

RFP # 2016-MQR-02
Medical and Quality Review (2) RFP
Round 1
Vendor Questions and Medicaid Answers
June 1, 2016

Question ID:	1
Date Question Asked:	May 23, 2016
Question:	May I know who is the incumbent or current service provider for this project?
Section Number:	N/A
RFP Page Number:	N/A
Medicaid Answer:	The current vendor is Qualis Health.
Question ID:	2.
Date Question Asked:	May 24, 2016
Question:	Please indicate the number of days available for implementation/transition activities after the new contract is signed and approved by the state.
Section Number:	Section B. Schedule of Events
RFP Page Number:	3
Medicaid Answer:	There would be approximately 60 days for implementation transition activities.
Question ID:	3
Date Question Asked:	May 24, 2016
Question:	The RFP provides historical volume of cases from 2015. Is this the volume that bidders should anticipate during the new contract? Please provide the number of reviews per year, for the five years period of performance, in each institutional review category that should be used for budgeting purposes.
Section Number:	3.1 Scope of Work Institutional Record Reviews
RFP Page Number:	8, 9

Medicaid Answer:	Calendar Year	Nursing Facility	Hospice	Inpatient Psychiatric Facility (does not include MEPD) ¹	Prior Authorizations
	2012	2,853	1,636	4,319	18,011
	2013	2,795	1,429	166	18,827
	2014	2,631	1,353	178	21,179
	2015	2,476	1,786	155	23,117
¹ Inpatient psychiatric facility reviews were revised to a 5% retrospective review, rather than a prior authorization process, effective in 2012. There were 3,309 recipients for whom a claim was filed for a date of service in calendar year 2015 (does not include MEPD). The current Vendor started reviews July 2011, so the four full calendar years are provided.					
Question ID:	4				
Date Question Asked:	May 24, 2016				
Question:	What process should be used to provide review results for individual cases to the state? Will review results be submitted to the MMIS?				
Section Number:	3.1 Scope of Work Institutional Record Reviews				
RFP Page Number:	9				
Medicaid Answer:	The Vendor should have an audit tool to document the individual cases reviewed. These should be available at Medicaid's request.				
Question ID:	5				
Date Question Asked:	May 24, 2016				
Question:	Please provide the anticipated number of reviews per year, for the five year period of performance, that should be used for budgeting purposes.				
Section Number:	3.2 Scope of Work Hospice Records Reviews				
RFP Page Number:	10				
Medicaid Answer:	Below are estimates only; based on an approximate 9 % change.				
	Calendar Year	Estimated Hospice Reviews			
	2017	2130			
	2018	2326			
	2019	2540			
	2020	2773			
	2021	3028			
Question ID:	6				
Date Question Asked:	May 24, 2016				
Question:	Is the state open to the Hospice providers sending records directly to the vendor?				

Section Number:	3.2 Scope of Work Hospice Records Reviews													
RFP Page Number:	11													
Medicaid Answer:	No.													
Question ID:	7													
Date Question Asked:	May 24, 2016													
Question:	The historical volume of Prior Authorization reviews has grown significantly since 2015. Please provide the anticipated number of Prior Authorization reviews per year, for the five years period of performance, that should be used for budgeting purposes.													
Section Number:	3.3 Scope of Work Prior Authorization (PA) Reviews													
RFP Page Number:	13													
Agency Answer:	<table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated Number of Pas</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>25,198</td> </tr> <tr> <td>2018</td> <td>27,465</td> </tr> <tr> <td>2019</td> <td>29,937</td> </tr> <tr> <td>2020</td> <td>32,632</td> </tr> <tr> <td>2021</td> <td>38,770</td> </tr> </tbody> </table>	Calendar Year	Estimated Number of Pas	2017	25,198	2018	27,465	2019	29,937	2020	32,632	2021	38,770	Above are estimates only; based on an approximate 9% change.
Calendar Year	Estimated Number of Pas													
2017	25,198													
2018	27,465													
2019	29,937													
2020	32,632													
2021	38,770													
Question ID:	8													
Date Question Asked:	May 24, 2016													
Question:	The RFP indicates the state does not currently use auto-adjudication. Would the state allow the successful bidder to use an auto-adjudication process as part of the new contract?													
Section Number:	3.3 Scope of Work Prior Authorization (PA) Reviews													
RFP Page Number:	12													
Medicaid Answer:	No.													
Question ID:	9													
Date Question Asked:	May, 24, 2016													
Question:	For informal reviews, the physician advisor must complete the review in five days. For reconsiderations, the physician advisor must complete the review in 30 days. Please clarify the difference in the time frames.													
Section Number:	4.A General Requirements Informal Review and Fair Hearing													
RFP Page Number:	14													
Agency Answer:	"Reconsiderations" apply to prior authorization reviews only.													
Question ID:	10													
Date Question Asked:	May 24, 2016													
Question:	Please provide the anticipated number of informal reviews, reconsiderations, and fair hearings per year that should be used for budgeting purposes.													
Section Number:	4.A General Requirements Informal Review and Fair Hearing													

RFP Page Number:	14																																																
Medicaid Answer:	<p>There were only 22 fair hearings requested for PAs in CY 2015. Twenty of the fair hearings were for PDN services and only two were for other services. All the fair hearings were either withdrawn or denied. The estimates below are for PDN PAs only.</p> <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated Number of PDN Denials</th> <th>Estimated Number of PDN Fair Hearings Requested</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>47</td> <td>22</td> </tr> <tr> <td>2018</td> <td>52</td> <td>24</td> </tr> <tr> <td>2019</td> <td>57</td> <td>26</td> </tr> <tr> <td>2020</td> <td>62</td> <td>29</td> </tr> <tr> <td>2021</td> <td>68</td> <td>32</td> </tr> </tbody> </table> <p>The table below are estimates for reconsiderations for all PAs.</p> <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated Number of Reconsiderations</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>2456</td> </tr> <tr> <td>2018</td> <td>3295</td> </tr> <tr> <td>2019</td> <td>4422</td> </tr> <tr> <td>2020</td> <td>5933</td> </tr> <tr> <td>2021</td> <td>4961</td> </tr> </tbody> </table> <p>Providers requested a fair hearing for approximately 18% of denied hospice records for calendar year (CY) 2015. Approximately 20% of hospice records were denied for CY 2015. Of the 63 hospice fair hearings requested for CY 2015, 31 were withdrawn or denied. Based on this and estimates provided for question 5, please see estimates below. Medicaid is unable to provide the exact number of informal reviews requested.</p> <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated Number of Hospice Denials</th> <th>Estimated Number of Hospice Fair Hearings Requested</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>426</td> <td>77</td> </tr> <tr> <td>2018</td> <td>465</td> <td>84</td> </tr> <tr> <td>2019</td> <td>508</td> <td>91</td> </tr> <tr> <td>2020</td> <td>555</td> <td>100</td> </tr> <tr> <td>2021</td> <td>606</td> <td>109</td> </tr> </tbody> </table>	Calendar Year	Estimated Number of PDN Denials	Estimated Number of PDN Fair Hearings Requested	2017	47	22	2018	52	24	2019	57	26	2020	62	29	2021	68	32	Calendar Year	Estimated Number of Reconsiderations	2017	2456	2018	3295	2019	4422	2020	5933	2021	4961	Calendar Year	Estimated Number of Hospice Denials	Estimated Number of Hospice Fair Hearings Requested	2017	426	77	2018	465	84	2019	508	91	2020	555	100	2021	606	109
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Date Question Asked:	May 24, 2016																																																
Question:	Please clarify the difference between a informal review and a reconsideration.																																																
Section Number:	4.A General Requirements Informal Review and Fair Hearing																																																
RFP Page Number:	14																																																

Medicaid Answer:	“Informal review” pertains to nursing home, hospice PEC swing-bed, inpatient psychiatric hospital records. “Reconsideration” pertains to prior authorizations.
Question ID:	12
Date Question Asked:	May 24, 2016
Question:	Does reference to a physician advisor using Medicaid approved criteria mean: 1) Advisors use criteria to make decisions, or 2) do Physician Advisors use standard of care guidelines and their medical judgement to render peer to peer determinations?
Section Number:	4.A General Requirements Informal Review and Fair Hearing
RFP Page Number:	14
Medicaid Answer:	Advisors use Medicaid criteria to make decisions.
Question ID:	13
Date Question Asked:	May 24, 2016
Question:	What is the timeline for the Hearings Office to notify the vendor of a Fair Hearing request?
Section Number:	4.A General Requirements Informal Review and Fair Hearing
RFP Page Number:	14
Medicaid Answer:	The Hearing Officer notifies the appropriate Agency staff when a fair hearing request is received. Medicaid staff will in turn notify the Vendor to forward securely any review documents not available in the document repository. There is no set timeframe. The timeframe can vary from case to case.
Question ID:	14
Date Question Asked:	May 24, 2016
Question:	The RFP indicates the state MMIS produces decision letters for Prior Authorization cases. Does the MMIS produce decision letters for any other review types?
Section Number:	4.F General Requirements Operational Requirements
RFP Page Number:	18
Medicaid Answer:	No.
Question ID:	15
Date Question Asked:	May 24, 2016
Question:	Please provide the estimated number of reviews not completed by the previous vendor that will be trasfered to the successful bidder. If possible, please provide the estimated review volume for the transferred cases sorted by review category.
Section Number:	4.G General Requirements Work Plan and Documentation Schedule
RFP Page Number:	19

Medicaid Answer:	The incumbent Vendor is currently up to date for all the review types. It is feasible that the backlog may consist of one month's average for each review type.
Question ID:	16
Date Question Asked:	May 24, 2016
Question:	Appendix C does not provide a place to record start up costs. How should bidders document start up costs incurred during the implementation period?
Section Number:	Appendix C Pricing Forms
RFP Page Number:	56
Medicaid Answer:	All costs need to be included in the pricing templates. Medicaid does not allow the Vendor to bill for costs incurred before the execution date of the contract.
Question ID:	17
Date Question Asked:	May 24, 2016
Question:	What was the total amount paid to the current vendor during the last state fiscal year? Is the scope of work and review volume of the current contract substantially the same as described in the RFP for the new contract?
Section Number:	N/A
RFP Page Number:	N/A
Medicaid Answer:	The total amount paid for FY 2015 was \$1,470,651.64. Yes.
Question ID:	18
Date Question Asked:	May 24, 2016
Question:	Has the state identified an expected contract amount or maximum contract value for the current procurement? If so, please provide that information.
Section Number:	N/A
RFP Page Number:	N/A
Medicaid Answer:	No.
Question ID:	19
Date Question Asked:	May 24, 2016
Question:	Does the state reimburse providers for the cost of supplying records for review? If so, how should these costs be reflected in the the Pricing Form? How much funding should be included in the budget for provider reimbursement?
Section Number:	N/A
RFP Page Number:	N/A
Medicaid Answer:	No, Medicaid does not reimburse providers for the cost of supplying records for review.
Question ID:	20
Date Question Asked:	May 24, 2016

Question:	Would the state consider changing the hourly labor rates to be exclusive of travel and living expenses so you would have more of a true time and material (T&M) rate structure. Depending of the additional work being requested by the state, it may cost the state less in the short run and in the long run using T&M rates and reimbursement of actual travel costs.
Section Number:	Appendix C Pricing Forms
RFP Page Number:	57
Medicaid Answer:	Please refer to Amendment I posted on the Medicaid Website on 6/1/2016.
Question ID:	21
Date Question Asked:	May 24, 2016
Question:	Are any of the key personnel positions required to be full time other than the eight full time RNs.
Section Number:	4.C General Requirements Staffing/Organizational Plan
RFP Page Number:	15
Medicaid Answer:	The Clinical Director is required to be full-time.
Question ID:	22
Date Question Asked:	May 24, 2016
Question:	Can we bid less than eight full time RNs if our internal operating metrics indicate we can adequately perform the scope of work with fewer RNs
Section Number:	4.C General Requirements Staffing/Organizational Plan
RFP Page Number:	No.
Question ID:	23
Date Question Asked:	May 24, 2016
Question:	The released RFP deleted the requirements for Inpatient Medical Record Reviews and implementation of HCBS Waiver Reviews. Was there a reason for this change, and can the State estimate the reduction in level of effort in terms of percentage? For example, is the new level of effort approximately 30% of the previous scope?
Section Number:	General
RFP Page Number:	N/A
Medicaid Answer:	Deletion of the requirements for inpatient medical records and HCBS waiver records reviews was deleted due to the delay in the implementation of the Regional Care Organizations (RCOs). Medicaid cannot estimate the reduction in level of effort.
Question ID:	24
Date Question Asked:	May 24, 2016
Question:	Please provide a list of review volumes?
Section Number:	General
RFP Page Number:	N/A
Medicaid Answer:	Please see Medicaid Answer to question 3.

Question ID:	25
Date Question Asked:	May 24, 2016
Question:	Are the Medicaid PA criteria developed by Alabama, and if so, does the QIO have responsibility to assist with their development?
Section Number:	II. Medical and Quality Reviews
RFP Page Number:	7
Medicaid Answer:	Yes, the PA criteria are developed by Medicaid. Please refer to General Requirements, B. Additional Vendor Responsibilities, e.
Question ID:	26
Date Question Asked:	May 24, 2016
Question:	<ul style="list-style-type: none"> a) Is there a six-month time lag for the sampling frame for these reviews? If so, would Medicaid consider a more concurrent timeframe based on billing? b) Would the State consider additionally targeting the sample on areas that would provide feedback to providers relevant to the RCO when it is implemented
Section Number:	III.1 Institutional Record Reviews
RFP Page Number:	8-9
Medicaid Answer:	<ul style="list-style-type: none"> a) Please clarify and resubmit this question for Medicaid to review and answer. b) No, not at this time.
Question ID:	27
Date Question Asked:	May 24, 2016
Question:	The RFP states, "a query is utilized" for inpatient psychiatric reviews. Can the State provide additional detail on the content of the query, and what entity conducts it?
Section Number:	III.1 Institutional Record Reviews
RFP Page Number:	8
Medicaid Answer:	The Vendor would have access to and be trained to run the query in Desktop Intelligence, Decision Support System (DSS) that is maintained by the fiscal agent. The query results contain the Medicaid recipient ID, the provider ID and dates of service.
Question ID:	28
Date Question Asked:	May 24, 2016
Question:	<ul style="list-style-type: none"> a. Is the LTC-0007-M report electronic or hardcopy? b. Is it possible to get a de-identified example of the LTC-0007-M report? c. If electronic, what format is the report provided in?
Section Number:	III.1.2 Institutional Record Reviews
RFP Page Number:	10
Medicaid Answer:	<ul style="list-style-type: none"> a. The LTC-0007-M is an electronic report stored in the document repository. b. No.

	c. It is a raw text file that may be viewed as a pdf file.
Question ID:	29
Date Question Asked:	May 24, 2016
Question:	How many LTC Request for Action Forms did the Vendor receive in 2015, and approximately how long does it take to update the LTC segments?
Section Number:	III.2.1 Institutional Record Reviews
RFP Page Number:	10
Medicaid Answer:	There were 1,837 LTC Request for Action Forms received in calendar year 2015. The process to update the LTC segments should take only a few minutes. Verification must be performed to ensure segments are updated correctly, such as no overlap in dates.
Question ID:	30
Date Question Asked:	May 24, 2016
Question:	What is the frequency of concurrent review for recipients receiving MEPD or PEC/swing bed services?
Section Number:	III.1 Institutional Record Reviews
RFP Page Number:	8
Medicaid Answer:	The average monthly record reviews for the MEPD was approximately 97. CMS has not yet officially resumed this demonstration. PEC and swing bed reviews for calendar year 2015 averaged two per quarter.
Question ID:	31
Date Question Asked:	May 24, 2016
Question:	Please provide an example of Form 161B.
Section Number:	III.1 Institutional Record Reviews
RFP Page Number:	8
Medicaid Answer:	This form can be found on the Medicaid website, http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Services/5.4.3_LTC_Request_For_Action_Form_161B_6-29-11.pdf
Question ID:	32
Date Question Asked:	May 24, 2016
Question:	Is the monthly report format a spreadsheet?
Section Number:	III.1 Institutional Record Reviews
RFP Page Number:	10
Medicaid Answer:	See answer to question 28.
Question ID:	33
Date Question Asked:	May 24, 2016

Question:	Does the sentence “ <i>The Vendor will also document the dates for the election periods and revocation dates, if applicable, for approved records through the MMIS</i> ” mean that an electronic file transfer is available to transmit findings for this and other services as well?
Section Number:	III.2.2 Hospice Records Reviews
RFP Page Number:	11
Medicaid Answer:	The dates are to be documented in the Medicaid Hospice Election and Physician’s Certification Form, 165 and the hospice record submitted by the provider.
Question ID:	34
Date Question Asked:	May 24, 2016
Question:	Does the sentence “ <i>The Vendor will submit approved dates through the HPE LTC software.</i> ” mean that electronic files will be transmitted or is the HPE LTC software accessible only manually?
Section Number:	III.2.2 Hospice Records Reviews
RFP Page Number:	18
Medicaid Answer:	The vendor will have access to the HPE LTC Admission Notification software through which the approved dates are entered manually.
Question ID:	35
Date Question Asked:	May 24, 2016
Question:	How does the current Vendor access the MMIS to verify Medicare Part A eligibility?
Section Number:	III.2 Hospice Record Reviews
RFP Page Number:	11
Medicaid Answer:	The Vendor accesses the recipient panel in the MMIS to verify the Medicare Part A eligibility. It is a “screen” with recipient eligibility information.
Question ID:	36
Date Question Asked:	May 24, 2016
Question:	Please provide additional information concerning the HPE LTC software: a. How does the Vendor access the software? b. How does the Vendor access the MMIS system?
Section Number:	III.2 Hospice Record Reviews
RFP Page Number:	11
Medicaid Answer:	The HPE LTC software is downloaded onto the Vendor’s computers. Per the Operational Requirements on page 17, the Vendor agrees to enter into a contract with Medicaid’s Fiscal Agent, HPE, to ensure a secure virtual private network (VPN) connection, through which the MMIS may be accessed.
Question ID:	37
Date Question Asked:	May 24, 2016

Question:	What is the average number of initial certifications for hospice benefits per month?
Section Number:	III.2 Hospice Records Reviews
RFP Page Number:	10
Medicaid Answers	The average number of hospice reviews for initial certification is not available; rather the total number of records reviewed is provided.
Question ID:	38
Date Question Asked:	May 24, 2016
Question:	What is the average number of re-certifications for hospice benefits per month and what is the frequency for concurrent review?
Section Number:	III.2 Hospice Records Reviews
RFP Page Number:	10
Medicaid Answers	The average number of hospice reviews for re-certification is not available; rather the total number of records reviewed is provided. Concurrent reviews for calendar year 2015 averaged 149 per month.
Question ID:	39
Date Question Asked:	May 24, 2016
Question:	What is the average number of hospice recipients in a nursing home, per month?
Section Number:	III.2 Hospice Records Reviews
RFP Page Number:	10
Medicaid Answers	The monthly average count of hospice recipients in a nursing facility is 1,181. The vast majority of these residents are dually eligible for Medicare and Medicaid.
Question ID:	40
Date Question Asked:	May 24, 2016
Question:	Is the Form 165B an electronic or hardcopy form? Is it faxed or electronically transmitted.
Section Number:	III.2 Hospice Records Reviews
RFP Page Number:	11
Medicaid Answers	The Form 165B is electronic. The electronic form is faxed to the Vendor.
Question ID:	41
Date Question Asked:	May 24, 2016
Question:	The RFP requires the Vendor to document the review, including evidence-based research to support the decision and/or discussion with Medicaid. Is this documentation entered into the MMIS or HPE LTC software?
Section Number:	III.2 Hospice Record Reviews
RFP Page Number:	11
Medicaid Answers	No.
Question ID:	42

Date Question Asked:	May 24, 2016
Question:	Please provide information about the volume of hearings requiring Vendor attendance during the past contract.
Section Number:	III.2 Hospice Record Reviews
RFP Page Number:	12
Medicaid Answers	There were 63 hospice fair hearings received for calendar year 2015. However, 30 of the hearings were withdrawn or denied prior to the hearing date. Up to three hearings may be scheduled on one day.
Question ID:	43
Date Question Asked:	May 24, 2016
Question:	<ul style="list-style-type: none"> a. Since the review determinations are entered in to the MMIS directly, does the current Vendor maintain documentation on the basis for the determination? b. If so, does the Vendor use a proprietary system or is part of the MMIS used for this purpose?
Section Number:	III.3 Prior Authorization
RFP Page Number:	13
Medicaid Answers	<ul style="list-style-type: none"> a. The provider submits the documentation to meet the PA criteria to the fiscal agent, where the documents are stored electronically in the document repository. The Vendor is responsible for maintaining staff review or audit tools. The audit tools or review sheets must be available upon Medicaid's request. b. See answer a.
Question ID:	44
Date Question Asked:	May 24, 2016
Question:	Can the MMIS information system generate the required monthly report, or is a Vendor information system used for this process
Section Number:	III.3 Prior Authorizations
RFP Page Number:	13
Medicaid Answers	No, the Vendor generates the required monthly report.
Question ID:	45
Date Question Asked:	May 24, 2016
Question:	Does "The PAs are initially submitted to the Fiscal Agent and the Vendor accesses the information electronically for review," mean that the successful contractor will be able to receive the PA request to review it in the contractor's own system via file transfer and transmit the decision back to HPE?
Section Number:	III.3 Prior Authorizations
RFP Page Number:	13
Medicaid Answers	No, the Vendor will have access to the document repository maintained by the fiscal agent to view the PA documents electronically.

Question ID:	46
Date Question Asked:	May 24, 2016
Question:	The turnaround time for prior authorizations seems lengthy; please confirm the Vendor has 30 calendar days to complete a PA.
Section Number:	III.3 Prior Authorization
RFP Page Number:	13
Medicaid Answers	Please refer to Section III.3 of the RFP.
Question ID:	47
Date Question Asked:	May 24, 2016
Question:	Does the Vendor have any responsibility to conduct outreach or education?
Section Number:	IV.B.d Additional Vendor Responsibilities
RFP Page Number:	15
Medicaid Answers	Yes, the Vendor may be requested to speak to provider associations, such as the Nursing Home Associations, or the Alabama Hospice Organizations about the applicable review process.
Question ID:	48
Date Question Asked:	May 24, 2016
Question:	Please provide additional information about the level of effort associated with this scope of work activity. For example, what is the timing of review, who conducts it, and how often are criteria updated?
Section Number:	IV.B.e Additional Vendor Responsibilities
RFP Page Number:	15
Medicaid Answers	Medicaid does not determine the level of effort as associated with the requirements in this RFP.
Question ID:	49
Date Question Asked:	May 24, 2016
Question:	The Scope of Work requires extensive sampling for review selection that varies between review categories, but the staffing model does not seem to include analytic support. Does the current Vendor include data analysts as part of its staffing model?
Section Number:	IV.C Staffing/Organizational Plan
RFP Page Number:	15
Medicaid Answers	Medicaid does not require information of non-key positions utilized by the current Vendor. Please refer to Section IV.C of the RFP.
Question ID:	50
Date Question Asked:	May 24, 2016
Question:	Can the Vendor include in this list ongoing projects?
Section Number:	VIII. Corporate Background, Item b.5
RFP Page Number:	21
Medicaid Answers	Yes.

Question ID:	51
Date Question Asked:	May 24, 2016
Question:	A non-incumbent vendor may not have current staff to name in its response to this section. Can vendors provide information about, for example, transition staff, corporate staff with similar backgrounds, and/or job descriptions for specific project positions, especially since Section IV.C indicates that the Vendor should submit its proposed organizational structure to Medicaid after award.
Section Number:	VIII. Corporate Background, Item b.6
RFP Page Number:	21
Medicaid Answers	Yes.
Question ID:	52
Date Question Asked:	May 24, 2016
Question:	Please provide an outline or other direction concerning the organization and required content of proposals to ensure comparability of responses.
Section Number:	IX.P Proposal Format
RFP Page Number:	24
Medicaid Answers	The requirements listed in the RFP determine what content is needed from the Vendor and the order the submitted proposals should be in.
Question ID:	53
Date Question Asked:	May 24, 2016
Question:	Item 7 includes a mandatory requirement that references be in a specified format and order; please clarify this requirement, since Section VIII.e does not seem to specify a format and order for reference data.
Section Number:	Appendix A: Proposal Compliance Checklist
RFP Page Number:	35
Medicaid Answers	The Vendor needs to include the information requested in RFP Section VIII.e. The Proposal Compliance Checklist is a guide to help the Vendors ensure a complete proposal is submitted.
Question ID:	54
Date Question Asked:	May 24, 2016
Question:	Item 9 requests a “detailed description of the plan to design, implement, monitor, and address special situations related to a new Medical and Quality Review program.” Please clarify: <ul style="list-style-type: none"> a. This program seems to have been in place during at least one contract cycle; are there new components? b. What are “special situations” in the context of this program? c. The Section where should Offerors include the description of the plan in their responses.
Section Number:	Appendix A: Proposal Compliance Checklist
RFP Page Number:	35
Medicaid Answers	a. No.

	<p>b. Please refer to Appendix A, Item 9 of the RFP.</p> <p>c. The requirements listed in the RFP determine what content is needed from the Vendor. Please refer to Section III of the RFP.</p>
Question ID:	55
Date Question Asked:	May 24, 2016
Question:	Does Medicaid intend that the cost of providing the scope of work described in IV.A Informal Review and Fair Hearing and IV.B Additional Vendor Responsibilities be distributed over the items in Pricing Template I?
Section Number:	Appendix C: Pricing Forms
RFP Page Number:	56
Medicaid Answers:	Yes.
Question ID:	56
Date Question Asked:	May 24, 2016
Question:	How will Medicaid include the rates on Pricing Template II in the evaluation of the Cost Proposal? For example, one proposer might propose a lower rate for the Registered Nurse Reviewer than other proposer but a higher rate for the Clinical Director.
Section Number:	Appendix C: Pricing Forms
RFP Page Number:	57
Medicaid Answers:	Please refer to Amendment I posted on the Medicaid Website on 6/1/2016. Medicaid does not disclose the details of the evaluation of the proposals until the execution of the contract.
Question ID:	57
Date Question Asked:	May 24, 2016
Question:	Should Pricing Template II include a rate for a Medical Director?
Section Number:	Appendix C: Pricing Forms
RFP Page Number:	57
Medicaid Answers:	Medicaid does not determine the positions needed for Pricing Template II.
Question ID:	58
Date Question Asked:	May 24, 2016
Question:	What is the anticipated budget for this scope of work?
Section Number:	General
RFP Page Number:	N/A
Medicaid Answers:	There is no predetermined budget.
Question ID:	59
Date Question Asked:	May 24, 2016
Question:	Please describe any initiatives or program changes that the Agency anticipates will affect Medicaid enrollment, covered services, or any other areas that might impact the scope of work or anticipated review volumes.
Section Number:	General

RFP Page Number:	N/A
Medicaid Answers:	Please see the information about the RCOs under General Medicaid Information. RCOs will be responsible for the PA process for covered services for enrollees. In addition, State legislation passed in 2015 established a competitively bid, integrated network to provide long-term care services to Medicaid recipients. Patterned after Regional Care Organization legislation, the new law creates a provider-organized, at-risk system that is to begin no later than October 1, 2018. Impact is still being determined.
Question ID:	60
Date Question Asked:	May 24, 2016
Question:	Is there a requirement for the Vendor to have an office in Alabama?
Section Number:	General
RFP Page Number:	N/A
Medicaid Answers:	No.
Question ID:	61
Date Question Asked:	May 24, 2016
Question:	<ol style="list-style-type: none"> a. Will RCOs be phased in over time or will all RCOs become operational at once? b. Does the Agency intend to modify the contract resulting from this RFP as RCOs become operational? If so, please describe any potential modifications that might be made. c. Is there a possibility that the contract resulting from this RFP will be terminated early due to RCOs becoming operational? If so, how much notice will the Vendor be given? d. How many Alabama citizens are expected to continue receiving benefits through the fee-for-service (FFS) delivery system after RCOs are fully operational? e. Will the Vendor be allowed to reduce the number of number of RNs required under Section IV.C–Staffing/Organizational Plan (RFP Page 15) in relation to review volume decrease as the Medicaid population is transitioned to the RCOs? If so, what will be the mechanism for this reduction to occur? f. Does the State expect there will be higher acuity levels in the Medicaid populations excluded from participation in the RCO program and remaining in the FFS delivery system after RCOs are fully implemented?
Section Number:	General Medicaid Information
RFP Page Number:	7
Medicaid Answers:	As Medicaid is seeking a delay in the October 1, 2016 implementation date, information related to RCOs will be provided at a time deemed appropriate by Medicaid.
Question ID:	62

Date Question Asked:	May 24, 2016
Question:	What is the anticipated volume of each review type described in the scope of work? Are AllKids and/or ACA recipients included in these projected volumes?
Section Number:	Section III, Scope of Work
RFP Page Number:	8-14
Medicaid Answer:	Please see Medicaid Answers to questions 5 and 7. The count of nursing facility reviews is expected to remain fairly constant.
Question ID:	63
Date Question Asked:	May 24, 2016
Question:	What are the anticipated volumes for reviews of MEPD admissions, readmissions, and continued stay reviews?
Section Number:	Scope of Work, Section 1–Institutional Record Reviews, Paragraph #1
RFP Page Number:	9
Medicaid Answers:	Medicaid is unable to anticipate the volume without additional information from CMS. Please refer to the volume provided in the RFP.
Question ID:	64
Date Question Asked:	May 24, 2016
Question:	The RFP states that a single PA request may contain multiple lines or details for medical services, supplies, and equipment. We have the following questions: <ul style="list-style-type: none"> a. Are PAs with multiple lines counted as a single PA in the PA review volume numbers cited on Page 13? b. What is the average number of line items per PA review request?
Section Number:	Scope of Work, Section 3–Prior Authorization (PA) Reviews, Page 12, Paragraph #1
RFP Page Number:	12
Medicaid Answers:	<ul style="list-style-type: none"> a. Yes. b. Medicaid is unable to provide this answer as PA requests are so varied.
Question ID:	65
Date Question Asked:	May 24, 2016
Question:	What are the PA requirements for SOBRA women?
Section Number:	Scope of Work, Section 3–Prior Authorization (PA) Reviews, Paragraph #1:
RFP Page Number:	13
Medicaid Answer:	PA requests for SOBRA women must meet the same requirements as for all other eligible recipients. They are no longer limited to pregnancy-related services.
Question ID:	66
Date Question Asked:	May 24, 2016

Question:	What procedure codes pertaining to medical procedures, services, equipment, laboratory tests, and private duty nursing require prior authorization?
Section Number:	Scope of Work, Section 3–Prior Authorization (PA) Reviews
RFP Page Number:	13
Medicaid Answer:	Please refer to the appropriate chapter for the procedure codes as listed in the Alabama Medicaid Provider Manual and any revisions thereof located on the Medicaid Website. http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals/6.7.2_Provider_Manuals_2016/6.7.2.2_April_2016.aspx
Question ID:	67
Date Question Asked:	May 24, 2016
Question:	What are the required qualifications for the physical therapist?
Section Number:	Scope of Work, Section 3–Prior Authorization (PA) Reviews
RFP Page Number:	13
Medicaid Answer:	The PT must have an active license in the state in which he/she is practicing. Please refer to Amendment I posted on the Medicaid Website on 6/1/2016.
Question ID:	68
Date Question Asked:	May 24, 2016
Question:	What is the notification process that the Form 471 has been completed?
Section Number:	Scope of Work, Section3–Prior Authorization (PA) Reviews, Bullet #8
RFP Page Number:	13
Medicaid Answer:	Once completed, a new PA decision letter is sent systematically.
Question ID:	69
Date Question Asked:	May 24, 2016
Question:	<ol style="list-style-type: none"> a. Does the Agency consider the current reconsideration and fair hearing rates to be higher than normal for a Medicaid population? b. What percentage of reviews performed currently undergo reconsideration and fair hearing? c. Does the Vendor need to have Alabama-licensed physicians and professional staff onsite in attendance at all Fair Hearings? d. If so, is onsite presence required at any site other than in Montgomery? e. How much time is required for pre-hearing work prior to the day of hearing and does this work include the preparation of documentation packets? f. What is the average time expenditure for participation in each Fair Hearing?

	<ul style="list-style-type: none"> g. How many Fair Hearings are anticipated in the non-RCO population for each review type? h. What is the process and timeline for notification when a Fair Hearing is canceled?
Section Number:	Section IV–General Requirements, Subsection A–Informal Review and Fair Hearing
RFP Page Number:	14
Medicaid Answer:	<ul style="list-style-type: none"> a. Medicaid has not compared its programs with other State’s Medicaid programs of similar size and scope. b. Medicaid does not have the percentages for reconsideration and fair hearings as stated in the question. c. Yes, the Vendor must have appropriate personnel in attendance at the fair hearing, including the licensed Physician Advisor. d. The hearing location is determined by Medicaid. The vast majority of hearings for which the Vendor reviews have been scheduled at Medicaid’s Central Office in Montgomery. e. The time to prepare for a hearing varies, depending on the amount of medical records submitted for review. The selected Vendor must have their staff available for legal preparation with Medicaid Staff and Attorneys. This does not include time for staff to review the documents. f. Fair hearings vary depending on the parties. The Vendor is expected to arrive at least one hour prior to the start of the fair hearing to meet with Legal staff. g. As the majority of fair hearings are for an RCO-excluded program (hospice), it is anticipated that the fair hearings requests would remain fairly constant. h. The requestor of the fair hearing must submit a request in writing to Medicaid to withdraw the fair hearing request. As soon as Medicaid is notified that a fair hearing has been withdrawn or canceled, the appropriate Medicaid staff is notified; staff in turn notifies the Vendor as soon as possible.
Question ID:	70
Date Question Asked:	May 24, 2016
Question:	<ul style="list-style-type: none"> a. In addition to being licensed in the State of Alabama, must all physicians, RNs, and physical therapists used for the contract be located in Alabama? b. May one person serve as both the Project Manager and Clinical Director? c. What are the required qualifications for the Clinical Director position? d. Would the Agency consider imposing a minimum full-time equivalent (FTE) requirement for Physician Advisor or Medical Director time on the contract?

Section Number:	Section IV–General Requirements, Subsection C–Staffing/Organizational Plan
RFP Page Number:	15
Medicaid Answer:	<ul style="list-style-type: none"> a. No. b. Yes, the same person may serve as both the Project Manager and Clinical Director. c. Please refer to Amendment I posted on the Medicaid Website on 6/1/2016. d. Vendors should determine staffing needs based on the information provided.
Question ID:	71
Date Question Asked:	May 24, 2016
Question:	Will the Vendor be responsible for answering provider queries for services outside of those pertaining to institutional record reviews, hospice record reviews, and provider authorization reviews? If so, what types of telephone inquiries from providers will the Vendor be responsible for having staff available to handle during established business hours?
Section Number:	Section IV.F–Operational Requirements
RFP Page Number:	17
Medicaid Answer:	Medicaid’s fiscal agent maintains a Provider Assistance Center (PAC) phone line. When calls are received that are outside the responsibilities of the vendor, the caller should be provided with the number to the PAC Unit for assistance. Inquiries are varied form whether a code requires a PA to provider enrollment issues.
Question ID:	72
Date Question Asked:	May 24, 2016
Question:	The RFP asks for evidence the Vendor possesses the qualification required in the RFP. Other than the requirement to be a QIO or QIO-like entity, are there other specific qualifications the Agency requires the Vendor to prove?
Section Number:	Section VIII–Corporate Background and References, Item a.
RFP Page Number:	21
Medicaid Answer:	Please refer to Section VIII Items d. and e.
Question ID:	73
Date Question Asked:	May 24, 2016
Question:	Does the Agency want Bidders to separately acknowledge and address each of the general term and conditions specified in the body of its proposal response, or is it sufficient to acknowledge them within the Transmittal Letter?
Section Number:	Section IX–Submission Requirements, Items A through JJ
RFP Page Number:	27-34
Medicaid Answer:	Please refer to Section VII of the RFP.

Question ID:	74
Date Question Asked:	May 24, 2016
Question:	This section says to label pages with proprietary or confidential material as "CONFIDENTIAL" and to state the legal authority as to why that material has been marked as confidential. Would it be acceptable to provide the legal authority rationale as a separate Attachment to the proposal, or does this rationale need to be provided following the "CONFIDENTIAL" markings on the pages so marked?
Section Number:	Section IX–Submission Requirements, Item #U
RFP Page Number:	25
Medicaid Answer:	Medicaid does not have a preference as to format. Please refer to Section IX Item U of the RFP.
Question ID:	75
Date Question Asked:	May 24, 2016
Question:	The Evaluation Factor/Scoring Table shows that four sections—Corporate Background, References, Scope of Work, and Price—will be evaluated and scored. We have the following questions related to Section IV–General Requirements (RFP Pages 14 – 19), which is not listed as an evaluated and scored factor but will include important information pertaining to a Bidder's approach to Informal Reviews and Fair Hearings, Denials and Reconsiderations, Meeting Additional Vendor Responsibilities, Staffing/Organizational Plan, Operational Requirements, and Work Plan and Implementation Schedule: <ul style="list-style-type: none"> g. How will information submitted to address General Requirements factor into the scoring? h. How many of the 100 total points possible will be allotted to the staffing plan and the other items listed in Section IV? i. Should Section IV be included in the proposal response as its own separate section, or should it be included within Section III–Scope of Work?
Section Number:	Section X–Evaluation and Selection Process, Item #E
RFP Page Number:	27
Medicaid Answer:	<ul style="list-style-type: none"> g. Medicaid does not disclose the details of the evaluation of the proposals until the execution of the contract. h. Medicaid does not disclose the details of the evaluation of the proposals until the execution of the contract. i. Medicaid does not have a preference as to format.
Question ID:	76
Date Question Asked:	May 24, 2016
Question:	Please describe how points will be awarded for proposals that do not have the lowest overall total cost proposed. Will they be assigned a portion of the maximum score based on the lowest cost proposal, or will they receive zero out of the 40 points possible?
Section Number:	Section X. Evaluation and Selection Process, Item #E

RFP Page Number:	
Medicaid Answer:	Medicaid does not disclose the details of the evaluation of the proposals until the execution of the contract.
Question ID:	77
Date Question Asked:	May 24, 2016
Question:	If a termination occurs pursuant to this section will the state confirm that it will endeavor to give the maximum notice possible under the circumstances?
Section Number:	Section XI–General Terms and Conditions, Item #M
RFP Page Number:	30
Medicaid Answer:	Please refer to Section XI Item M of the RFP.