



**State of Oklahoma
Oklahoma Health Care Authority**

Amendment of Solicitation

Date of Issuance: October 17, 2012

Solicitation No. 8070000478

Requisition No. _____

Amendment No. 1

Hour and date specified for receipt of offers is changed: No Yes, to: _____ 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:

Beverly Blake
Contracting Officer

(405) - 522 - 7587
Phone Number

, OK -
or

Personal or Common Carrier Delivery:

beverly.blake@okhca.org
E-Mail Address

,OK -

Description of Amendment:

a. This is to incorporate the following:

Questions received from Potential Bidders.

b. All other terms and conditions remain unchanged.

Supplier Company Name (PRINT) Date

Authorized Representative Name (PRINT) Title Authorized Representative Signature

HMP RFP CHANGES

Section A.6.4 is added as shown below:

A.6.4 The Contractor shall provide encrypted email communication when Protected Health Information (PHI) is transmitted to OHCA. No direct connection or Virtual Private Network (VPN) to OHCA will be used for this purpose nor will OHCA use individual email certificates for its staff. Such encrypted email will require a X.509 certificate that can be collected by the existing OHCA email encryption system so that emails can be decrypted automatically by OHCA. OHCA shall provide no additional hardware/software to the Contractor for this purpose nor accept any Contractor-provided hardware/software.

HMP BIDDERS' QUESTIONS

- 1) General: We realize that OHCA would like the selected Contractor to go through a process of identifying the members and providers for participation and the participants may therefore be different than those currently participating. To enable us to estimate travel time and other impacts on FTE allocations, could you please provide information about the current number and locations of HMP member and provider participants?

Additional information is available in the files entitled "Geo Locations HMP" and "Provider Fast Facts by County" in the Bidder's Library on the OHCA website at <http://www.okhca.org/about.aspx?id=3223>.

Bidders are advised, however, that OHCA's intention is to have a statewide program serving both urban and rural areas. The locations in the new program will not necessarily be identical or even similar to locations in the current program.

- 2) The RFP indicates on page 3 that incentives could be provided to members to participate in health coaching. If the bidder proposes incentives, where should the cost for these incentives be placed on the Cost Proposal form?

Please see Section A.9.2. in the RFP. All program costs, other than those shown in A.9.1 and A.9.3, must be included in the monthly fixed payment.

- 3) Please provide guidance on how the Other Services described on page 4 and c. Other Services.docx should be priced. These services would involve staffing but would also involve other pricing such as configuration for technology solutions, costs of updating data, etc.

Please see Question #2.

- 4) Page 5 mentions paying stipends to practices to cover costs of co-locating Health Coaches. Are stipends currently paid, and if so, how much and using what method, e.g., fixed price for specific space, or PMPM based on number of members to be coached, etc. Should the stipends be integrated into the per person cost of Practice Facilitators?

Practices participating in Practice Facilitation are not provided a stipend to offset overhead expenses but do participate in a Provider Incentive Program

related to their participation in PF services. The current Incentive Package is available in the Bidders Library on the OHCA website at <http://www.okhca.org/about.aspx?id=3223>.

Regarding payment, please see Section A.9. in the RFP; it was OHCA's intention that any stipends paid would be included in the monthly fixed payment in A.9.2, but we have no objection to these costs being integrated into one of the monthly staff rates instead – Health Coach, Practice Facilitator, etc.

- 5) Are the educational activities discussed on pages 5-6 including in the pricing model, for example, in costs of the Resource Center? If so, where should they be placed on the Cost Proposal?

Please see Question #2.

- 6) In Section A.3.3 on page 6, the RFP mentions software used by OHCA, e.g., Atlantes and MedAI. Does OHCA anticipate that predictive modeling will be done by MedAI, and that the Contractor will use Atlantes for case management? Would the Contractor be able to request configurations to these systems for suitability to Health Management Program requirements?

The Bidder should use its expertise and experience to choose predictive modeling and case management systems. Access to MEDai and Atlantes is available to contractors subject to OHCA access and security requirements but there are likely many other good solutions. OHCA is unable to modify MEDai or Atlantes for contractors.

- 7) Items 11 and 12 on page 6 require Contractor solutions. Does OHCA anticipate these systems will interface with MedAI and Atlantes?

No, OHCA does not anticipate that the patient registry and documentation systems would interface with MEDai or Atlantes.

- 8) Section A.9.3 on page 9 mentions pricing for staff described in Section A.4.4, but A.4.4 does not describe specific staffing. Should bidders propose a staffing plan that can be summarized in Cost Proposal item C.2 (which also does not specify staff). If not, please clarify how bidders should describe and price other services and staffing.

Bidders should use their expertise and experience to propose the staffing which will meet OHCA's goals and requirements. A detailed staffing plan is not required at this point in the RFP process. But Bidders must quote final pricing in this submittal, so OHCA anticipates that Bidders would have made all staffing decisions before submittal.

- 9) Section A.9.3 on page 9 also describes requirements for staffing levels and associated payment. We would expect that services to providers and members would continue uninterrupted regardless of temporary staffing vacancies, and believe OHCA would also expect the same thing. Would these services also then be compensated? Please clarify

OHCA's expectations, since the pricing approach seems to indicate that services would be pended and therefore no payment would be made.

OHCA expects the Bidder to have a staffing plan that provides for continuity of services, but declines to alter the RFP pricing structure. As provided in A.9.3, payments will continue if staff is on Contractor-paid leave, but not if positions are vacant or if staff members take extended unpaid leave.

- 10) Please confirm our understanding of Section A.9.4 on page 9 that within the current scope and cost model there could be between 5,000 and 7,500 members eligible for health coaching.

Health coaching staff is based on the number of practices selected for coaching, estimated at 30 to 40 (please see p. 3 of the RFP). Bidders are asked to provide several fixed monthly prices for the "Resource Center and other costs" based on a range of members receiving health coaching. The budget amount assumes 30-40 practices receiving health coaches and serving between 5,000 and 7,500 members.

- 11) Section C.1 references allocating 50% of Past Performance to experience with a prior best value contract. Please confirm or correct our understanding that by "best value" OHCA means a contract procured through the PIPS process.

Over the past eight years, OHCA has awarded all competitively bid professional services contracts based on "best value" so this would apply to any of these contracts.

- 12) Section C.2 mentions references for individuals who will be interviewed. Should these resumes be submitted with the bid, or prior to the Interview?

This question uses the word "references" in the first sentence and "resumes" in the second sentence. References should be submitted for all individual listed in B.8.1 with the bid as provided in the forms and past performance sections. Bidders do not need to submit resumes for interviewees until they are invited to interview.

- 13) Practice Facilitation mentions tools that are used for chart review and evaluation. Are these tools currently being used, and if so could they be provided with responses to questions? We are interested in determining the level of effort needed to use the tools and the extent to which they can be automated.

Bidders should use their expertise and experience to create tools that will best meet the needs of this program. Additional information regarding possible tools is available in the Bidder's Library on the OHCA website at <http://www.okhca.org/about.aspx?id=3223>.

- 14) Other Services mentions a number of items that would benefit the program. Should bidders describe and price these services as Value Added? Since they are not all mandatory, where should the mix of Other Services proposed by a bidder be included if not as Value Added services?

The Bidder should use its expertise and experience to propose the services that will best achieve OHCA's objectives within the allotted budget. If there are services that the Bidder does not believe are needed to meet the objectives or will not fit within the budget, the Bidder may propose those services in the Value Added Plan.

- 15) Please confirm that the pricing for Practice Facilitation (PF) and Health Coaching (HC) should include anticipated travel, capital costs such as mobile telephones and laptop computers, configuration and operating costs for register and documentation solutions, and other materials such as outreach communications (e.g., educational materials about chronic diseases) to members as well as direct salary and fringe benefits.

OHCA will reimburse the Contractor as provided in Section A.9.1, 2, and 3. No other reimbursement will be provided. Bidders may account for their projected costs within these categories in the way that makes the most sense to them.

- 16) The formulas in the cost proposal (Form-10) do not seem to calculate totals for each year. Will an updated version be provided?

Bidders are not required to submit totals on Form 10.

- 17) For Section 2 of the cost proposal, what number of members should be assumed for purposes of providing the proposed number of FTE?

Please see Question #10.

- 18) Do required staff (page 7 of RFP) need to be full-time dedicated to this contract?

The Project Director must be full-time dedicated to this Contract. The Bidder may use its expertise and experience in proposing full-time or part-time staff for all other positions.

- 19) This section indicates OHCA anticipates a population of 5,000 SoonerCare Choice members will receive Health coaching support. However, Form 10 instructs the bidder to provide a cost proposal for 7,500 members. Should the bidder plan for an initial population of 5,000 or 7,500 members?

Please see Question #10.

- 20) A.2.2. specifies that the process to identify providers to receive an embedded health coach may include the analysis of claims data. Please provide more details on what claims data OHCA will supply to the successful bidder.

All SoonerCare members' claims, including primary and specialty care medical claims; outpatient and inpatient hospital claims; and pharmacy claims are accumulated in a data warehouse. These are accessible by need-specific query. MEDai predictive modeling utilizes existing claims data to develop the predictive model of the member and provider clinical experiences. We anticipate a combined use of MEDai predictive modeling followed by more detailed analysis with claims data if necessary.

21) Section A.3.3. indicates the vendor will be able to use OHCA's predictive modeling software (Medai). Will access to the software allow the vendor to run its own claims analysis using the software or will the vendor's access be limited to using the results obtained from claims analysis completed by OHCA?

Predictive modeling results will be available to the Contractor. But the software operates utilizing structured claims data received from OHCA which cannot be modified by the Contractor. However, the Contractor may request and analyze raw claims data that has not been processed through the MEDai predictive model or may use its own predictive modeling solution. Also, please see Question 20.

22) Section A.9.2: Should the monthly based fixed pricing be quoted at a per member price?
No. This is a fixed monthly amount for each member range specified on Form 10.

23) Please describe the process OHCA will use to assign the 25 points available for the Bidder's Cost Proposal.

OHCA declines to provide additional information about evaluation.

24) How does a Bidder know if a completed contract with OHCA was awarded based on "best value" and will be included in the past performance evaluation score?

Please see Question #11.

25) Please describe OHCA's methodology for evaluating the Contractors Cost Proposal in accordance with 74 O.S. § 85.2, related to Contractor's financial stability which is part of the "best value" criteria.

Please see Question # 23.

26) Does the lowest price bidder automatically receive all 25 points assigned to the Cost Proposal?

This is often the case, but this evaluation process also includes checks to ensure that quoted prices are reasonable. Bidders are reminded that cost proposals cannot be negotiated during the Clarification Phase unless OHCA requests a scope or requirements change.

27) Please describe OHCA's methodology to assign the 15 points for Past Performance Survey Questionnaire to each of the Bidders.

Please see Question # 23.

28) Form-6 includes 3 questions. The instructions indicate to "attach no more than one additional one-sided page, if necessary, in order to respond to Questions 3 and 4 above." There is no question #4 on the form. Please clarify if this should read Questions 2 and 3 above.

Yes, the Bidder is correct; the sentence should read "...in order to respond to Questions 2 and 3 above". OHCA will correct the form and repost.

29) Is a Bidder allowed to provide a budget narrative in addition to the proposed pricing form?

No, a budget narrative is not acceptable or required with the initial submittal. OHCA may ask Bidders for additional information about their budgets during the process as needed. During the Clarification Phase, the selected Bidder will be required to provide more information about its budget, similar to a budget narrative.

- 30) Page 5, Number 6: Who is responsible for paying the stipend to providers to offset the overhead costs of an embedded HC?

The Contractor makes any payments to the provider. No separate reimbursement will be made to the Contractor for any stipend. Also please see Question #4.

- 31) Page 12, Number 3.a.: The text states there is a 6 page limit for the entire proposal, but on the Forms Package Word document, it says the Project Capability Submittal is limited to 6 pages (forms 3, 4, and 5). Can you clarify exactly what is limited to 6 pages and what is outside the 6 page limitation.

The 6 page limit is for the Project Capability Submittal which includes Forms 3,4, and 5.

- 32) Are the existing primary care providers aware of the proposed "Health Coach" model?

A component of our existing program is regional provider collaborative meetings. The health coach model or concept has been suggested by some existing practices as a possible improvement to our program and we have queried additional providers to seek opinions and agreement. However, additional promotion of the concept has been limited.

- 33) Page 5, Number 2: While the selected contractor will develop methodology for placing Health Coaches within provider offices, will we have access to historical data from the existing network of providers to streamline the selection process?

Please see Questions 1, 20 and 21. Historical MEDai data is limited to the previous year. Historical raw claims data is readily available for at least the past five years.

- 34) Is there a current Medical Director overseeing the program, or is this a new position?

The current program has a part-time Medical Director.

- 35) In the Current Program are incentives being provided to members? If yes, can you provide details on these incentives?

No.

- 36) Will awarded vendor staff be required to address Members Services type questions for OHCA or will they only be required to address/support needs as related to the Health Management Program?

The Resource Center will only have a role with members in the Health Management Program. The Contractor's staff will be provided basic SoonerCare education to enable them to answer general questions. Staff will also be able to

refer members and providers to support services such as Member Services and Provider Services and also will be able to access those services on behalf of the member. It is expected that the Resource Center will actively work to assist the health coach to solve problems related to the HMP member's care coordination needs using a variety of resources.

37) In the Current Program are stipends being given to provider's offices? If yes, can you provide details on these stipends?

Please see Question #4.

38) Must the resource center be based in Oklahoma or may vendors propose a Value Added alternative to reduce costs to the State?

The RFP requires a resource center based in Oklahoma, either at OHCA or at the Contractor's location. The Bidder's submittal and cost proposal should reflect that. The Bidder may propose a Value Added alternative on Form 5 with a Resource Center outside Oklahoma.

39) Do the key personnel (Project Director, QAO, CMD) have to be based in Oklahoma or may vendors propose a Value Added alternative to reduce costs to the State?

The RFP requires certain Oklahoma-based staff. The Bidder's submittal and cost proposal should reflect that. The Bidder may propose a Value Added alternative on Form 5 with staff based elsewhere.

40) A.6 #1 and MMIS Access Requirements; Is it a requirement that awarded vendor access the OHCA MMIS system directly – section A-6 seems to outline options for data transfer but the MMIS Access seems to imply vendor must access MMIS system can OHCA please clarify?

The Bidder may choose to access the MMIS directly or may choose to receive electronic file transfer of member and provider information; both of these methods are subject to OHCA requirements. Information in the Atlantes care management system is not available for electronic transfer. Also see Question #6.

41) Form 10: Per Additional Resource Center Staff Requested by OHCA, should the vendor insert the monthly FTE Price or the annual FTE price per Resource Center Staff into the worksheet?

This should be a monthly price. We will revise Form 10 and repost.