

**RFP # 2016-MQR-02**  
**Medical and Quality Review (2) RFP**  
**Round 2**  
**Vendor Questions and Medicaid Answers**  
**June 15, 2016**

<b>Question ID:</b>	78
<b>Date Question Asked:</b>	May 24, 2016 (after 5 pm)
<b>Question:</b>	Is the Vendor granted access to the document repository to review the medical information submitted by the Hospice provider, or does HPE provide copies?  If there are copies, are they electronic or in paper form?
<b>Section Number:</b>	2.2 Hospice Records Reviews
<b>RFP Page Number:</b>	11
<b>Medicaid Answer:</b>	Yes, the Vendor will have access to the document repository to review the medical documentation electronically.
<b>Question ID:</b>	79
<b>Date Question Asked:</b>	May 24, 2016 (after 5 pm)
<b>Question:</b>	Are the approved dates submitted to HPE in the form of a claims data extract file, or are the approved dates / auth number entered directly into the HPE LTC software?
<b>Section Number:</b>	2.2 Hospice Records Reviews
<b>RFP Page Number:</b>	11
<b>Medicaid Answer:</b>	The approved dates are entered directly into the HPE LTC software.
<b>Question ID:</b>	80
<b>Date Question Asked:</b>	May 24, 2016 (after 5 pm)
<b>Question:</b>	Is there any consideration or time that the appropriate personnel could attend the hearing telephonically, or must it always be in person?
<b>Section Number:</b>	2.2 Hospice Records Reviews
<b>RFP Page Number:</b>	12
<b>Medicaid Answer:</b>	The appropriate personnel must be present in person.
<b>Question ID:</b>	81
<b>Date Question Asked:</b>	May 24, 2016 (after 5 pm)

<b>Question:</b>	Does the Vendor access the information electronically through a specific Web portal or HPE software, or is the information housed in the Fiscal Agent's MMIS system?
<b>Section Number:</b>	3. Prior Authorization (PA) Reviews
<b>RFP Page Number:</b>	13
<b>Medicaid Answer:</b>	The Vendor accesses the information in a document repository maintained by the fiscal agent.
<b>Question ID:</b>	82
<b>Date Question Asked:</b>	May 24, 2016 (after 5 pm)
<b>Question:</b>	Does the State still anticipate that eight, full-time RNs are required to complete this work after the reduction of responsibilities from first RFP to this one? Or, can the vendor propose staffing levels sufficient to complete the responsibilities outlined in this RFP?
<b>Section Number:</b>	IV. General Requirements
<b>RFP Page Number:</b>	15
<b>Medicaid Answer:</b>	Eight, full-time RNs are required.
<b>Question ID:</b>	83
<b>Date Question Asked:</b>	May 24, 2016 (after 5 pm)
<b>Question:</b>	It is our understanding that both QIO's and QIO-Like entities will enable the State to qualify for the 75 percent federal financial participation as established in 42 CFR 433.15(b)(6)(i). Can the State please confirm that our QIO-like status letter will serve as a sufficient verification of status to meet the requirement on RFP Page 21, Section VIII.b.10?
<b>Section Number:</b>	Section VIII.b.10
<b>RFP Page Number:</b>	21
<b>Medicaid Answer:</b>	Yes.
<b>Question ID:</b>	84
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	1. Will OBRA/Preadmission Screening Resident Reviews (PASRR) be part of the Institution record review process? If so, we have the following questions: a. What will the Vendor's PASRR responsibilities include? b. Please provide details on any OBRA/PASSR training to be provided for Vendor staff. c. Are training documents available related to OBRA/PASRR requirements? d. What is the estimated amount of time required to complete a review for OBRA/PASRR requirements?
<b>Section Number:</b>	Section 3.1, Institutional Reviews

<b>RFP Page Number:</b>	9-10
<b>Medicaid Answer:</b>	Yes. <ul style="list-style-type: none"> <li>a. The Vendor will assess that the record complies with Administrative Code Chapter 10, Long Term Care, Rule No. 560-X-10-.16. Preadmission Screening and Resident Review.</li> <li>b. The OBRA PASRR Office has regularly scheduled training sessions that the Vendor may attend.</li> <li>c. Yes.</li> <li>d. This will vary depending upon what is submitted for the review.</li> </ul>
<b>Question ID:</b>	85
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	a. Does the time it takes to complete the Form involve any provider calls to clarify information?
<b>Section Number:</b>	Section 3.1, Institutional Reviews, #5
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	Yes.
<b>Question ID:</b>	86
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	1. What is the Vendor notification process and timeframe when changes are made to the Administrative Code?
<b>Section Number:</b>	Section 3.1, Institutional Reviews
<b>RFP Page Number:</b>	10
<b>Medicaid Answer:</b>	The Agency staff notifies the Vendor of possible changes to appropriate Administrative Code sections when the possible revisions are in draft form via email and/or by phone.
<b>Question ID:</b>	87
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	<ul style="list-style-type: none"> <li>a. Does the Agency have a contact data base of institutional facility providers?</li> <li>b. If a provider has not submitted medical records based on the specified timeframe, will the vendor be required to follow up with the provider?</li> <li>c. Will the vendor be require to provide any tracking documentation related to the medical record request process, for example, the number of attempts made to obtain medical records, number of request for additional information, number of request sent for physician advisor reviews?</li> <li>d. How responsive are providers related to the initial request for medical records?</li> </ul>
<b>Section Number:</b>	Section 3.1, Institutional Reviews, #2
<b>RFP Page Number:</b>	10

<b>Medicaid Answer:</b>	<ul style="list-style-type: none"> <li>a. Yes.</li> <li>b. Yes.</li> <li>c. Please refer to Section III Scope of Work, Institutional Record Reviews, page 10 of the RFP.</li> <li>d. This varies with the facility, but in general the providers are responsive to the initial request for medical records.</li> </ul>
<b>Question ID:</b>	88
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	<p>The MEPD Operational Provider Manual discuss tracking of discharge data and we have the following questions:</p> <ul style="list-style-type: none"> <li>a. How will discharge data be received by the vendor?</li> <li>b. Will a nurse be required to complete the discharge data?</li> <li>c. Can you provide the volume of discharges completed for each year of the MEPD program?</li> <li>d. What is the time frame for entering MEPD admission and discharge information in the Agency MMIS system?</li> <li>e. What is the estimate time to complete an admission related to MEPD?</li> <li>f. Will the number of MEPD facilities increase?</li> <li>g. The MEPD Operational Manual indicates that the facilities will submit admissions and discharges within 24 hours. Will the vendor be required to complete the review on weekends and holidays?</li> </ul>
<b>Section Number:</b>	Section 3.1, Institutional Reviews,
<b>RFP Page Number:</b>	9
<b>Medicaid Answer:</b>	<ul style="list-style-type: none"> <li>a. Please refer to page 16, E. Discharge, in the MEPD Operational Manual of the RFP.</li> <li>b. Please refer to page 13, A. Staff Designation and Roles for Medicaid Contractor of the RFP.</li> <li>c. For the last two full CYs of the MEPD, the number of discharges were: CY 2013 - 461 CY 2014 - 480</li> <li>d. Please refer to page 14, B. Admission, of the MEPD Operational Manual of the RFP.</li> <li>e. The time will vary, depending upon the information submitted in the record.</li> <li>f. Medicaid cannot answer this question, pending information from CMS.</li> <li>g. No.</li> </ul>
<b>Question ID:</b>	89

<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	<p>a. Will the vendor be responsible for discussing the content of the letter with a provider or physician? For example, if a procedure is denied and the Agency's Provider Representative is not able to assist the provider, will the Vendor be responsible for discussing the denial rationale?</p> <p>b. Will the Vendor be responsible for discussing prior authorization processing questions with a provider or physician? If so, what were the annual provider call volumes?</p> <p>c. How are recipient inquires be handled since they receive a copy of the prior authorization letter that includes phones numbers of several Vendors along with the Agency HPE representatives' numbers?</p>
<b>Section Number:</b>	Section IV.F, Operational Requirements
<b>RFP Page Number:</b>	18
<b>Medicaid Answer:</b>	<p>a. Yes.</p> <p>b. Yes.  Provider Call Volumes for the complete Calendar Years were:  2012 - 5437  2013 - 5316  2014 - 4883  2015 - 5976</p> <p>c. The recipient should be referred to the Recipient Inquiry Unit, a call center which is maintained by the fiscal agent.</p>
<b>Question ID:</b>	90
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	What is the process and frequency for performance monitoring?
<b>Section Number:</b>	Section IV.D, Monitoring Performance Standards
<b>RFP Page Number:</b>	15
<b>Medicaid Answer:</b>	Please refer to IV. General Requirements, page 19, H. Medicaid Responsibilities a. of the RFP.
<b>Question ID:</b>	91
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	<p>a. Is there a process to validate that the date information was submitted successfully?</p> <p>b. Does the Agency have any information related to the time it takes to complete a Hospice review, including the submission process? If so, what is the time involved?</p> <p>c. Does the time it takes to complete the Form 165B involve any provider calls to clarify information?</p> <p>d. What is the volume of Form 165Bs per month?</p>

	e. If a Vendor is unable to complete the Form, what is the process for notifying the Agency?
<b>Section Number:</b>	Section III 2.2, Hospice Reviews
<b>RFP Page Number:</b>	11
<b>Medicaid Answer:</b>	<p>a. There are separate reports in the HPE LTC software of submissions from the previous day that either were accepted or rejected.</p> <p>b. The review time will vary, depending on the complexity and volume of the record submitted. Entering dates through the HPE LTC software should take no more than five to 10 minutes.</p> <p>c. Yes.</p> <p>d. For the following complete Calendar Years (CYs), the average number was:  CY 2012 - 764  CY 2013 - 680  CY 2014 - 410  CY 2015 - 497</p> <p>e. The Vendor should either call, send a secure email or fax the form to Medicaid which was not completed.</p>
<b>Question ID:</b>	92
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	<p>a. Is there a specific report required to identify each PA by type request, for example, surgeries, DME, private duty nursing?</p> <p>b. Since a prior authorization may have several lines items, will each line item require the vendor to reference the Administrative Code, Chapter 4 Obtaining Prior Authorizations, Internal Resource Policy, Fee schedule, and other Specific Chapters to complete each line item of the prior authorization?</p> <p>c. If the medical record documentation is not in the MMIS but the prior authorization request is in the system, can the prior authorization be denied for no documentation? If not, is there a grace period for the medical record to be loaded in the system?</p> <p>d. Does the process for completing private duty nursing requests require physician advisor review involvement or can the nurse reviewer complete the process?</p> <p>e. Related to private duty nursing requests: Are there any system-generated letters batched to the providers and what types of other letters are sent to the providers and/or recipients?</p>

	<p>f. Can the Agency provide any information related to the time it takes to complete a private duty nursing initial or re-certification prior authorization request?</p> <p>g. Are there any requirements to send certified letters to a recipient? If so, please explain.</p> <p>h. Under what circumstances can a nurse reviewer complete a prior authorization for a wheelchair request?</p> <p>i. What is the estimated volume of reviews completed by a physical therapist reviewer?</p> <p>j. Are there any requests for an expedited reviews? If so, please describe the circumstances?</p>
<b>Section Number:</b>	Section III, 3 Prior Authorization
<b>RFP Page Number:</b>	12-13
<b>Medicaid Answer:</b>	<p>a. Please refer to page 13, III Scope of Work, 3. Prior Authorization (PA) Reviews of the RFP.</p> <p>b. This will vary depending on what the procedure codes are on the line items. Usually, the line items are all found in the same PA policy.</p> <p>c. Yes. Per Chapter 4, Obtaining Prior Authorization the Provider Manual on Medicaid's website, "If attachments are required for PA review, the attachments must be sent to HPE within 48 hours to be scanned into the system to prevent a delay in review and/or a denial for "no documentation to support the PA request."</p> <p>d. Private duty nursing requires physician advisor review.</p> <p>e. Private duty nursing (PDN) PAs are also generated systematically within the fiscal agent system. There is a letter template to be utilized when PDN hours are to be decreased.</p> <p>f. The review time will vary, depending upon the complexity and volume of the record submitted.</p> <p>g. g. Yes, the letter to notify of a decrease in PDN hours is sent by certified mail.</p> <p>h. The nurse reviewer may complete a wheelchair PA when it is for a simple basic wheelchair without accessories, other than those items for safety, for example E1130. Most PAs for wheelchair rentals are also able to be completed by the nurse reviewer.</p> <p>i. The following are estimates only for the number of PT reviews (based on a five percent increase)</p> <p style="padding-left: 40px;">CY 2017 - 189</p> <p style="padding-left: 40px;">CY 2018 - 198</p> <p style="padding-left: 40px;">CY 2019 - 208</p> <p style="padding-left: 40px;">CY 2020 - 218</p> <p style="padding-left: 40px;">CY 2021 - 229</p>

	<p>j. Yes, there are requests for expedited reviews, for good cause, e.g., the surgery is scheduled within a short time frame, or the recipient has decubitus ulcers and is need of a new wheelchair or replacement parts. The above list is an example and not a comprehensive list.</p>																									
<b>Question ID:</b>	93																									
<b>Date Question Asked:</b>	June 8, 2016																									
<b>Question:</b>	Given there will be a 60 day implimentation period, can you clarify on what date does the implimentation period start?																									
<b>Section Number:</b>	Round 1 Q&As, Question #2 (in RFP Section B. Schedule of Events)																									
<b>RFP Page Number:</b>	3																									
<b>Medicaid Answer:</b>	Please refer to Section B. Schedule of Events of the RFP.																									
<b>Question ID:</b>	94																									
<b>Date Question Asked:</b>	6/8/16																									
<b>Question:</b>	This round one question asked for institutional record review volumes for the five year period of performance for budgeting purposes. Your answer provided historical volumes. Please provide projected review volumes for all institutional record reviews (nursing facilities, inpatient psychiatric facilities, etc.) for the five year period of performance for budgeting purposes.																									
<b>Section Number:</b>	Round 1 Q&As, Question #3 (Section III Scope of Work, Institutional Record Reviews)																									
<b>RFP Page Number:</b>	page 2 of Q & A, Round 1																									
<b>Medicaid Answer:</b>	<table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated number of Nursing Facility Reviews</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>2235</td> </tr> <tr> <td>2018</td> <td>2123</td> </tr> <tr> <td>2019</td> <td>2017</td> </tr> <tr> <td>2020</td> <td>1916</td> </tr> <tr> <td>2021</td> <td>1820</td> </tr> </tbody> </table> <p>Nursing facility review estimates are based on a five percent decrease.</p> <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated number of Inpatient Psych Reviews (not including MEPD)</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>177</td> </tr> <tr> <td>2018</td> <td>190</td> </tr> <tr> <td>2019</td> <td>203</td> </tr> <tr> <td>2020</td> <td>217</td> </tr> <tr> <td>2021</td> <td>233</td> </tr> </tbody> </table>		Calendar Year	Estimated number of Nursing Facility Reviews	2017	2235	2018	2123	2019	2017	2020	1916	2021	1820	Calendar Year	Estimated number of Inpatient Psych Reviews (not including MEPD)	2017	177	2018	190	2019	203	2020	217	2021	233
Calendar Year	Estimated number of Nursing Facility Reviews																									
2017	2235																									
2018	2123																									
2019	2017																									
2020	1916																									
2021	1820																									
Calendar Year	Estimated number of Inpatient Psych Reviews (not including MEPD)																									
2017	177																									
2018	190																									
2019	203																									
2020	217																									
2021	233																									

	Inpatient psychiatric facilities review estimates are based on a seven percent increase.													
<b>Question ID:</b>	95													
<b>Date Question Asked:</b>	June 8, 2016													
<b>Question:</b>	Does the inpatient psych query on the DSS include RTF?													
<b>Section Number:</b>	Round 1 Q&As (3.1 Scope of Work Institutional Record Reviews)													
<b>RFP Page Number:</b>	page 2 of Q & A, Round 1													
<b>Medicaid Answer:</b>	Yes.													
<b>Question ID:</b>	96													
<b>Date Question Asked:</b>	6/8/16													
<b>Question:</b>	Can the inpatient psych query on the DSS save to the vendor system or is it view only? Can we print or save since electronic data transfers are not allowed. Does this query get updated with data daily or only monthly? What format is the medical record in?													
<b>Section Number:</b>	Round 1 Q&As, Question #3 (3.1 Scope of Work Institutional Record Reviews)													
<b>RFP Page Number:</b>	page 2 of Q & A, Round 1													
<b>Medicaid Answer:</b>	Yes, the query may be saved by the Vendor. The Vendor will have access to Decision Support System to refresh the query. It may be converted to an Excel file. Data is normally updated after every checkwrite, approximately every two weeks. Medical records will be electronically stored in the document repository maintained by the fiscal agent.													
<b>Question ID:</b>	97													
<b>Date Question Asked:</b>	June 8, 2016													
<b>Question:</b>	Your year 2017, PA volume of 25,198 is 9% greater than your PA volume of 23,117 from year 2015. Since you indicate a projected 9% increase each year we would have expected year 2017 PA volume to be approximately 27,465 (23,117 times 9% times 9%). Please confirm your PA volumes for years 2017 through 2021.													
<b>Section Number:</b>	Round 1 Q&As, Question #7													
<b>RFP Page Number:</b>	Page 3 of Q & A, Round 1													
<b>Medicaid Answer:</b>	<table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Estimated number of PA Reviews</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>27,465</td> </tr> <tr> <td>2018</td> <td>29,937</td> </tr> <tr> <td>2019</td> <td>32,632</td> </tr> <tr> <td>2020</td> <td>35,568</td> </tr> <tr> <td>2021</td> <td>38,770</td> </tr> </tbody> </table> <p>Please see above estimates.</p>		Calendar Year	Estimated number of PA Reviews	2017	27,465	2018	29,937	2019	32,632	2020	35,568	2021	38,770
Calendar Year	Estimated number of PA Reviews													
2017	27,465													
2018	29,937													
2019	32,632													
2020	35,568													
2021	38,770													

<b>Question ID:</b>	98
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	This round one question indicates that review criteria used in the PA process were developed by the state and will be used by the vendor for performing all PA reviews. However, information included in the Alabama Administrative code and Provider Manual mention Interqual criteria. Will the vendor be able to use other criteria (such as Milliman Care Guidelines) when conducting reviews? Please specify any criteria the state will require the vendor to use.
<b>Section Number:</b>	Round 1 Q&As, Question #25
<b>RFP Page Number:</b>	Page 8 of Q & A, Round 1
<b>Medicaid Answer:</b>	The Vendor will use the criteria approved by Medicaid. Criteria are found in the confidential PA policies that will be provided to the Vendor.
<b>Question ID:</b>	99
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	Will the vendor be able to copy/download/duplicate the medical record from the FA repository for institutional reviews? Is vendor access to medical records view only?
<b>Section Number:</b>	Round 1 Q&As, Question #27
<b>RFP Page Number:</b>	Page 8 of Q & A, Round 1
<b>Medicaid Answer:</b>	The records may be downloaded and saved as a pdf files. Yes, access is "view only."
<b>Question ID:</b>	100
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	Is the LTC-0007-M report view only or can the PDF be saved to the vendors system?
<b>Section Number:</b>	Round 1 Q & As, Question #28
<b>RFP Page Number:</b>	Page 8 of Q & A, Round 1
<b>Medicaid Answer:</b>	The report may be downloaded and saved as a pdf file.
<b>Question ID:</b>	101
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	How are concurrent reviews for PEC, Swing Bed and MEPD identified? Do all requests route through FA first? Is there a query in DSS?
<b>Section Number:</b>	Round 1 Q & A, Question #38
<b>RFP Page Number:</b>	Page 11 of Q & A, Round 1
<b>Medicaid Answer:</b>	The Vendor will review the document repository to determine if a PEC or swing bed record had been submitted. Please refer to Section III Scope of Work 1. Institutional Record Reviews

	and to page 14, B. Admission, of the MEPD Operational Manual of the RFP.
<b>Question ID:</b>	102
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	What is the turnaround time for the FA to scan and load medical records to the repository that are not uploaded through the HPE LTC software?
<b>Section Number:</b>	Round 1 Q&As, Question #45
<b>RFP Page Number:</b>	Page 12, of Q & A, Round 1
<b>Medicaid Answer:</b>	The fiscal agent currently has two business days to load medical records to the document repository. However, effective mid- November 2016, almost all medical records for a PA must be electronically submitted by providers. There are a few exceptions, such as photos. The HPE LTC software is not a part of the PA process.
<b>Question ID:</b>	103
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	"Q: May one person serve as both the Project Manager and Clinical Director? A: Yes, the same person may serve as both the Project Manager and Clinical Director."  Please explain how this scenario would work and what would be the impact on the budget.
<b>Section Number:</b>	Amend 1 "The Vendor shall assign a Full Time Equivalent Clinical Director."
<b>RFP Page Number:</b>	3
<b>Medicaid Answer:</b>	Medicaid cannot dictate vendor proposals, nor address a possible pricing impact. It is expected that the duties of both positions shall be fulfilled if submitting one person for both positions.
<b>Question ID:</b>	104
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	We follow industry standards in protecting the identities of our Physician Advisors to ensure confidentiality. Would a bid be considered non-responsive for a vendor to omit such personally identifiable information?
<b>Section Number:</b>	Amend 1, "A resume for the proposed Physician Advisor(s) shall include the individual's name, current address...A minimum of two work references shall also be included."
<b>RFP Page Number:</b>	3
<b>Medicaid Answer:</b>	Yes. Please refer to Amendment 1, C. Staffing/Organizational Plan.

<b>Question ID:</b>	105
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	The table on page 27 of the RFP does not mention Staffing/Organizational Plan as one of the Evaluation Factors. How is this section factored into the Evaluation Committee's scoring system?
<b>Section Number:</b>	E. Scoring
<b>RFP Page Number:</b>	27
<b>Medicaid Answer:</b>	Medicaid does not disclose the details of the evaluation of the proposals until the execution of the contract.
<b>Question ID:</b>	106
<b>Date Question Asked:</b>	June 8, 2016
<b>Question:</b>	Is there any consideration or time that the appropriate personnel could attend the hearing telephonically, or must it always be in person?
<b>Section Number:</b>	2.2 Hospice Records Review
<b>RFP Page Number:</b>	19
<b>Medicaid Answer:</b>	Appropriate personnel must attend hearings in person. Please see page 12, Section III Scope of Work, 2. Hospice Record Reviews.