bid evaluation process.*** |
| **<u>Question #4.</u>**<br>Please advise if the following items are for vendor's information only or if the Alabama Medicaid Agency requires vendors to complete and/or redline the items:<br>a. Sample Contract<br>b. HIPAA Business Associate Addendum<br>c. Relationship Disclosure Statement | ***The items listed are informational only. These are required documents items will be completed, signed, and submitted by the winning vendor after the award is announced. Please refer to Section 1.13, item (n), page 14 as to vendor requirements regarding Attachments A, B, and C, of this ITB.*** |
| **<u>Question #5.</u>**<br>**Please advise** if the proposal response is due to The Alabama Medicaid Agency on April 17 at a specific time. | ***<u>All bids must be received before 5:00 pm CST on April 17, 2014.</u> This deadline requirement is stated to the front page of the ITB packet posted on the Alabama State Purchasing website.*** |
| **<u>Question #6.</u>**<br>**Regarding 2.7, Management Criteria And Protocol**: Professional society evidence-based guidelines and criteria (American College of Cardiology, American Heart Association, American Society of Nuclear Medicine, American Society of Echocardiography, and Society for Cardiovascular Angiography) do not address the complexities of pediatric patients with congenital heart disease. This entity is responsible for the vast majority of cardiology procedures in the pediatric population. Almost all of these procedures are ordered and performed by pediatric cardiologist or pediatric cardiothoracic surgeons. The remainder of the procedures are ordered by pediatricians and family practice providers whose requests generally would be covered by evidence-based guidelines. **Given the lack of evidence-based guidelines for pediatric congenital heart disease, would consideration be given for a registration program to collect data and provide an authorization number for cardiology procedures requested by pediatric cardiologists and pediatric cardiothoracic surgeons**? | ***Not at this time nor for the purpose of this ITB. Medicaid may consider the capture of this specific data collection at a later date, if time and resources are available***. |
| **<u>Question #7.</u>**<br>**Regarding 2.7, Management Criteria and Protocol:** Board certification in Cardiology (American Board of Internal Medicine and American Board | ***Medicaid prefers Alabama Licensed cardiologists to serve their Alabama populations and have included this requirement in the ITB.*** |

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| of Osteopathic Medicine) is not state specific. What is the rationale for the requirement that all covered services be approved or denied by an Alabama licensed cardiologist? | |
| **Question #8.**<br>**Regarding 3.5, Cost Effectiveness:** In measuring cost savings for cardiology procedures one must consider that a single primary CPT code is billed with additional codes that are performed along with the primary code. For example, a nuclear stress test (CPT 78452) is always billed along with a exercise stress test code (CPT 93015-8), and usually 2 units of a radioisotope (HCPS A9500-5). The total cost for this procedure would include the global reimbursement (or technical and professional components) for all billed services related to the primary code. Would you support a claims platform that would deny claims for service performed and billed in conjunction with a denied primary CPT code? | ***Yes. If the primary CPT code claim is denied, any add-on codes would also be denied.*** |
| **Question #9.**<br>**Regarding Attachment E, Cardiology Service Utilization and Member Information:** Upon review of the Paid Dollars for imaging modalities, it appears that the average cost per procedure in inexplicably low. For example, for 2013 SSI, if the spend was $2,544,714.00 and there were 5,424 procedures, the average cost of the procedure would be $469.16. Does this number reflect to professional component of the primary CPT code billed? If so what about the technical components, facility fees, and add-on codes referred to in our "cost Effectiveness" (question #7) above? | ***No, the cost does not include facilities fees or additional fees. The cost includes the amount that was paid for the specific detail on the claim associated with the CPT codes, not the cost associated with the entire claim.*** |
| **Question #10.**<br>**Regarding Attachment F, CPT Code List:** G0275 and G0278 are not cardiology related procedures. Why are they included on the CPT list? | ***For the purposes of this ITB, Medicaid included all CPT codes that were necessary. Medicaid may consider modifying this CPT list at a later date.*** |
| **Question #11.**<br>**Regarding Attachment F, CPT Code List:** Multiple codes listed are no longer used by the AMA or CMS (93508, 93510, 93511, and 93526 to name a few), why are they listed for this ITB? Would a | ***For the purposes of this ITB, Medicaid included all CPT codes that were necessary. Medicaid may consider modifying this CPT list at a later date.*** |

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| revised list of more narrow scope be accepted? | |
| **Question #12.**<br>**Please confirm** that MedSolutions is the Agency's current Radiology Management Services Contractor? Please confirm that MR, CT and PET are the imaging studies that require prior authorization by MedSolutions? What is the current Radiology Management Services annual program fee? How is the fee structured? When does the Radiology Management Services contract terminate? | ***MedSolutions was the winning bidder for the Radiology Imaging ITB 14-X-2250220. The other information is neither required nor needed for the purpose of this ITB.*** |
| **Question #13.**<br><br>**Can the Agency** share with us any documentation or projections received from a potential Contractor outlining potential Cardiology Management Services savings? | ***Medicaid has provided all the necessary documentation in the ITB***. |
| **Question #14.**<br>**What level of savings** is the Agency expecting to achieve as a result of the Cardiology Management Services program? | ***Medicaid expects to achieve worthwhile savings as a result of the Cardiology Management Services program outlined in the ITB.*** |
| **Question #15.**<br>**Page 11 of the ITB:** *The bid price is a firm and fixed price for each year of the contract, including any extensions*. The ITB requests a "FIXED PRICE", would the Agency consider traditional per member per month fees? | ***No. As stated in Section 1.0, page 6 of this ITB, Medicaid requires that all bids must state a firm and fixed price for services described. Bids that do not state a firm and fixed price will be rejected.*** |
| **Question #16.**<br>**Page 11 of the ITB**: *If the bid does not contain a firm and fixed price then the bid will not be considered to meet bid submission requirements*. Would the Agency consider alternate proposals from responsive and responsible bidders outlining a proposal that would ensure immediate and guaranteed savings to the Agency through a capitated funding arrangement? | ***No. As stated in Section 1.0, page 6 of this ITB, Medicaid requires that all bids must state a firm and fixed price for services described. Bids that do not state a firm and fixed price will be rejected.*** |
| **Question #17.**<br>**Page 5 of the ITB:** *The award shall be made to the* | ***No.*** |

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| *lowest responsible bidder meeting all specifications.* Would the Agency consider amending the award criteria and bidding schedule to guarantee savings to the Agency? | |
| **Question #18.**<br>**Please identify** the names of the potential Contractors who have submitted questions in response to this ITB? | ***During the mandatory pre-bidders conference that will be held on April 1, 2014, a roll call of vendor attendees will be conducted. All potential contractors will become known at that time.*** |
| **Question #19.**<br>**Page 11, Section 1.8 (part i.):** The ITB states that the bidder must provide a firm and fixed price for each year of the contract and the bid price must appear on the Division of Purchasing Pricing page. There was not a pricing page included in the ITB #14-X-2260705 document. Please provide a pricing sheet. | ***The ITB Price Sheet is located as page 7 on the ITB packet that is downloaded with the ITB on the State Purchasing website. Please contact Bernie Arant at (334) 242-4201 if the Price Sheet was not in the ITB 14-X-2260705 packet.*** |
| **Question #20.**<br>**Page 17, Section 2.1:** Please clarify if the included Medicaid recipients are the same as those that are included in the Radiology Management Program that MedSolutions provides to the Agency. The membership groups that are currently included in the Radiology Management Program are Foster Care, MLIF, SOBRA, and SSI. The Radiology Management Program currently excludes the pregnant women population. Is the pregnant women population the same (aka) as the SOBRA adult category listed on page 17, Section 2.1 of the ITB? | ***Yes. For the purpose of this ITB, only SOBRA children were included based on the codes (AID catergory-51, 52, 53, 54, 55, 56, 58, 5G, 5K).*** |
| **Question #21.**<br>**Page 18, Section 2.3 (part a.):** Please clarify the specific "web statistics" that the Agency would like to be included as part of the status reporting package. | ***Medicaid will discuss this issue with the winning vendor at a later time and after the bid has been awarded.*** |
| **Question #22.**<br>**Page 18, Section 2.3 (part c., seventh bullet point):** Please clarify and give examples of what is meant by "number of approvals for cardiology studies other than as requested". | ***Only the number of approval determinations made by the Contractor is required in the prior authorization statistics section.*** |
| **Question #23.**<br>**Page 20, Section 2.7 (part b.):** Please clarify the | ***Medicaid would expect the winning vendor to monitor the industry for changes that would*** |

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| scope of work regarding 'New and existing claims edits' and what is expected of the vendor. | ***improve the program for the population served, and communicate any "edit" creations and/or modifications to Medicaid as recommendations when applicable. Because these program specific recommendations may be unknown at this time, Medicaid will discuss this issue with the wining vendor at a later time and after the bid has been awarded.*** |
| **Question #24.**<br>**Page 20, Section 2.6 (fifth bullet point); and Page 69, Step 6:** On Page 20, the ITB states that the vendor will be responsible for generating and sending required prior authorization notices to the provider. However, on Page 69, the ITB states that HPES will generate an approval/denial notice to the provider. Please clarify whether the vendor or HPES will generate and send the approval/denial notices to the provider. | ***The awarded vendor will be responsible for generating and sending approval/denial notices to the provider. An amendment has been made to this ITB.*** |
| **Question #25.**<br>**Page 29, Section 3.1:** Please clarify what is meant by "Contractor will also be required to perform utilization studies to make recommendations to ensure appropriate utilization of cardiology services other than those listed herein. This includes regular performed tests in addition to new technology." Is the Agency referring to analysis and assessment that could lead to recommendations for the Agency to change your program? | ***Yes, Medicaid will expect the awarded contractor to make recommendations to Medicaid that could lead to program modifications.*** |