



**State of Oklahoma
Oklahoma Health Care Authority**

Amendment of Solicitation

Date of Issuance: December 14, 2012

Solicitation No. 8070000458

Requisition No. _____

Amendment No. 1

Hour and date specified for receipt of offers is changed: No Yes, to: March 5, 2012 3:00 PM CST

Pursuant to OAC 580:15-4-5(c)(5), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

Oklahoma Health Care Authority
2401 N.W. 23rd Street
Suite 1-A
Oklahoma City, OK 73107 - 2423

Theresa Isenhour
Contracting Officer

(405) - 522 - 7264
Phone Number

or

Personal or Common Carrier Delivery:

Oklahoma Health Care Authority
2401 N.W. 23rd Street
Suite 1-A
Oklahoma City, OK 73107 - 2423

theresa.isenhour@okhca.org
E-Mail Address

Description of Amendment:

a. This is to incorporate the following:

The answers to questions received from Potential Bidders (See Attached).

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) Date

Authorized Representative Name (**PRINT**) Title Authorized Representative Signature

1. Clarification of deadline for questions.
The deadline for questions has been extended to February 9, 2012.
2. Clarification of the Solicitation Number which appears to be assigned to Fiscal Agent solicitation.
The Solicitation Number assigned to this RFP is 8070000458
3. Will consideration be given to possibility of extending the questions period and closing date of solicitation?
See Question #1 and responses to this RFP are due by 3:00pm CT on March 5, 2012.
4. There is no mention of how transition of scope of work functions would occur from the OHCA staff currently responsible to a contracted entity. Given the short time period leading up to the start of the contract period (May 1, 2012) would transition occur post contract.
Implementation will begin upon award with operations beginning within 90 days of award.
5. Please confirm the total number of members in each of the waiver programs administered through this contract.
See Attachment 1
6. We understand that the assessment will be conducted by the Transition Coordinator/Case Manager. Can you provide a copy of the UCAT referenced in the proposal?
Bidders may find a copy of the UCAT by utilizing the following link
<http://www.okdhs.org/library/forms/?category=aging>. Bidders should be aware that Part III of the UCAT is the only tool for these four programs.
7. Please provide additional information about the process of reviewing the UCAT. Is this review clinical in nature (member is medically eligible for waiver services) or more administrative (e.g., UCAT is complete, signed/dated, etc.).
The review is both clinical and administrative.
8. How will the UCAT be submitted to the contractor, i.e., electronically or hardcopy via fax or mail?
Since the UCAT will contain protected health information, the TC/CMs will fax the completed UCAT to the Contractor. The Contractor will be responsible for establishing a secure fax line to be used by the TC/CMs.
9. Item A.2.2.1 and A.2.2.2 mention verifying the presence of all required documents in Atlantes. Are all required documents submitted by the TC/CM Agency, and are they submitted at the same time as the UCAT?
Yes
10. One of the forms mentioned is the Freedom of Choice form. Are Participant Directed Services incorporated in any of the waivers?
All four programs are approved for Self-Directed Services. Implementation is pending.
11. Are these documents attachments to the Atlantes case record? Would the contractor be expected to scan hardcopy documents in order to include with the Atlantes record?
All documents received from the TC/CMs are attachments to the case record in Atlantes.
As most documents should arrive through the secure fax line, it would be rare for the Contractor to have to scan documents however the Contractor should have the capability.
12. Does the contractor have responsibility to complete and/or compile other documents either through interviews directly with the member or with the TC/CM Agency?
The Contractor will be responsible for completing and/or compiling other documents as necessary to administer the four programs in accordance with the various policies and procedures. The Living Choice Program specifically requires a Quality of Life survey prior to the transition from the long-term care facility into the community. A Quality of Life survey is also required when the Member has moved into one of the two other programs (Sooner Seniors or My Life My Choice) during the second and third years of participation. A Quality of Life Survey does require an interview with the Member and data must be reported to CMS on a specific schedule.
13. What is meant by expenditure levels on page 4?
If this question is related to Section A.2.3.7. then expenditure levels is referring to the total amount approved for services provided to each individual Member.
14. On page 7 the RFP indicates the contractor will assist providers with answering questions about claims. What responsibility does the claims payer to respond to these questions?

The Contractor has primary responsibility for assisting Providers with claims resolution. The Program Manager will provide assistance to the Contractor on an as needed basis. The claims payor does provide standard denial codes and explanation.

15. Is the Atlantes system to be used to review prior authorization requests or should the vendor propose its own system?
The Contractor will be required to utilize the OHCA's Atlantes system.
16. Item A.2.2.5 indicates that the contractor will ensure that each program remains within its enrollment cap level. Are there currently waiting lists for the waivers, and if so, what is the waiting list volume for each waiver?
Currently only the Medically Fragile program has a waiting list. The other programs are not anticipated to have a waiting list. As of January 9, 2012 there were 42 individuals on the Medically Fragile waiting list.
17. What activities are involved with managing a waiting list for these waivers?
The Contractor will be responsible for developing processes for managing the waiting list for the Medically Fragile program on a first come first serve basis.
18. Does OHCA expect the enrolled members and/or the waiting list will increase over the life of the contract?
Yes
19. What are the criteria around the Wait List (order of placement when opening is available, on-going assessments/communication with wait list members/etc.)
The Medically Fragile program wait list is managed on a first come first serve basis.
20. Is the contractor responsible for determining eligibility for members on the waiting list, or is this process only conducted when members are being enrolled for waiver services?
The Medically Fragile waiting list will be compiled by the Contractor on a first come first serve basis. When an opening in the Medically Fragile program becomes available then the Contractor will be responsible for submitting all necessary documents to the OHCA for medical eligibility determination and to OKDHS (Oklahoma Department of Human Services) for financial eligibility determination.
21. Does the contractor select the appropriate waiver program for the individual based on assessments/data?
No
22. Does the TC/CM Agency provide a service plan with the UCAT and other documentation?
Yes
23. How are requests for authorization submitted for review?
See Question 8.
24. If an in depth clinical review of the Member service plan is warranted based on health and safety indicators, what is the nature of the review required by Item A.2.3.1?
Section A.2.3.1. requires the Contractor to review the plan request to determine if services are included in the waiver and sets the timeline for completed processing of the request. There is no discussion in Section A.2.3.1. regarding health and safety indicators.
25. Will the contractor have access to timely claims information through Atlantes or the MMIS to track expenditures by Member to ensure that services remained within the approved expenditure levels?
Yes, access is real time, however there may be a lag time before a claim is filed.
26. Can OHCA provide an estimate of the number of new providers on a monthly basis for each waiver?
See Attachment 2
27. Please provide a copy of the provider application for each waiver if they are different.
Providers must be an approved ADvantage provider and then the Provider completes the Amendment to the ADvantage Provider Agreement and the Provider Information Verification with Branch Information. These documents may be found in the Bidder's Library by utilizing the following link <http://www.okhca.org/about.aspx?id=74>
28. Will an onsite visit be required for new providers as part of the certification process?
The need for an on-site visit will be determined by the OHCA and then provided to the Contractor.
29. How does this certification process interact with the OHCA Provider Contracting Department?
Once the Contractor determines that the Provider is qualified to participate in one of the four programs, then the necessary documentation is submitted to OHCA Provider Contracting in accordance with their enrollment processes.
30. Does the certification process include executing a Medicaid contract with the provider?

No, the Contractor will complete the certification process and then the Provider will submit proof of certification to the OHCA. The OHCA and the Provider will then work through the contract execution process.

31. Can OHCA estimate the number of providers needed to be audited on a monthly or quarterly basis?
See Section A.2.4.6. and Attachment 1. The number of Providers will change as Providers are added and/or leave the various programs.
32. Is there an existing tool that OHCA uses for audits, or should the contractor expect to develop one?
The OHCA does have an existing audit tool, but would also consider modifications recommended by the Contractor. The final audit tool must be approved by OHCA as stated in Section A.2.4.5.
33. Please provide the number of providers to be audited according to requirements in Section A.2.4.6, which indicates that 100% of the case management and/or home providers who rendered services to enrolled Members will be audited on an annual basis.
See Question 31.
34. Is there currently a vendor providing these services? If so, what is the annual amount of the contract?
There is not a current contract for these services.
35. Is there currently a Member call center? Can OHCA provide an estimate of the number of Member calls?
See Attachment 3
36. Please provide an estimate of critical incidents on a monthly basis.
See Attachment 4
37. Will the contractor have responsibility to manage corrective actions or quality improvement efforts that providers undertake in response to critical incidents?
The Contractor will be responsible for monitoring and reporting the corrective action or quality improvement efforts undertaken by providers in response to critical incidents.
38. Do any of the waivers require a member satisfaction survey and if so, is the contractor required to conduct the survey?
See Question 12
39. Is a provider satisfaction survey required?
No, although if the Contractor wishes to undertake this activity the OHCA would be open to discussing a provider satisfaction survey.
40. Please clarify the question and answer timeframes on pages one (January 10, 2012) and page nine (February 22, 2012).
See Question 1
41. Is the one page Executive Summary included in the 50 page limit?
Yes, the Bidder entire response may not exceed 50 pages.
42. The cost proposal format requests a single PMPM amount. Please provide guidance on estimating the number of ad hoc audits so we can provide PMPM pricing. Also, can OHCA please provide an estimated number of member months so that all bidders can use a common denominator for the PMPM calculation?
See Question 5
43. The timeline included in the RFP projects that the bid will be awarded on February 12, 2012 while the program will go live on May 1, 2012. This timeline is very short for implementation of a new program. Will OHCA consider a staged implementation of the contract deliverables so as to allow the vendor sufficient time to ensure that all systems are functioning appropriately?
See Question 4

Attachment 1

Number of Members Enrolled Monthly by Program Type
January 1, 2011 – December 31, 2011

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Living Choice – Elderly	2	1	6	3	1	6	2	4	2	0	4	3	34
Living Choice – Physically Disabled	5	3	7	7	8	3	6	3	5	1	5	4	57
Sooner Seniors	0	0	0	2	1	0	1	2	1	4	3	3	17
My Life My Choice	0	1	0	3	1	3	4	2	6	5	4	5	34
Medically Fragile	2	0	5	1	2	4	6	2	1	1	0	0	24

Attachment 2

Number of New Providers per Month by Program Type
January 1, 2011 – December 31, 2011

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Living Choice	10	3	21	6	9	7	11	3	4	0	3	3	80
Sooner Seniors	10	3	21	6	9	7	11	3	4	0	3	3	80
My Life My Choice	10	3	21	6	9	7	11	3	4	0	3	3	80
Medically Fragile	10	3	21	6	9	7	11	3	4	0	3	3	80

Attachment 4

Number of Members Critical Incidents per Month by Program Type
January 1, 2011 – December 31, 2011

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Living Choice – Elderly	12	3	2	2	4	2	2	3	1	0	0	0	31
Living Choice – Physically Disabled	8	8	10	6	5	4	4	4	0	0	0	0	50
Sooner Seniors	0	0	0	0	0	0	0	0	0	0	1	1	2
My Life My Choice	0	0	0	0	0	1	0	1	1	1	1	2	7
Medically Fragile	0	0	0	0	0	0	0	0	1	1	2	2	6