



**State of Oklahoma
Oklahoma Health Care Authority**

Amendment of Solicitation

Date of Issuance: April 10, 2013

Solicitation No. 8070000526

Requisition No. 8070000526

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:

Amy Bradt
Contracting Officer

(405) - 522 - 7709
Phone Number

_____, OK -
or

Personal or Common Carrier Delivery:

amy.bradt@okhca.org
E-Mail Address

_____, OK -

Description of Amendment:

a. This is to incorporate the following:

1. Questions and Answers to the RFP
2. Bidders Library- Revised
3. Revised Section A.9.3 (see question 22)

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**) _____ Date

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

Amendment One – Radiology Management Program RFP

1. Is there an incumbent or is this new work?
There is an incumbent Contractor.

2. Per RFP section B.8.1 the individuals proposed to perform the work must be listed on Form-6. Section B.9 states that a Form-8 must be completed for each entity or individual listed on Form-6. The references for the individuals will be the same as the references for the entity (our organization). Possibly this is answered by B.9.4 but that section is confusing. Please explain how to proceed if the individuals we list all work in the same contract for our organization. Do you want us to send 2 Form-9s to the agencies with which we contract and ask them to fill out one for our organization and one for the individual? If only one Form-9 is to be sent for our organization, how will the individual be evaluated, or should we send in a blank Form-9 with a note to see the one completed for the organization/entity? The form states specifically to “ONLY” list the individual if the survey is for an individual.
Form 6 may include a brief explanation of the facts. No Form 7, or Form 8, should be submitted. That lack is not, in itself, a disqualifying event.

3. The person we will identify on Form-6 who will be in the Director position spent most of their career working for us under a previous OHCA contract (they have not been employed since that time), and we will be hiring them back to direct this project. If we identify them on Form-6, we do not know how to handle Form-8 as the RFP states we cannot request references from OHCA (B.9.5). This individual has no other employers or contracts for which they can receive references. We were their employer. Should we complete a Form-8 for them? If not, please advise us how to proceed as it’s a catch-22 as currently laid out (individual must be identified on Form-6, a Form-8 is required for individuals listed on Form-6 but no Form-8 can be sent to OHCA).
If an individual has no other reference, the form cannot be sent to OHCA. Submitting no references for one staff member does not disqualify the Bidder, and has minimal impact on the score.

4. The individual we will identify for the IT lead only works in our current contracts, for which we are already sending a Form-8 to the client (the agency with which we contract). So, we are looking for other sources to which we can send references for this individual. If we are sending a Form-8 for an individual to a reference separate from our contracts, we don’t know what to put in the “Project Name” or “Annual dollar amount of Project” fields as these don’t apply (it becomes a personal reference). Please advise.
See Questions 2&3- Personal references are not acceptable, but employee references are.

5. Section A.1.a. references “standard criteria and protocols.” Does OHCA have preferred criteria and if so, would they be willing to share that or is there a price associated? If not, would InterQual or McMillan be considered acceptable criteria? If not both, would one of them be acceptable and which one?

OHCA currently uses our Contractor's guidelines, which would not be available for another Contractor to purchase. The Bidder should use its experience and expertise to propose criteria, such as InterQual or McMillan. If the Bidder is selected, it will need to provide dominant information supporting its choice of criteria during the Clarification Phase for approval by OHCA and our Medical Director.

6. Section B.1.2 references the need to explain how our value-added plan will assist OHCA to meet its "goals." By "goals" are you referring to the list of objectives on page 2 at the beginning of the RFP? If something else, can you identify the specific goals this is referring to?
The term "goals" refers to the objectives listed on page 2 of the RFP.
7. On the Claims Data Examples page, is the "# Reviewers" referring to physician and nurse reviewers, or to just one or the other? If only to one, which one?
"Number of Reviewers" refers to the number of nurses and physicians that reviewed cases for this time period.
8. On the Claims Data Examples page, is the "Average # Prior Authorizations per Reviewer" referring to number of patients or number of procedures?
"Average # Prior Authorizations per Reviewer" is referring to the number of Prior Authorization Requests (PARs).
9. On the Claims Data Examples page, when we divide the total prior authorization requests by the number of calls, it appears there are 4 to 4.5 authorizations per call. Are we correct in assuming this means multiple procedures per patient?
Yes, many times there are multiple procedures or the procedure is divided into 2 lines with different modifiers. Currently, authorizations may also be submitted via the web, so there may be no calls associated with some authorizations.
10. Using the numbers on the Claims Data Examples page, assuming an average of 22 working days per month, it would appear that each reviewer is handling a little over 2 authorizations per day (51 authorizations per reviewer / 22 days). This seems to be a low number. Is something incorrect on the Claims Data Example or what are we missing?
Not all PARs are handled by a person; many are processed by our current Vendor's electronic system, Automated Clinical Decision Support (ACDS).
11. Does OHCA have an authorization denial threshold expectation?
No, there is not a denial threshold expectation.
12. Are we correct to assume that the Claims Data Examples represents the volume of radiology procedures performed in a month and that these two months are representative?
Yes, this is a very good representation of the volume of PARs received by our current vendor.
13. In the SoonerCare Fast Facts brochure, there is a total enrollment figure of 812,524 for 2013 and an unduplicated enrollment figure of 970,580. Which of these figures

represents the total number from which radiology referrals might be expected? Is this number fairly consistent for future year budgeting purposes? For the 5657 authorization requests (Jan-Feb 2013 average from the Claims Data Examples) this would represent 0.6% - 0.7% authorization requests per enrollee using enrollment numbers from the 2013 Fact Sheet. Is this correct?

See A.9 (2) in the RFP for explanation of the number of members included in the RFP and how to calculate it. Also, we have added an example in the Bidders' Library of how to do this calculation from the Fast Facts report. OHCA is unable to predict how its membership will change in the coming years.

14. What is the mechanism used for direct entry of authorizations, cancellations, and denials into the MMIS?

The Contractor will need to set up remote access to the iCE application to enter PAs directly in a way that meets the MMIS standards in the Bidders' Library.

15. What is the preferred method of electronic file transfer with OHCA and the MMIS system?

SFTP file transfers through a VPN tunnel will be the proper method.

16. What is the desired structure and formation of file transfers for authorizations, cancellations, and denials into the MMIS?

ASCII text file, Pipe delimited.

17. What is the anticipated frequency of data uploads/downloads from the MMIS system?

A. Inbound PA files: Daily, M – F.

B. Outbound Recipient Files: Daily M – F.

C. Universal Claims Extract: Monthly, first Saturday of each month.

D. Outbound Provider files:

i. Daily, Tue – Sat;

ii. Monthly extract run on the 2nd of every month.

18. Would the purchasing of an automated computer system and software be considered part of the implementation milestones?

The Bidder may seek reimbursement specifically for systems and software during the implementation period if milestones are shown on the Milestone Schedule. If OHCA reimburses the Contractor specifically for these items, any item over \$5000 will be property of OHCA at the conclusion of the Contract. The Bidder may also amortize the item over the life of the contract and charge only for services. This likely allows the Contractor to retain ownership.

19. Is Form 9 for the time period between 7/1/13 (award date) and 10/31/13 (operation begins)? If not, what time period should be included on form 9?

The Bidder should include all notable milestones including those after operations begin. The schedule is likely to be more detailed during the implementation period, but many Bidders include milestones during the life of the Contract showing changes in technology, assumed increases in membership, process improvements, etc.

20. Are there instructions for Form 9? If not, what milestones are anticipated to be included on Form 9?

Yes, instructions are included at the top of Form 9. Also see Question #19.

21. On Form-10 there are four rows for budget based upon member enrollment volume categories. There is also a reference that “The Maximum Budget of \$1,800,000 applies up to 750,000 members.” We have two questions: 1) Can we assume that the maximum budget of \$1,900,000 for SFY 2015 – SFY 2019 applies for up to 750,000 members? 2) Once we have our budget set, do we prorate it for the incremental membership categories? For example, \$1.9 million is roughly \$2.50 per member (based upon 750,000). Multiplied by 850,000 members, that would be roughly \$2.125 million. Is that what you are looking for?

1. Yes, the maximum budget of \$1,950,000 is for up to 750,000 members eligible for the RMP.

2. The budget amount is OHCA’s maximum funding availability; it does not necessarily refer to the Contractor’s operating budget. As stated in A.9., the Contractor’s reimbursement will be its PMPM times the number of applicable members from OHCA’s Fast Facts. The Bidder’s example is correct that, if the PMPM shown on Form 10 is \$2.50, then the Bidder’s reimbursement in a month where there are 850,000 members would be about \$2.125 million.

22. Section A - A.9.3 states that the \$1.8 million is for the period of 11/1/13 – 6/30/14 and includes implementation payments. However, the implementation period appears to be from the 7/1/13 award date to the 11/1/13 operation begins date. Should the \$1.8 million cover the period 7/1/13 – 6/30/14?

Yes, the \$1.8 million is inclusive of all costs, including implementation, from 7/1/2013-6/30/2014. Section A.9.3 is amended to state, “The budget for this RFP is \$1.8 million from the Date of Award through June 30, 2014, inclusive of any implementation payments proposed by the Contractor”.

23. Can OKHCA provide one year of utilization data for your current or recent membership for all modalities to assist in pricing this contract.

Yes, we will add one into the Bidders’ Library.

24. Is the preferred pricing model to be represented as PMPM?

Yes, the Bidder must quote its pricing in PMPM terms on Form 10. But the Bidder may also propose other pricing models or options on the Value Added Plan, including dominant information that supports the Bidder’s preference for another model.

25. What is the “survey ID” for in the right hand corner of Form 8 for?

The “Survey ID” is to coordinate with survey number on Form 7.

26. FTP – In the bidders library there is a PDF that references regular FTP

a. As an alternative we prefer SFTP – is this also supported?

SFTP file transfers through a VPN tunnel will be the proper method.

b. If no SFTP, is FTP over SSL supported?

See the answer to a.

c. Additionally, the FTP document references that we provide the FTP site which is perfectly fine. However the document requests that we provide the IP address. We prefer to provide a DNS instead as this allows us control when changing IP addresses internally without impacting the connection established by the client. Is providing a DNS address an acceptable alternative to providing a physical IP address for the FTP site?

If a DNS is wanted it should be of the form elink-sshftp.xxxxxx.com and the DNS address must be addressing a SFTP connection and not a webpage.

27. What is the authorization file format required. FTP bidder library doc states any text file which is fine - we typically send a (|) pipe delimited if in text formatted. However, if they are going to want or require a HIPAA standard 278 format we need to know that in advance. Request their 278 Companion Guide now if that is even a remote possibility.

Pipe & ASCII text file is ok.

28. What are the normal Oklahoma business hours for the call center required to be supported by this implementation?

OHCA anticipates that a call center would be open Monday – Friday, 8:00 AM to 5:00 PM (Oklahoma Time). The Bidder may use its experience and expertise to propose an alternative schedule if it can support them with dominant information. Alternatively, Bidders could assume a call center open 8-5pm, Monday through Friday in their proposal and offer an alternative option in their Value Added Plan.

29. Section A.1.1.d: Does written notification to providers and members include various methods, such as email, fax, text, standard mail, etc.?

OHCA's MMIS will auto generate letters to providers and members if the Bidder wants to use this option, but Bidders may use their experience and expertise to propose alternative or additional notification methods either as part of their base proposal or in the Value Added Plan..

30. Section A.1.1.e: Based on this requirement, does OHCA anticipate that members will have the ability submit requests for service?

No

31. Section A.1.1.f: Please provide additional information on the process in which OHCA anticipates member inquiries and complaints to be managed by the Bidder and OHCA.

See section A.3 (4) of the RFP.

32. What criteria will OHCA use to determine if a vendor passes or fails Form-6: Pass Performance Narrative related to the information the vendor provides in response to Questions #2 and #3?

OHCA declines to provide additional information about evaluation.

33. Should the following additional codes be added to the CPT code list provided in the RFP?

- 74176 – CT abdomen and pelvis, without contrast
- 74177 – CT abdomen and pelvis, with contrast
- 74178 – CT abdomen and pelvis, without and with contrast
- 74174 – CTA abdomen and pelvis

No, not at this time.

34. Concerning Section B.8 - Past Performance - Narrative (Form-6), does OHCA require submitters to include only major subcontractors? If so, is OHCA's designation of "major subcontractor" only related to the subcontractors responsible for work totaling over 35% of the total value of the RFP?

Yes

35. Please provide additional detail concerning expectations for the content to be included in the Weekly Risk Report specific to the RBM program, or with this be more fully defined during the Clarification Phase?

The Bidder should use its expertise and experience to propose appropriate content in the Weekly Risk Report during the Clarification Phase.

36. Please provide information on the extent of detail that is expected to be provided on the Milestone Schedule, and if OHCA has specific milestones that should be included that will occur after the implementation process is complete.

Please see the answer to questions 19 & 20.